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THE

BRITISH MEDICAL JOURNAL,

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED FOR THE ASSOCIATION BY

WILLIAM O. MARKHAM, M.D.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN TO ST. MARY'S HOSPITAL.

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BRITISH MEDICAL JOURNAL:
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EDITED BY DR. MARKHAM.

LONDON: SATURDAY, JANUARY 4, 1862.

Clinical Observations.

BY

JAMES SYME, Esq.,
PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH.

III.—Congenital Stricture of the Urethra.

The following case may be deemed not unworthy of relation, as it seems by itself sufficient to establish five points of consequence in the pathology and treatment of stricture. These are: 1. That the disease may be congenital; 2. That dilatation, however carefully and continuously employed, may fail to afford more than partial and temporary relief; 3. That incisions which do not extend through the whole length and thickness of the contracted part may also prove ineffectual; 4. That fistula in perinæo results from an abscess caused by irritation of the urethra, and not from ulceration taking place behind the stricture; and 5. That a free division may remedy the most aggravated and obstinate form of stricture.

W. D., aged 22, was admitted into the hospital on the 6th of August last. He stated that from his earliest recollection great pain and difficulty had been experienced in making water; so that, when at the age of six years he went to an infant school, the other children made faces at him while straining for this purpose. In the following year, on account of complete retention, his mother took him to Dr. Duncan, who relieved him by introducing a catheter, and afterwards passed instruments in order to dilate the canal; but with no permanent advantage, as micturition continued to be laborious, and became complicated with incontinence of urine, which kept his clothes wet both day and night. After this, and still later, during his apprenticeship to a baker, notwithstanding the use of such domestic palliatives as "gin and nitre," he frequently suffered from retention, and required the introduction of instruments.

In 1857, tiring of such a miserable life, he enlisted in the military service of the East India Company, and passed his medical examination satisfactorily; which is worthy of notice, as shewing how serious a defect may escape detection, notwithstanding all the careful rules laid down for this purpose. His mother then made several attempts to purchase a discharge, without success; and he, finding her so unwilling that he should be a soldier, quietly took a passage to Australia. On arriving at Melbourne, through the introductions carried with him, he obtained immediate employment at high wages, and would have been very comfortable but from the torment of his infirmity, which constantly kept his clothes wet, while the want of a mother's care and the hot weather rendered them so offensive that he was repeatedly obliged to change his place of employment by the complaints of the other workmen. At the end of eighteen months, he repaired to the "diggings"; and there worked at his trade until an attack of rheumatism, affecting his shoulders, made him return to Melbourne; where, not being able to bake, he got some light employment in driving a cart; but, before long, found it necessary to enter the hospital on account of what was supposed to be ague, although most probably merely the constitutional disturbance caused by his local disease. When about to be discharged "cured" from the medical wards, he had an attack of complete retention, and narrowly escaped an operation, as the instruments had been sent for, when the surgeon succeeded in passing a small catheter, which was retained in the bladder for a week. Soon after its removal, a collection of matter formed in the perinæum, and, when opened, was found to contain merely purulent fluid, without any urine, which, a day or two subsequently, began to flow through the wound. A succession of catheters increased in size was then employed permanently for six or seven weeks; and the patient was dismissed cured, but in the course of a few days experienced his old difficulty in passing urine, which also soon began again to issue from the perinæum. Now regarding his case as hopeless, he became anxious to return home; and, learning that the breaking up of the East Indian army enabled him to do so with safety, he took his passage for Liverpool by way of Bombay, where, suffering extremely from his disorder, he was offered by the captain an introduction to the hospital, but declined it from unwillingness, not unnatural under the circumstances, to land on the Indian shore.

On examination, I found that most of his urine passed by the perinæal opening: and that anterior to the scrotum, about two inches and a half from the orifice of the urethra, there was a very tight stricture, which would not allow the smallest bougie to pass, and only admitted with difficulty a slender probe, of which the point was considerably smaller than that of one in ordinary use. At the seat of contraction, the urethra was thickened so as to form an oval shaped swelling, of the size of an almond, and of firm consistence, similar to that which usually attends resilient or unyielding strictures in the anterior part of the canal, but of more than ordinary extent. From the indication of obstinacy thus afforded, together with its history, I concluded that the case did not admit of benefit from any attempt at dilatation, and therefore resolved to divide the part by a free incision. With this view, I employed the slender instrument that had been passed through the stricture, and which, gradually enlarging from the point backwards, carried a groove on its thicker part.

3410[illegible]3

Into this I inserted the point of a knife below the urethral thickening, and pushed it forwards, so, as I thought, to effect complete division of the stricture. Instruments of moderate size were then passed into the bladder, shewing that there was no other obstruction in the canal; but not with the perfect facility and freedom usual after such an operation. I trusted that what remained of the stricture would yield to dilatation, and was no less sorry than surprised to find that little improvement resulted from what had been done, as the urine did not issue with more freedom from the orifice of the urethra, and continued to escape not only by the fistulous opening in the perinæum, but also by the small opening which I had made.

On September 6th, feeling that the urethra was thickened at each extremity of the incision, I again introduced a director, and pushed the knife along its groove in both directions. No decided change was thus produced; and, notwithstanding the continued use of bougies, which still encountered difficulties in their introduction, the state of matters appeared so unpromising that I began to fear there must be an obstacle to recovery in some other part of the urinary organs. But, before abandoning the case as hopeless, I resolved to try the effect of cutting through the whole constricted part of the canal in such a way as would more certainly ensure its complete division; and, therefore, instead of pushing the knife along the groove against the thickened texture, which by its toughness might elude the edge, however keen, I introduced the blade between the integuments and the urethra, so as to enter the stricture beyond the anterior extremity of the part concerned, and then cut downwards, so as to penetrate with certainty through the whole extent of induration. A full sized catheter was then introduced, and retained three days.

This was done on October 29th; and produced a very different result from those of the two previous operations. The urine soon resumed its proper course; the fistulous openings closed; and instruments of the full size passed without the slightest difficulty or feeling of constriction. At the end of a month, the patient was in every respect perfectly well, and left the hospital without the slightest trace of his life-long misery.

Of the points which this case illustrates, the one most important in a practical view is the risk of failure which it indicates from the tough texture being pushed aside instead of freely cut by the knife. It seems not improbable that many results of the operation may thus have been rendered unsatisfactory; and I would therefore suggest that the method adopted in the circumstances just related should be always employed. For this purpose, the groove of the director should extend about an inch into the thick part; and I have had the instrument made so accordingly.

Varnish to prevent Rust in Iron and Steel. M. A. Vogel, in *Répertoire de Pharm.*, suggests that the oxidation of steel and iron instruments is very perfectly prevented by coating them with a varnish made by dissolving one part of white wax in fifteen parts of benzine, and applying it by means of a brush. The very thin layer of wax forms a perfect covering for bright instruments, and, when needed, is easily removed. (*Amer. Jour. Phar.*)

General Remarks
ON THE
PRACTICE OF MEDICINE.
BY
P. M. LATHAM, M.D.

IX.—Treatment.

Distinction between the Proper and Common Elements of Disease. All Treatment conformable to this Distinction and Illustrative of it. Small-Pox. Scarlatina. Measles.

A general outline has been given of what Treatment is; shewing it at work within its own sphere, which is a pretty large one, and upon its own objects, which are numerous enough; and how from among all the things within its reach and power to deal with, it seeks and finds the fittest to become practical indications, and then actually dealing with them produces great results.

But some of these objects are worth a nearer inspection, if we would understand how all good Treatment falls in with the nature of disease pathologically. Besides, remedies have been spoken of as the "great analysers of disease" (Art. 7). But how so? Verily in the sense of testing and discerning the elements of which disease consists, even its *vital* elements, or the things comprised in the doings and sufferings of those who are the subjects of disease, while they are yet alive. All this, for the sake of its importance, let us now consider a little carefully, and try to explain it, relying upon the plainest and commonest matters of fact as we go along.

It may be doubted whether the theories of clever men have not done more harm to the practice of medicine than all the mere blunders of the ignorant put together. At all events, purely speculative conclusions about the nature of diseases have heretofore done quite enough in confusing and misleading practice to make us cautious by this time, how we receive and trust what comes to us in the same questionable shape.

But pathology has its general facts nevertheless: that living pathology, I mean, which is the physician's concern and study, as he sees and watches and ministers to disease, and all that belongs to it, in living men. *This* pathology contains facts of high generalisation. And if among them there be any which point to practice, it were a pity to pass them by and not follow them in the direction to which they point. For ultimately they may stand for practical principles.

The distinction between the *proper* and the *common* elements of disease is a fact of this kind. It is plain and unmistakeable enough in certain conspicuous instances. And these may be taken advantage of to introduce and explain the general truth, which pathological research seems in the way of verifying by new instances continually.

And, first, for the *proper* elements of disease. *Proper* to what? *Proper* to the disease itself in its own nature, and distinguishable from whatever else may attach to it in this, that, and the other living body wherein the disease is found.

We take something on a pin's point, and with that pin's point we just prick the skin hardly enough to be felt or seen. But by this little prick the something has gained its entrance, and is gone its way whither within the living body we do not exactly know. They say it is gone at once into the blood, has mingled with it, and is already distributed with it everywhere. Indeed one can hardly believe otherwise. But wherever the thing be gone, and whether moving or stationary, we can find it no more. Still wait for a certain time, a time forereckoned from the known quality of the thing upon the pin's point; wait, and a disease will come forth forereckoned also from the very same thing, a disease having its own proper characteristics and different from all other diseases in the world. And that disease is small-pox.

Here the element of the disease is the smallest that can be *sensibly* made sure of, the least that can be palpably taken and kept apart; taken, that is, from one living body and kept apart for some while (I know not how long), and then conveyed to a second, in which it becomes the beginning of a disease after its own kind, where there was no such disease before. Here, I say, is the least element of disease which is obnoxious to the senses. And from this example reason cannot refuse to admit the possibility of elements too minute for the senses to reach. Indeed, the possibility is made a certainty by the proved fact, that the same disease which is propagated by inoculation is propagated also by the contact or near approach of one living body having the disease to another living body having it not.

Through what channels and by what processes we do not punctually know, but instances innumerable of the like experiments and results attest it for a truth, that the thing almost or altogether too minute for the senses is the primary material element of the whole disease which follows. Further, this primary element in producing its disease multiplies itself into new material elements which are divisible to infinity and separable from their own living body, their native body (so to speak), and ready to be transferred to other living bodies innumerable, and so to bring vast communities into the same conditions of disease.

It is a great subject this of the *proper* elements of disease, seen or unseen, apart from the body. Their reality, the conditions of their existence, their spread, their limit, also the substances to which they adhere, and much more besides; all these things require a pretty comprehensive mind to deal with them to much purpose. Then the mixture in this subject of equivocal facts and testimonies with the true, needs, moreover, a pretty shrewd as well as a candid and wary mind to pick its way safely, a mind not overcredulous and seeing contagion in everything, yet not over-sceptical and seeing it in nothing.

But our concern at present is with the *proper* elements of disease *within* the body.

Their entrance within the body is one thing and the visible outbreak of the disease is another. And between the two the patient's consciousness and the physician's observation testify either absolutely to nothing or else to nothing distinctive. Until diseases make outward presentment of themselves we know not *what* they are or whether they *are* at all. And yet it is certain that many diseases have a long period of latent being within the body. This is the case with small-pox, scarlatina, measles, and all that spring from a proper contagious element of their own. Well, but is there nothing being transacted all the while? Is it a passive incubation altogether? Nature contradicts the belief by all its analogies. And all observation of these same diseases goes to testify that the process, though unfelt and unseen, must be an active process; and not only active, but that (be it what it may) it works and moves by a living law, and has stages and degrees and regular progressions filling up the definite interval, until the time is full and ripe for the disease to declare itself by its outward presentments. What else can mean the average periods of latency in small-pox, scarlatina, and measles, but that things are to be done therein, which require just those periods for the doing of them? The things themselves, be they what they may, unseen, unknown, and out of reach, but timed and ordered and forwarded by nature with exact care, must be taken, upon the faith of nature, to carry some weighty meaning and to contain more than a formal preamble to the coming disease. The disease stands at bay (so it should seem) within the blood, and there it defies our scrutiny of what it is and our attempts to meddle with it remedially.

But in due season, when the foreknown period, according to the nature of the disease, is complete, the proper elements come forth into broad daylight, and make of themselves their clearest, fullest display. They may be pictured to the eye and defined in their forms, succession, duration, growth, completion. They claim now pre-eminently to be called *the disease,* and group themselves into small-pox, or scarlatina, or measles.

Nothing in the world can produce small-pox, or scarlatina, or measles, but the proper element of each. And the disease being produced is simply a multiplication of the element from which each sprang, the same in kind and unaltered, be its quantity much or little.

And now as soon as seen, surely now if ever, the disease may be reached and laid hold of remedially in its *proper* elements; the small-pox in its crops of pustules, the scarlatina and measles in their diffused and figured rash. No! it cannot, even now. As when their proper elements, visible or invisible, were in the smallest germ; as when they were diffused, we believe, through the blood during the period of their latent progress and incubation; so now do these same elements, made visible and displaying this, that, or the other phenomenon in succession until they have completed their course, equally refuse to become the *direct* aim of any medical treatment.

Still medicine is constantly busying itself about small-pox, scarlatina, measles, and oftentimes, it believes, for good. But in *what way* does it busy itself with them? That is the question; and a question it is of great concern, and not to be answered offhand.

The disease, be it what it may, if it have a distinct nature of its own, is never found pure and unmixed and its bare self and nothing more in any *living* body. There is, moreover, always something, which is *not* the disease and yet exists because of the disease. It may be much or it may be little, but there is always something. What the disease is and how it is identified with its "*proper* elements" restrictively and exclusively, and what they are, we have just seen. All the rest have been left and let pass for its "*common* elements." These we would now take up in their turn and try to make them out.

But how *common?* Because found in all diseases and thus *common* to all, but identifiable with none. And *common* in a wider sense still—common to all diseases, and common alike to whatever the living body does or feels painfully or hurtfully, though it may not bear to be called disease. But all this needs to be made plain by familiar instances.

Suppose a man sound of body and sound of mind and at the prime of life, and ready to do battle with the world for what it deems its best things, for its wealth, its fame, its power. Such a man must not spare himself, or he will have a poor chance of success in this restless competitive age of ours.

Now, in some of his seasons of full activity, and enterprise, let him give a little attention to himself, body and mind, and note what they are doing and what they are feeling in compliance with the uses and necessities, the *hard* uses and necessities, of health to which he puts them. He will remark colds and heats and perspirations coming and going strangely, his pulse varying in force and frequency, perhaps his stomach, bowels, liver, kidneys at fault in the quantity and quality of their secretions; more of thirst and less of hunger than he likes; less of sleep and less refreshment from the sleep he has,—all this, and, besides, many an unusual pain in his head or heart or limbs, which he would be glad to get rid of and seek a remedy for.

Here are transacted, in brief and in little and many times over, much of what the body does and suffers in real diseases. The *common* elements of disease, and nothing less, are sensibly present and at work, while in truth the body is only engaged in some of the harder uses and necessities of health.

Let a man meet with some injury from without, small or great, simple or complex; presently all that is vital within him will shew its resentment of it, and continue to shew it little or much for a short or a long while, proportionably to the amount of the hurt and the time needed for its reparation. But how? Truly in some, many, or all of those identical ways in which the body is wont to be affected under the harder uses and necessities of health.

And here, be it remarked, that all the several ways in which the body is wont to shew itself aggrieved from the harder usages of health or from mere mechanical outward injuries, are found among the constituents of fever. And being not soon got rid of and being also severe, these come to shape and group themselves into what none would hesitate to call by the name of fever, and they may carry with them its consequences and its perils. Hence of those who have had (so called) fever thus derived, some occasionally have been very ill, some have recovered by a narrow chance, and some have died.

But there is no such familiar image of disease (if, indeed, it be the image and not the reality) as intoxication. The body is abused into all the conditions of disease for a season. First you have, as of disease, the *proper* elements foreign to the body and without it; and then the same introduced within it, and left to it to deal with and bear with as it may; but totally beyond the reach and touch of remedies. Next you have, as of disease, the *common* elements shewn in what the vascular system and the nervous system, and their two great central organs, the heart and the brain, do and suffer according to the modes and measures of which they are capable under any present stress that is laid upon them. And oftentimes in intoxication these actings and sufferings, identical as they are with the *common* elements of disease, come with such rapidity and are carried to such excess that, but for experience to the contrary, we should constantly see in them great peril of life.

Again, let a man suffer real disease; such as has demonstrably an essence of its own and its own *proper* elements. Let it be small-pox, scarlatina, or measles. This disease having gained entrance within the body is left to its vital powers to deal with as they may. By them it is to germinate and increase, be matured, and be finally cast out. But it is a hard necessity they have to strive with, a hard work they have to do, these vital powers. Yet not so hard but that they often accomplish it perfectly. Sometimes, however, it is so hard that they cannot get through it without hindrances and drawbacks and disasters, and, in the end, restoration is incomplete and not without remnants of damage to the body for a time or permanently. And sometimes so hard, that early or late or midway the vital powers utterly fail and the patient dies.

Meanwhile the ways in which these vital powers sometimes feel and act we summarily call fever. And fever is greatly indicative of Treatment. Not that we can treat fever as summarily as we talk of it. We cannot name it in one single word and name its remedy in another. We cannot ever treat it simply as fever, and have done with it.

If we would find the indications wrapt up in fever, we must resolve it into its constituents. And in doing so we come upon groups and forms and qualities of very common things. And these common things are the same which, one by one or a few combined, we constantly depend upon to tell us what to do, and what means to use when we know of no specific or special remedy and cannot pretend to *cure*; even in all cases calling for our interference from the ailments of abused health to the terrible emergencies of the Plague.

CONSUMPTION OF OPIUM IN AMERICA. It appears from the entries of the Custom-house Department of the United States, that 300,000 lbs. of opium had been imported during the year 1860. Of this enormous quantity it is calculated that scarcely one-tenth has been used for medical purposes, so that the remainder must have been consumed in the preparation of intoxicating drinks. Lawyers, clergymen, and even physicians, across the Atlantic are said to indulge largely in opium-eating.

SCIENTIFIC ASCENT OF MONT BLANC. Dr. Wilhelm Pitschner, of Berlin, has been requested by the Prussian Government to make an ascent of Mont Blanc for scientific purposes. The doctor, who has already performed the feat once before, is this time to pass at least a fortnight among the ice-fields, and to be accompanied by twenty guides, including a member of the celebrated Balmat family. Dr. Pitschner is to be provided with numerous instruments, and a waterproof tent to be deeply imbedded in the ice, in order to bid defiance to the mountain storms, and protect the travellers from the drift-snow. Astronomical as well as microscopic observations, and experiments on the increase or diminution of ice and snow at great elevations, are to engage his attention.

Original Communications.

SEVERE NEURALGIA OF THE UTERUS, FOLLOWING PREMATURE LABOUR: EARLY DISCHARGE OF LIQUOR AMNII.

By William Henry Day, M.D., L.R.C.P.Lond., late Assistant-Surgeon H.M. 3rd Foot.

A lady, aged 34, tall and well formed, the mother of three children, was delivered at the seventh month of a female child, which died at the end of six days, after several convulsive paroxysms. The child weighed at birth only one pound and a quarter; its limbs were flaccid and shrunken, and altogether it was in a very feeble and languid state. A portion of the placenta and membranes were putrid. The labour was an easy one; the placenta being expelled into the cavity of the vagina, and at once removed, in order to insure a well contracted uterus. Great exhaustion followed the birth, the surface becoming deadly pale and cold, and the pulse almost imperceptible. Labour pains set in twenty hours before the birth of the child; but they did not become of a decidedly expulsive nature until four hours preceding delivery, during which time warm brandy and water was repeatedly given.

About the third month of utero-gestation, the patient, after strong exercise, had an attack of uterine hæmorrhage, which yielded to rest and the usual remedies; but a drain of clear fluid from the uterus continued for some days, and, according to her statement, perceptibly reduced the size of the abdomen. At the fourth month, hæmorrhage recurred, of a more active and persistent character; and as the sanguineous discharge lessened, the colourless drain became more apparent. At the fifth month, this transparent discharge was so great, that I can only liken it to the sudden rupture of the membranes when protruding through the os uteri and filling the vagina at an ordinary labour. After rest in bed and other appropriate treatment, these grave symptoms vanished, but returned in a few days; and, although the loss was now inconsiderable, it never entirely left the patient till the hour of her confinement.

About every third day, a small clot of blood was discharged, mixed with serous fluid. The bowels were acted on by a simple enema of warm water, and the vulva and hypogastrium well sponged with cold water night and morning. The patient lay on a mattress, with the pelvis elevated. She had now become much reduced in flesh and strength. She was alarmed, worn, and exsanguine, often hysterical, and afraid of her approaching confinement. The pulsation of the fœtal heart was distinctly heard in the left iliac region, and fœtal movement felt by the patient. The os uteri was soft and moderately dilated.

The patient progressed satisfactorily till July 25th, 1861 (nine days after delivery), when she complained of feeling very weak and languid, with severe pain in the back, shooting round to the lower part of the abdomen; her appetite was poor and capricious, and her nights wakeful and restless. She was ordered four ounces of port wine, milk and arrow-root diet, and a mutton-chop as she fancied it; also a sixth part of the following mix- three times a day.

> ℞ Tincturæ cinchonæ comp. ℥ss; spiritûs ammon. aromat. ʒj; aquæ puræ ad ℥vj. M.

She was also directed to take four grains of extract of hyoscyamus every night.

July 29th. She was not so well. The countenance was pale and exhausted; there were dark areolæ round the eyes; and sensibility generally was diminished. There was slight headache over the right eyebrow and temple, sometimes occupying the whole forehead. The skin was cool and moist; pulse regular, but weak, 68 per minute. The pain in the back was somewhat less than it had been; it was now principally sacral. The nates were painful and tender; and this tenderness was increased on pressure; it was rather more between the trochanters and tuberosities of the ischia, and extended, diminishing in severity, down the back and front of the thighs. There was no swelling of the legs or ankles; on the contrary, the extremities were much wasted from the privation of pure air and exercise, to which she had been much accustomed. The abdomen was tympanitic and tender generally; the most painful spots being over the hypogastrium and left iliac region, where the pain was deeper seated than about the umbilicus, though there was pain in the right groin also; and she was troubled with a good deal of flatulence. In the recumbent posture, the patient had moderate ease and freedom from much suffering; but, on attempting to rise or turn in bed, or trying to put her feet to the ground, the pain came on. On a vaginal examination, the canal was found cool and moist. The uterus descended perhaps a little lower than was normal, and the cervix was somewhat enlarged and elastic. This was especially the case with the anterior lip. There was no indication of hardness. The os uteri was slightly open; and there was a little pale discharge. When the point of the finger was driven against it, it caused pain, which was felt more internally than at the part struck. She complained of much pain at the lower part of her back. The bowels were rather costive. She took her allowance of food and wine. The bark mixture was continued, and the following aperient draught ordered every other morning.

> ℞ Pulveris rhei, magnesiæ carbonatis, āā gr. xv; spiritûs ammon. aromat. ʒss; tincturæ cardam. comp. ʒj; aquæ menthæ piperitæ ʒx. M. Fiat haustus.

July 31st. She was much the same. She thought the pill at night caused her to be more restless, without relieving pain; it was therefore omitted. A fourth part of a liniment, containing an ounce of compound camphor liniment and the same quantity of tincture of belladonna, was ordered to be rubbed into the body night and morning.

Aug. 2nd. The abdominal pain was increased, and pressure aggravated it, as well as the slightest movement. The groins were aching and painful, and the hypogastrium especially so. The urine was copious and healthy. The patient fancied there was rather more fulness on the left side; but it was not very apparent. The pain in the back was higher up and more severe; the os uteri was more open, but excessively tender when touched; an aching, dragging pain continued for some time afterwards. There was a little more discharge. She had passed a better night. The bowels did not act without the aperient draught; and then the pelvic pain was always aggravated. The wine was increased to six ounces; the bark mixture was omitted; and a sixth part of the following ordered to be taken three times a day.

> ℞ Ferri et quinæ citratis ʒss; tincturæ aurantii ʒiij; tincturæ zingiberis ʒss; aquæ ad ℥vj. M. Fiat mistura.

Aug. 3rd. There was no improvement. Agonising pain came on severely about 4 A.M., and continued more or less during the night. She was now free from pain in the body, which was less swollen; but there was great tenderness in the hypogastrium and groins. Conversation had brought on headache. The tongue was quite clean; pulse 68, very small and weak. The urine was turbid, and she was low and desponding. The pain generally came on at about seven or eight o'clock in the evening. A turpentine stupe was ordered to be applied to the abdomen every night; and a warm water injection, with laudanum, to be thrown into the vagina three times a day. The steel mixture was ordered to be omitted, and a sixth part of the following to be taken every four hours.

℞ Ætheris chlorici, spiritûs ætheris nitrici, āā ʒiss; liquoris morphiæ hydrochlor. ʒss; mist. camphoræ ℥vj. M. Fiat mistura.

Aug. 5th. The tenderness was greater than ever over the hypogastrium; and the patient was completely helpless, being unable to move or turn herself in bed. There was severe headache, especially over the right eye. The back at the lower part was very painful, and the least pressure was agony. The fomentations gave no relief. The countenance was very pale and prostrate; pulse 62. She was evidently getting worse. The wine was increased to eight ounces daily, and nourishment ordered to be taken *ad libitum;* a belladonna plaister to be applied to the sacrum; and the following draught to be taken every morning and evening.

℞ Quinæ disulphatis gr. ij; acidi sulphurici diluti ♏iv: tincturæ aurantii, syrupi aurantii, āā ʒj; aquæ ad ℥iss. M. Fiat haustus.

Aug. 7th. The pain was every where diminished; she was better, and looked more cheerful and animated. She had a good appetite, and took her allowance of food and wine. The pain over the hypogastrium was very considerable on pressure, and prevented her from getting rest at night. A small blister, of the size of a watch-glass, was ordered to be raised over the hypogastrium and left iliac region, and to be dressed with an ointment containing two grains of muriate of morphia to one drachm of lard. The wine and tonic were continued.

Aug. 10th. The patient, who desired to apply the blistering fluid herself, made a large extent of surface very sore and tender. An examination *per vaginam* gave much less pain; the os uteri was more open, but scarcely tender to the touch. The general health was much improved.

Aug. 12th. She was suffering from a good deal of vesical irritation; the urine throwing down a lithic acid deposit, and the surface of the body being very sore from the application. There was severe pain in the loins; and the urine was highly acid, scanty, and irritating. The pulse was not accelerated, but she complained of languor and flatulent dyspepsia. She was ordered to take the following draught every four hours, omitting the other medicine.

℞ Potassæ bicarbon. gr. xv; ætheris chlorici ♏x; spiritûs ætheris nitrici ♏xv; tincturæ cardam. comp. ʒss; aquæ ad ℥iss. M. Fiat haustus.

Aug. 22nd. The irritation had gradually abated to the present, and it was now only slight; but the patient had suffered severely from the effects of the wide-spreading blister and the sharper recurrence of headache since the omission of the steel medicine. The urine was still acid, and the pulse weak and slow. Her appetite was good, and she slept well. She left the next day to go to the seaside, with directions to continue the following mixture as prescribed. She was just able to stand, but could not walk a step without support.

℞ Ferri ammonio-citratis, potassæ bicarbon., āā ʒiss; syrupi zingiberis ℥ss; aquæ ℥viij. M.

One tablespoonful to be taken in two tablespoonfuls of water, three times a day.

From this time the improvement was marked and gradual. On her return, at the expiration of a fortnight, she was able to walk without assistance, and was merely suffering from debility. The citrate of iron and quinine was substituted for that ordered on the 22nd ult., which, with a full allowance of wine and a nutritious diet, she took for six weeks, when her recovery was complete.

Remarks. This case is both instructive and interesting, it being difficult to say whether the disorder was inflammatory or neuralgic at the commencement, the symptoms changing their type so frequently; one day looking like inflammation, and another pointing to derangement of the nervous system alone. The case is analogous to those described by Gooch, Dewees, Montgomery, Churchill, and others, who, whilst they admit the occurrence of the disease, differ as to its pathology. Some regard it as a chronic form of inflammation; and certainly the local symptoms at one period were very like it in the case in question; others ascribe it to intestinal irritation; and not a few to pure neuralgia.

The early cessation of uterine discharge, and the extreme pain on pressure; the swelled abdomen and the tendency to constipation; rather indicated some degree of inflammation; and it was not until the tonic treatment was persisted in that its nature became clearer. I was led to give this treatment a fair trial, on account of the exhausting illness to which the patient had been so long subjected previously to her confinement. Her severe headache mostly attacking one side, her clean large tongue and languid circulation, induced me to persevere in the treatment, though for a few days the abdomen was so tender, and the pain seemed spreading upwards from the pelvis, that I was almost tempted to apply a few leeches, which would probably have aggravated the mischief. Viewing these cases, as some have done, in the light of a chronic inflammation of the uterus, I might have committed what I now consider would have been an error. The great amount of depression decided me to support the bodily powers at any risk.

The blistering and sedative ointment materially assisted in relieving the abdominal pain, although the accidental extensive vesication produced great irritation and annoyance for some days. The value of a liberal and nutritous diet is well exemplified, the pain and prostration decreasing with a stronger digestion, and the worst features of the case departing under the free use of wine and tonics.

One other circumstance of note was the draining of liquor amnii. It commenced at the third month of utero-gestation; it increased a month later; and it recurred slightly at intervals till within a month of delivery. The patient believed it impossible for her to "go her time," as, to use her own words, "the water was coming away."

Singularly enough, I had under my care at the time a woman to whom a similar accident happened. In this case, the patient, aged 36 years, the mother of four children, was attacked at the fourth month of her pregnancy with a colourless loss, which soon subsided. It occurred again at the sixth month; and when I visited her at this time, she had been frightened about some trifling family matter, and this had brought on a return of the discharge, and with it irregular labour pains. The loss was so great that the fluid had run through the bedclothes on to the floor. When the uterine contraction came on, the os uteri dilated and the fluid escaped; but neither the membranes, nor any portion of the child, could be felt presenting. The abdomen was becoming more flaccid; and she was suffering most excruciating pain in the head and lower part of the back. Her condition was truly deplorable, and, I considered, perilous. I applied a broad binder round the body to support her pendulous belly; and prescribed a full dose of opium, which soon relieved the pain in the head, and calmed the nervous excitement. This was followed by some refreshing sleep; and on the following day, as she was better, and the discharge arrested, I ordered her quinine in two grain doses, with some mineral acid three times a day. She did tolerably well till the eighth month, when I was summoned to attend her in her confinement. The head was presenting, and the os uteri dilated to the size of a crown-piece, and the pains were regular and forcing. After staying with her three hours, the labour making no further progress, I administered a dose of opium and left her, with directions to be sent for if she became worse. Two days later, the woman was sitting up, and was not confined till another month had expired.* Her labour was quick and natural, and the membranes and placenta were quite healthy. She is now suckling a fine infant, and doing well.

What was the source of the fluid in these cases? It evidently came from the sac of the amnion in the first case; and in the second case, it appears to have had a similar origin.

Excessive discharges are spoken of by writers on midwifery as taking place in pregnant women from the vagina and membranes of the ovum to the extent of many quarts; but the sudden and profuse loss, followed by shrinking of the abdominal parietes, leave little doubt but the cavity of the amnion furnished the fluid in the two cases under consideration. In the first case, the patient did not go her time; the infant was puny and feeble, and a part of the placenta and membranes diseased, as might have been expected; but in the latter case, it is remarkable that the woman in her weak and delicate state should have dragged through the full term of utero-gestation, and then have given birth to a healthy child. She never remembered to have been so large in her previous pregnancies, and often expressed a dread of having two children at a birth. The other patient also said, at an early period of her pregnancy, that her size was much greater than formerly.

A dropsical condition of the amnion would account for the patient's great size. During gestation, she suffered severely from painful flatulence and dyspepsia, hiccup, short dry cough, and great œdema of the legs and ankles. Her breathing was so embarrassed that she frequently sat up during the night, or propped herself up with pillows, from fear of lying down.

During my limited experience I had never before met with two such cases; and I must own that they entailed considerable anxiety.

RETROVERSION OF THE GRAVID UTERUS: THE BEST POSITION DURING ITS REDUCTION.

By Thomas Skinner, M.D., Liverpool.

The Association did me the honour to publish in the Journal for 1860 a series of papers on Retroversion of the Gravid Uterus. As objections have been made in reference to the position of the patient recommended in my essay, as well as to the hand being introduced into the rectum rather than into the vagina, I must beg a little space to answer these same objections.

The position which I have put forth, and which I still maintain is the best, is "the patient upon her left side, the pelvis well raised, the shoulders low, and the thighs as much flexed upon the abdomen as possible." (Journal, 1860, p. 949.) It is objected to this position that it ignores the aid of gravitation; but I cannot see how it does so. I think that the position sufficiently favours gravitation; and that in the great majority of cases it will be found quite enough so for all practical purposes.

It has been recommended in preference, that the patient should be placed with the lower extremities in bed, the pelvis over the side of the bed, and the elbows and hands on the floor; and the observation has been made that this position can be maintained for a considerable period. I cannot agree in this opinion, as in Mr. Wall's and many other cases where this position was tried, the taxis had to be stopped and renewed at intervals, the position being found to be both irksome and tiresome. This position is further open to the following objections, namely, that of raising unnecessary fears on the part of the patient; of being most repulsive to the natural modesty of even the most callous of the sex, and the fact, that the reduction has been and can be easily accomplished without it; besides, to invert a female in the puerperal condition should never be done if it can be avoided, as it determines the blood to the head and chest, harasses the breathing, and entirely prevents the aid of anæsthetics.

With regard to the statistics of the point at issue, I may state that I have collected all the facts on record connected with seventy cases of retroversion of the gravid uterus; of these, nine were placed with the lower extremities in bed, and the upper extremities on the floor. In five of them, the taxis was successful, while in four, it entirely failed; of the four failures, three died. In the remaining sixty-one cases, although the position assumed is not positively stated in all of them, yet there are sufficient facts to lead me to infer that they were not inverted. They were placed chiefly upon the left side, upon the back, and a few of them on "all-fours." In the great majority of these sixty-one cases, the taxis (chiefly on the left side or back) was successful; and in a few of them, catheterism alone, without the taxis, was sufficient to reduce the displacement. In fourteen cases, the patients died. Add to these statistical facts, that I have myself repeatedly reduced the retroverted gravid uterus with ease; and that I have never employed any other position but the one I have recommended (except once in a difficult case, where I placed the patient on her back); and I think that we have sufficience of guarantee, not only of the success attending the practice; but of evidence that the profession hitherto have not generally adopted the practice of inverting the patient; nor do I think that they are likely to do so even now, except under the pressure of circumstances, or as a *dernier ressort.*

It has been argued, that inverting the patient is best, because the uterus is pear-shaped. Let me remind those who think so, that the uterus begins to lose this form about the third month; that between this term and the fifth month (the most prevalent period for the occurrence or the detection of retroversion), it gradually becomes spherical; after which, and up to the full term of gestation it again becomes pyriform.

Lastly, objections have been made to the hand being slowly introduced into the rectum (as a last resource, and when all other means have failed, puncture of the bladder or uterus being excepted), and there seems to be some doubt entertained as to the possibility of doing so. There need be no doubt, as the operation has already been done by several of the most distinguished members of the profession, and with comparative success; as instance, in Mr. Weir's case, when all the most approved methods had been attempted in vain. The operation, or a somewhat similar one, is performed very frequently for *fissura ani*; I have seen Professor Simpson do so; and I have repeated the operation myself with the greatest ease. It is not nearly so difficult an operation as *à priori* we might be led to suppose, especially when we resort to the use of certain adjuvants I have alluded to in my essay, namely, steaming, the warm bath, inunction, venesection, tartar emetic, opium, and more particularly the use of chloroform.

As the rule in ordinary cases, I have recommended the first *two fingers* of the right hand *per rectum.*

Oleum Morrhuæ Ferratum. Fifteen parts of protosulphate of iron are precipitated by fourteen parts carbonate of soda; the precipitate expressed; and after the addition of little water, digested for two hours and a half in a water bath, with two hundred and fifty parts cod liver oil. The deep brown mixture readily becomes clear in a bottle, and soon thickens on exposure to the air. The oil is said to contain about one per cent. of iron. (*Amer. Jour. Phar.*)

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* See an interesting case of Retrocession of Labour, by Dr. Charien, recorded in the *Half-Yearly Abstract of the Medical Sciences*, vol. xxx, p. 256.

Transactions of Branches.

SOUTH-EASTERN BRANCH: ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD DISTRICT MEETINGS.

ON THE DIAGNOSIS, PATHOLOGY, AND TREATMENT OF LUPUS.

By Thomas Hunt, F.R.C.S.

The literature of lupus is confused and contradictory; the disease is rare, and the opportunities of observing it comparatively few. And if to this be added that there is a great variety of appearance and development in the different cases which one meets with in practice, it follows as a natural consequence that there is very little known of this afflictive malady. Having been so fortunate as to see a very large variety of these cases at the Dispensary for Diseases of the Skin, I feel that no apology is necessary for my attempting to bring before you not what has been written, but what I have myself observed, of this most destructive and repulsive disease; a disease of which the diagnosis is often difficult, the prognosis and history most melancholy, and the pathology and etiology unknown, and, I believe, to this hour, almost uninvestigated.

No fewer than *six* different kinds of lupus have been described by authors; namely, lupus exedens, lupus non exedens, lupus vorax, lupus with hypertrophy, lupus serpiginosus, and lupus erythematosus.

The last of these, however, is not lupus but syphilis, and the rest may all be included under two heads,—*lupus exedens* and *lupus non exedens;* the lupus vorax being only an acute and active form of lupus exedens, and the hypertrophied and serpiginous forms being but accidental deviations from the true type.

Lupus is, in fact (as I shall endeavour to shew), both in its ulcerative and non-ulcerative forms, a disease *sui generis*, perfectly distinct in its pathology from all other diseases, and yet liable to variations arising from strumous or other cachectic conditions of the system.

Lupus, whether ulcerative or not, is always destructive, and the parts destroyed are never restored, even after the disease is cured; the phagedenic ulceration disorganising not only the skin and subcutaneous cellular tissue, but also devouring in their turn, cartilages, bones, and every thing which comes in its way; the non-phagedenic form sparing the deeply seated tissues, but blighting the dermis as it spreads superficially, leaving unsightly scars—here smooth and shining, there livid, puckered, and irregular, the normal structure of the skin never reappearing.

Lupus Exedens. The seat of lupus exedens is commonly the nose; of which the alæ, the tip, or the septum, and at length the whole organ, may be attacked in succession in this, or in any order. Or it may attack the ears, or any part of the face, rarely or never commencing elsewhere. It is common to both sexes and may begin at any age; but its most favourite victims are young women in their teens, apparently healthy and often fair and beautiful. It usually commences with a little tubercle on the tip or ala of the nose,—a small dirty-looking scab or crust not larger than a pin's head. In this early stage it rarely comes under the notice of the surgeon; and it is well if he does not mistake it for some trifling disease even when it has attained the magnitude of a pepper-corn or a pea. The crust is strongly adherent, and seems more inclined to grow than to be thrown off; but if it be detached by careful soaking in warm water with a sponge, its removal discloses a small deep ulcer, minute indeed at first, but always penetrating. The surface of this ulcer is covered with a semi-transparent glutinous exudation, very unlike pus, though generally mixed with pus. It is of the consistence of honey, almost as viscid as glue, and of a colour between both. On being exposed to the air it soon dries, and a new crust is formed in a few hours. This in its turn grows and projects, until the nose and often the cheeks are seen with one or more of these crusts adhering, limpet-like, to the skin, and in different stages of growth and desiccation, each crust as it is removed revealing a deeper and yet deeper excavation, until at length the nose, lips, gums, teeth, cheeks, maxillary bones, eyelids, and ears, are literally eaten away, and the deformity becomes indescribably hideous; the patient, meanwhile, often remaining in perfect health, and in some cases nearly free from pain. One characteristic of the disease worthy of notice, is that from first to last the tubercle is surrounded by a slight blush, less livid than struma, less copper-coloured than syphilis, less rosy but more ruddy than acne rosacea. There is commonly, in the earlier stages at least, no pain nor irritation, little tenderness, and no apprehension of evil on the part of the patient. Unless the surgeon be on his guard, he may take it to be a mere symptom of dyspepsia, which will soon heal under aperients and tonics. But lupus never heals either spontaneously or by the help of simple or careless treatment. On the contrary, if it be left to nature, it is more certain that the patient will carry it to her grave, than that she will carry thither any one of her features unimpaired and entire. To a female it is perhaps the most formidable and dreadful of all diseases. The pains and miseries of *cancer* have a more or less speedy termination, but lupus has been known to afflict a patient for half a century, secluding its victim (otherwise hale and hearty) in solitary wretchedness, depriving her of all pleasure in society, in the family, and even in the fields; and driving her at length to absolute solitude and despair.

In some few cases the ulceration is rapidly destructive, and these are described under the name of *lupus vorax.*

Lupus non Exedens is a much less mischievous, but at the same time a more intractable form of the disease. It may sometimes be seen on the neck, shoulder, or arm; more rarely on the lower extremities; but its usual seat is the cheek or temple. Its primary form is that of a small red spot, very slightly elevated above the level of the skin, and on the surface of this spot may generally be discerned traces of minute scales, and some very delicate pustules or points of a yellowish colour. The spot gradually spreads, and as it spreads the centre appears to heal, leaving a sort of abnormal cicatrix, and the circumference assumes the form of a broad reddish ring. Meanwhile, the scales, or rather the pseudo-squamous desiccation, becoming more developed, and the surface more elevated, it might be mistaken for lepra or psoriasis, but that the yellow spots become likewise more obvious, proving it to be lupus. Cases do occur, however, in which this latter appearance is absent; but the development of scales is very scant and imperfect as compared with lepra. There is no pain, little tenderness, and scarcely any itching. Other patches, meanwhile, may in some cases be seen occupying other parts of the face; and the disease may very slowly extend over the whole cheek from the nose and mouth to the ear, which becomes hypertrophied and scabrous. Sometimes it extends to the eye, drawing downwards the lower eyelid so that the eye cannot be closed. By this time the central portion of the cheek where the disease began, assumes new changes, becoming free from tubercles and colour, white and smooth, though slightly puckered and unhealthy. It is without the natural follicular or glandular structure, and in some cases a few small broad tortuous blood-vessels may be seen traversing the surface; in others, no vestige of organisation can be seen. The whole of this process is extremely slow, often occupying many years. The deformity is much less than in lupus exedens; but both forms of the disease may exist in the same individual, either in succession or at one and the same time. When in succession, the ulcerative process takes precedence, and the case terminates in lupus non exedens. The reverse I have never seen. The health is commonly very good.

Diagnosis. Lupus has been mistaken for syphilis, struma, cancer, lepra, psoriasis, and acne rosacea.

Syphilis. When the nose has been eaten away by lupus exedens and the breath has become fœtid from cartilaginous ulceration or caries of the nasal bones, it requires some attention to distinguish the disease from secondary syphilis; for which it has, unhappily, been too often mistaken, and sometimes aggravated by the administration of mercury.

1. The edges of the sore are red or livid in lupus, copper coloured in syphilis.

2. The health is not much affected in lupus. In this form of syphilis it is generally broken down.

3. The ravages of syphilis are commonly much more rapid than the aggressions of lupus.

4. Lupus commences in the tip or ala of the nose and eats its way inwards; syphilis first attacks the throat or palate, and makes its way towards the nose, outwards.

5. Syphilis has generally certain characteristic antecedents, which lupus never has.

Strumous sores are often confounded with lupus. But the diagnosis is not difficult.

1. Lupus attacks the skin first; scrofula the glandular structures.

2. Lupus takes its seat in the features; scrofula in the neck, behind the ears, under the jaw, on the limbs, any where and every where *except* the nose and mouth, which generally escape.

3. The skin surrounding a lupous ulcer is red, seldom livid; but the strumous sore is seated always on a livid ground.

4. In lupus, the discharge is glutinous, thick, and small in quantity; in scrofulous sores it is plentiful, purulent, thin, and flaky.

5. The strumous habit of body is rarely found associated with lupus; and when it is, scrofula disappears as lupus advances.

Cancer. Lupus is supposed by some writers to be a kind of cancer; but this is a mistake.

1. It is not a malignant disease.

2. Lupus has not the stony hardness nor the lancinating pains of cancer.

3. Lupus attacks the nose and upper lip; cancer the lower lip, the breasts, and other parts never affected by lupus.

4. Cancer often makes quick work of it, *lupus never.*

5. Lupus attacks the young, cancer the mature or old.

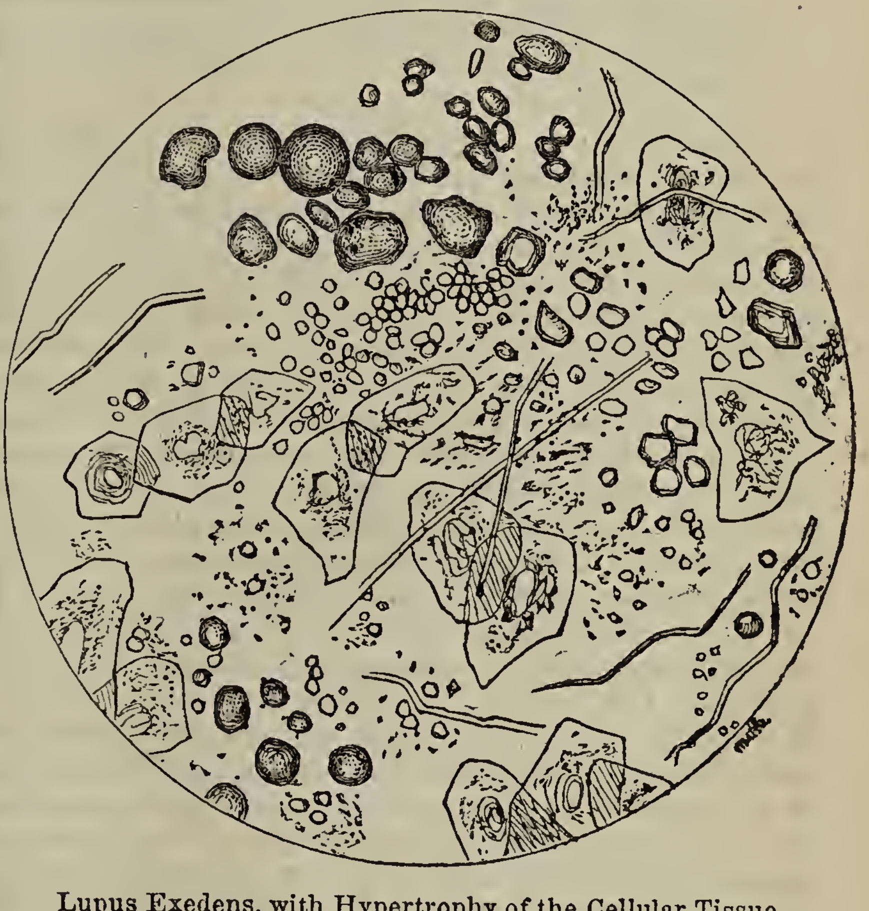
6. The microscopical characters are different. The caudate cells of cancer are never found in lupus.

Acne. Lupus exedens has, once at least, been mistaken for acne rosacea, which is the more to be wondered at, as acne never ulcerates.

Lepra and Psosiasis sometimes exhibit an appearance in some degree like lupus non exedens. But these true scaly diseases have no yellow spots, and they most frequently attack the limbs first, the scalp next, then the trunk of the body, and last, the face, and this rarely; still more rarely (or never) the face *alone.*

Pathology of Lupus. What is lupus? Where shall we find a class, or order, or category, or nosological corner where it can be fittingly placed? It is not struma, though this has been asserted. It is in no one pathological sense like struma. Its subjects are mostly healthy and vigorous. They are safe from the ravages of phthisis and glandular disease. Neither is lupus an animal poison like syphilis, for it is neither contagious nor communicable; neither is it, for the same reason, a parasitic or zymotic disease. It is neither hereditary nor malignant. It owns no connection with the gouty or rheumatic diathesis. It disclaims all relationship to visceral disorder or disease. The whole system works as well with it as without it. The nervous system ignores it. The uterine functions are unaffected by it. Shall we say it is a blood-disease? This will not help us. There is no discoverable change in the blood; and if there were, we should perhaps be little wiser for the knowledge of it.

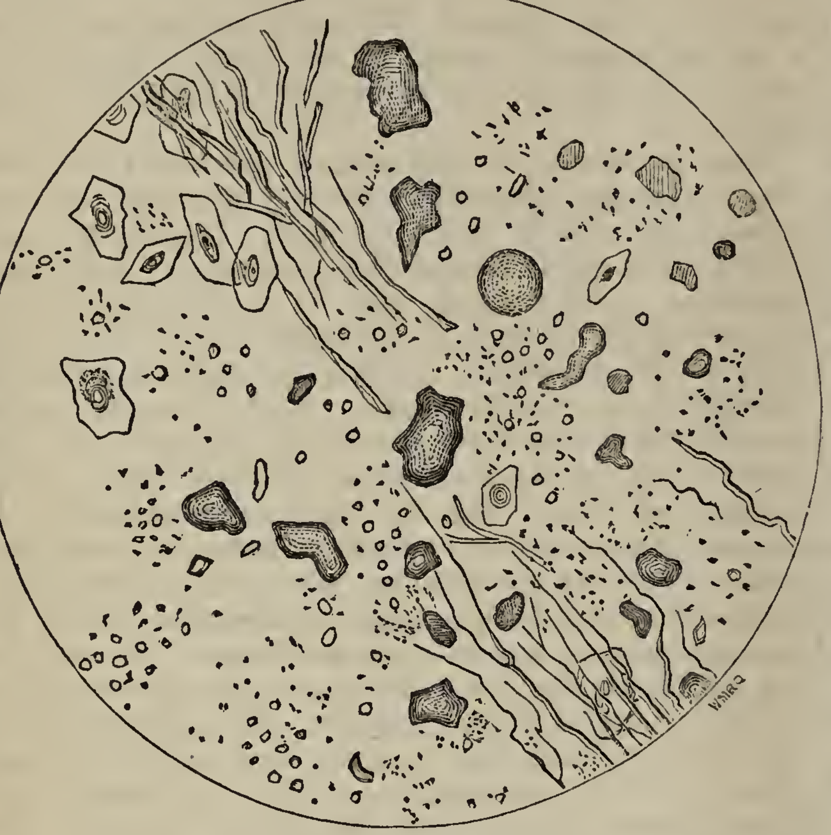
Some years ago, at my request, my friend Mr. Jabez Hogg examined the solid and fluid products of several cases of lupus then under my care. He carefully submitted to the microscope the products of forty cases, about one half of which were in a state of ulceration, the remainder being cases of lupus non exedens. The results were so nearly uniform in every case that they scarcely require confirmation. Both the solid exfoliations of lupus non-exedens and the glutinous discharge of the ulcers in lupus exedens presented nearly similar appearances under the microscope; consisting principally of fat-corpuscles, sometimes large and irregular in form, sometimes globular, but often mixed with altered epithelial scales, serum, and pus-corpuscles, blood-cells, granular matter, and fibro-plastic tissue. In each case, the fat-corpuscles were the most prominent objects; and they were uniformly present. Sometimes the pus-cells were natural, more rarely they exhibited the appearance of the strumous pus-cells. So, again, the fat-globules were small in one case, large in another, here round and globular, there oval and compressed.



Lupus Exedens, with Hypertrophy of the Cellular Tissue.
Fat-globules in large quantities. Hypertrophied epithelial scales. Filaments and sporules of a microscopic fungus. Granular matter. Fine split-up hairs.

It appears, then, that lupus exedens is primarily a disease of the sebaceous follicles, which, becoming disintegrated, discharge their contents into the cellular membrane, possibly as a vitiated or decomposed secretion, and as such, exciting irritation and ulceration of the phagedenic kind; the glutinous exudation being composed chiefly of the abnormal fatty secretion of the sebaceous glands, discharged by their disruption.

The same degeneration of the sebaceous glands probably occurs in lupus non exedens; but here the affected glands are less numerous, smaller, and more superficial. Hence the disease attacks the cheeks in preference to the nose, in which latter organ these glands are large and distended in their natural state. It is clear, however, that the cause of these singular affections lies deeper than the skin, for the disease penetrates deeper. There is some systemic lesion less palpable than scrofula, but belonging to the same family.



Lupus non Exedens.
Fat-cells, very irregular and large, mixed with granular matter and pus. The pus-corpuscles have an irregular outline. Epithelium broken up and mixed with small portions of fibrous tissue.

Treatment of Lupus Exedens. The barbarous practice of applying arsenical paste to the ulcers of lupus, a practice which was fully tried and abandoned as worse than useless nearly a century ago, still, unhappily, prevails in our general hospitals; and is still recommended by writers on surgery. The mischief and suffering inflicted by this method were so fully realised by our ancestors, and the utter uselessness of all topical treatment was so clearly demonstrated, that the disease was significantly named "*Noli me tangere.*"* And it would have been well if the hint had been acted upon, particularly as the disease will yield almost invariably to small doses of arsenic internally administered. For years together, many of my professional friends in private practice have given their cheerful testimony to the efficiency of this treatment, abstaining from all local applications whatever. The escharotic practice is useful for a time; and, after great suffering, the ulcers will heal, shortly to break out afresh in an aggravated form. In other words, so long as the arsenic is being absorbed into the system, the disease yields to its influence; but, as soon as the torture is discontinued, the arsenic becomes eliminated, and the diseased action returns with new energy and increased activity. But, by a mild, measured course of arsenical medicines, the disease, in almost every case, may be permanently destroyed. One of the worst cases I ever saw was cured in this way, and had not relapsed in the slightest degree when I heard of the patient some twelve or fourteen years afterwards, although the cartilage and bones of the nose were involved.

Treatment of Lupus non Exedens. Whatever may be the reason of it, arsenic has often failed (though not always) in this form of the disease. The morbid process may, indeed, be arrested by treatment, so that the advance from bad to worse may be checked; but I am convinced that arsenic is not the most generally efficient medicine for lupus non exedens. Cod-liver oil, iodide of ammonium, and ferruginous preparations, particularly the tincture of sesquichloride of iron (as likewise quinine), have proved the most beneficial. But the constitution of the patient, the state of the general health, and other circumstances, must, of course, guide our choice of remedies, as well as regulate the dose. In lupus non exedens, we must, as in many other diseases, look out for *indications* of treatment. These indications will be presented chiefly in the peculiar constitution and habit of the patient. In lupus exedens, such indications are few and feeble, and our practice must be empirical; arsenic is not only our sheet-anchor, but it is absolutely a specific. The mode of administering this mineral is now tolerably well understood. The great error is suspending it for every trifling symptom which may or may not arise from its use, such as catarrhs in winter, diarrhœa in summer and autumn, and nervous fancies at all times. Rightly and carefully administered, arsenic is as safe as any other mineral; and in this disease there is no substitute for it; neither is it serviceable when taken irregularly. It is useless to *try* it for a limited time. It is not "on its trial" any more than sulphur is on its trial as the remedy for scabies. All we have to *try* is, what dose will suit the patient. Until we have ascertained what is the maximum dose which the patient will bear to take continuously without injury, we shall have made no assault whatever on the disease. But, the right dose ascertained, it must be taken regularly, for half a life time if necessary, reducing the quantity if symptoms demand it, but never once abandoning its use so long as the health remains unaffected by it, and the ulceration unhealed. In its operation, arsenic is by far the slowest of all medicines. It never takes disease by storm, but gradually loosens its hold. Like the ancient battering-ram, its operation is slow and imperceptible, but at length the fortress crumbles to dust. Month after month and year after year, you watch for improvement under its use, and find none; until, at length, you utterly despair of making any impression; and, perhaps, the very next week, you examine the patient, and the crust has fallen off, the ulcer has healed, and the disease of twenty years is gone, never to return.

Brought out by Accident. There have been very popular writers who have been brought out by accident. They did not know what precious vein of thought they had at command till they stumbled upon it as if by chance, like the Indian at the mines of Potosi. It is not much that we know of Shakspeare, but it seems certain that it was in patching up old plays for acting that he discovered within himself a capacity for producing that which men will not easily let die. When a young military man, disheartened with the service, sought for appointment as an Irish commissioner of Excise, and was sadly disappointed because he did not get it, it is probable that he had as little idea as any one else that he possessed that aptitude for the conduct of war which was to make him the Duke of Wellington. And when a young mathematician, entirely devoid of ambition, desired to settle quietly down, and devote all his life to that unexciting study, he was not aware that he was a person of whom more might be made—who was to grow into the great Emperor Napoleon. I had other instances in my mind, but after these last it is needless to mention them. But such cases suggest to us that there may have been many Folletts who never held a brief, many Keans who never acted but in barns, many Vandykes who never earned more than 6d. a day, many Goldsmiths who never were better than penny-a-liners, many Michaels who never built their St. Peters, and perhaps a Shakspeare who held horses at the theatre door for pence, as the Shakspeare we know of did, and who stopped there. (*Fraser's Magazine.*)

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* This term is applied by some writers to cancer of the skin; but it was no doubt originally adopted before any difference between lupus and cancer had been discovered.

Reviews and Notices.

MEDICAL CLIMATOLOGY; or, a Topographical and Meteorological Description of the Localities resorted to in Winter and Summer by Invalids of various Classes, both at Home and Abroad. By R. E. SCORESBY-JACKSON, M.D., F.R.S.E. Pp. 509. London: 1862.

CHANGE of climate has become the order of the day among invalids. Every one in impaired health, who has the means and the opportunity, betakes himself somewhere in search of the health which he has lost. The general principle is, then, universally admitted; but when the invalid, or his medical advisers, apply themselves to the considerations in special of the important question—Whither shall he go? then it is that perplexity arises, and that errors are liable to be committed in the choice of a residence. A trustworthy guide in this matter has for many years been a desideratum. There have been numbers—one may almost say legions—of monographs on special places and special regions; but there has been a lack of a good systematic work, giving an outline of the climatic conditions and sanitary capabilities of all the localities to which resort is wont to be made by invalids. Sir James Clark essayed, about a quarter of a century since, to supply this want in medical literature, and wrote a book on Climate, which has had a deserved reputation. But the time has quite come for another work of the kind; and great credit is due to Dr. SCORESBY-JACKSON for undertaking the task of its preparation. How he has performed the task, let us briefly examine.

The book consists of sixteen chapters, of which the first contains a Sketch of the Causes of Physical Climate. The definition of the word climate, in its modern acceptation, is, the author observes, not an easy matter; he, however, suggests the following:—

> "The sum of all those physical forces which, by their operation upon the constitution of organised beings, prohibit their permanent migration from one region of the earth to another."

This definition is correct in itself, and places the influence of climate in a most important aspect. But it is negative merely; it asserts that climate will not permit the permanent migration of organised beings from one part of the earth to another, and leaves as a matter of inference the influence of climate in favouring the existence and multiplication of beings in their special localities. And further on, in the second chapter, the author recognises the positive influence of climate, when he says:—

> "We do not hesitate, in the present day, to attribute the characteristic features, mental as well as physical, of the various tribes of the earth, in a great measure to the climates in which they dwell. Their laws, customs, manners, from the occupation which exercises their highest faculties down to their veriest frivolities, all are fashioned in the same mould; and although throughout the world they are marked by the features of a common nature, yet each particular tribe is impressed with characters peculiar to itself, which it would eventually lose if transported to a different climate." (Pp. 25-6.)

But the negative definition, as given by the author, opens up an important topic—the capability of man to adapt himself to permanent localisation in countries distant from that of his birth. On this point—on which turns the whole question of colonisation—Dr. Scoresby-Jackson has a few words. He holds that, while man can make temporary exceptions to the general law, and for a time violate the laws of climate with apparent impunity, there is "no proof of, but, on the other hand, much to disprove the possibility of his *permanent* migration from one region to another." This subject, however, is not further entered on, as it somewhat diverges from the proper object of the work—that of instructing invalids and their medical advisers as to the choice of health-restoring localities.

Proceeding, then, to notice the special subject of the chapter, the author gives an outline of the causes of climate; viz., distance from the equator, elevation, relative position of sea and land, oceanic currents, local accidents, the atmosphere, electricity and ozone, rain, temperature, etc. Although an outline, the description given is admirably clear, and sufficient for all practical purposes.

The second chapter is on Hygienics. The author commences by alluding to the early recognition of the value of change of climate as a remedial agent, as shown in the works of Hippocrates, Lucretius, Leo Africanus, Galen, etc. Then, after some general remarks on the influence of climate, he proceeds to give instructions as to the principles on which the choice of climate for an invalid should be made. Attention must be paid to the climate, both as to its meteorological features, and as to the peculiar influence which it is known to exert on the constitution; to the position in which the patient will be placed by the change, in reference to auxiliary agencies—that is, whether the benefit will be dependent on the atmospheric change, or on the accessory change of scenery, mental amusement, facility of out-door exercise, etc.; and to the season of departure and return. Special hygienic instructions—simple enough, but founded on science and common-sense—are then given, under the heads of Choice of Residence; Food; Baths; Sea-bathing; Clothing; Exercise; and Sleep. On the subject of clothing, an important word of caution is given to invalids proposing to winter in a southern climate:

> "It is often erroneously supposed that warm clothing, overcoats, shawls, and such like articles of dress, will not be required in the country whither they are going. This is a great and sad mistake to fall into. Be it the South of France, Italy, Egypt, Algeria, Madeira, or any of the usual winter resorts to which the invalid is destined, he will find to his great disappointment, if he neglect to take a sufficiency of stout clothing with him, that there are cold, damp days, cold mornings and chilly evenings, even in the most favoured of these places, during which he would be very glad of his usual winter clothing." (Pp. 47-8.)

The third chapter is on Mineral Waters, and has been written in consequence of the common practice of prescribing a course of mineral waters before or in conjunction with change of climate. After some general observations, the author has a few words on the varieties of mineral waters; which he classifies as gaseous, sulphurous, alkaline, chalybeate, bromoioduretted, saline, and mud baths. Under each head, are noticed briefly the general chemical characters of the waters; their physiological action;

the indications for their use; and the localities in which they are to be met with.

The fourth chapter consists of a Sketch of the Diseases in which Change of Climate is Commendable as a Remedial Agent.

The diseases, beginning with ague and ending with scrofula and surgical diseases, are arranged in alphabetical order; the benefit to be derived in each being generally curative, while in some cases (such as when a tendency to apoplexy appears to exist) it is rather prophylactic.

The remaining chapters of the book are occupied with the description, in a medico-climatic point of view, of special localities; viz., Algeria (the province); Algiers (the town); Australia; Tasmania; New Zealand; the British Possessions in North America; the Cape of Good Hope, and Natal; France—its winter residences and summer resorts; Germany; Belgium; Switzerland; the British Isles — their winter climates and summer resorts; Italy—its winter resorts and summer residences; Madeira; the Azores; the Canaries; Spain; Portugal; Gibraltar; Malta; Ionian Islands; Egypt; and the West India Islands. Under these heads, the special characteristics of numerous places of resort—their meteorological phenomena, the composition of their mineral waters (if such exist), the conditions of system under which a visit to them is indicated, etc., are briefly but sufficiently noticed.

In concluding this notice, we must draw attention to the anxiety of the author to prevent an important error. The book is so free from technicalities, and yet so instructive, that there is every probability of its being read by many outside the pale of the medical profession. To all such, we would give one word of counsel—to impress on their own minds, before all things, the terms of disapproval with which, in more than one part of his book, the author speaks of amateur practice.

The work of Dr. Scoresby-Jackson on *Medical Climatology* is founded in part, of course, on reading, but in great measure on personal experience derived from travel in various regions of the world. He deserves the thanks of the profession, not merely for writing a book on so important a subject, but for performing his duty in so admirable a manner.

We must not admit to notice, that to the work is prefixed a coloured chart of medical climatology, adapted to the work by Mr. Keith Johnston; the obligations of the medical profession to whom, as a layman, the author appropriately recognises by the dedication to him of his work.

LECTURES ON THE GERMS AND VESTIGES OF DISEASE, and on the Prevention of the Invasion and Fatality of Disease by Periodical Examinations. Delivered at the Royal Infirmary for Diseases of the Chest. By HORACE DOBELL, M.D., Physician to the Infirmary. Pp. 198. London: 1861.

PERHAPS we are stupid; the weather may have dulled our intellects; or perhaps our mental powers have been enervated by the recent perusal of a very straightforward common-sense book. But, whatever be the cause, we must confess that we have felt a difficulty in following Dr. DOBELL through his six lectures. Some germs of truth are, by laborious training of the mental vision, to be seen in them; but the whole is overlaid with such a mass of words, and of expressions which require extraordinary labour to determine their proper bearings, that we fear the practical utility of the book will be found greatly limited thereby. The apparent object of the author—to furnish a contribution to preventive medicine, is undeniably deserving of praise; but he must write in a more simple strain if he would really do good. To envelope the mysteries of life in the mysticism of words, is not what is required in the present day.

SPINAL DEBILITY; ITS PREVENTION, PATHOLOGY, AND CURE, in Relation to Curvatures, Paralysis, Epilepsy, and Various Deformities. By EDWARD W. TUSON, F.R.C.S., formerly Surgeon to the Middlesex Hospital. Pp. 155. London: 1861.

MR. TUSON is well known to the profession, not only as a teacher of anatomy, but as a diligent and successful worker-out of difficult problems in mechanical surgery; and it is pleasant to find such a man engaged in a department which has been too little studied by the profession, and on which much that has been written is redolent of quackery. Indeed, the spine, with its anatomical relations, its important functions, its too frequent distortions, and often obscure diseases, may well find work enough for all the anatomy, pathology, and mechanical genius possessed by any man. Mr. Tuson, unlike some writers who have professed to simplify the causes and treatment of spinal deformity, and thus to reduce the treatment and prevention to a formula, admits the complexity of the subjects, and is in no point more decided than in insisting that almost every case may require a different mode of treatment; that no machine ever invented can ever become generally, much less universally, applicable; and that few of these, however well adapted to a given case, can do any more than give facility to the general plan of treatment, comprehending attention to the cause of the affection, the constitution of the patient, and the general health. The book embraces a variety of subjects, all of them practically treated, and some with a happy originality, and a show of experience and tact, which proves that the writer is at home on the subject, and that he writes from a worthy desire to teach others.

We have not space for a general review of the work; which, being well illustrated by diagrams and drawings, can only be understood on a diligent perusal; but the following is one among the practical points which will probably be found useful and instructive. In reference to the lassitude and debility resulting from long illness, or from a man overtasking his strength, and the muscular pains which often accompany this condition (to which our ingenious associate Dr. Inman has devoted so much attention), Mr. Tuson points out a mechanical cause not unfrequently operating; viz., pressure on the spinal nerves in passing through their respective foramina, in consequence of a morbidly compressible condition of the intervertebral substances; showing how easily the symptoms may be relieved by a simple apparatus contrived to deliver these substances of their superabundant pressure. Mr. Tuson has exemplified his views by the details of many interesting cases; and we cannot but think that the work will be extensively useful.

Progress of Medical Science.

Congenital Hydrocephalus complicating Breach-Presentation. Several curious cases, in which preternatural presentation has been complicated with congenital hydrocephalus, have lately been recorded in a French medical periodical.

M. Cabaret relates a case in which a breech-presentation was complicated with hydrocephalus. Madame R., aged 40, arrived at the end of her fourth pregnancy in April 1857. The previous three pregnancies had presented nothing remarkable; and, on the present occasion, the only notable symptom was the excessive size of the abdomen in the latter months of gestation—as if the uterus contained twins. Labour, having set in, proceeded at first slowly; but subsequently the pains became stronger, and the midwife discovered a breech-presentation, the nates being directed towards the left acetabulum, and the thighs towards the right sacro-iliac synchondrosis. The body of the child was soon expelled, but the head remained. The midwife thereon tried to bring it down by endeavouring to introduce her finger into the child's mouth, and bring the chin down on the chest. Failing in this, she attempted, by means of two fingers of the left hand placed on the shoulders, to guide the occiput under the pubis, it being now presented to the sacrum. The head, however, remained immoveable above the brim of the pelvis. Dr. Cabaret and two other medical men were now sent for. On his arrival at 3 P.M. of the day on which the labour had set in, he found the patient much weakened by a slight but continuous hæmorrhage, which had lasted an hour. The abdomen was still as large as it ordinarily is before pregnancy; the head was considerably above the brim, and was so large that it could not possibly pass this; the fœtus had manifestly been dead some time. He tried careful traction, but with no other effect than that of elongating the neck. Attempts were made for an hour to perforate the skull at the base by a trocar and Smellie's scissors, and to apply the forceps; but all without success. During this time, the patient was losing blood in small quantities, but continuously, and was becoming manifestly weaker. M. Cabaret, on consultation with his colleagues, MM. Kerollier and Martel, determined on performing cephalotripsy. The left hand was placed on the shoulders, and the feet were firmly drawn down by an assistant. A pair of long scissors, curved on the flat, were introduced, and guided along the left hand to the neck, which was divided by repeated and carefully directed cuts. M. Cabaret then, finding it impossible to turn the head, passed a crotchet in the direction of the anterior fontanelle, which, however, would only reach the orbit. Pressure having been applied through the abdominal walls, he succeeded in perforating the posterior fontanelle by a second instrument, on which an enormous amount of serous fluid escaped with a loud noise, and the size of the head was reduced. M. Cabaret now carefully withdrew the crotchets, and attempted to draw the head into the pelvis. While he was employing some force, a noise of tearing was again heard, and an abundance of fluid again escaped. The head was now removed by traction with little trouble, although it was still larger than natural. The placenta was readily expelled. No hæmorrhage, inflammation, nor any unfavourable symptoms beyond a slight febrile attack, followed the operation; and the patient had perfectly recovered in a few weeks.

The head, on examination after delivery, presented a vast sac, still one-third filled with serous fluid. Its circumference was 27½ inches. The cranial bones were generally thin and widely separated. The face was not enlarged; its form was triangular. The bones of the base of the skull were thicker and more ossified than natural, but had preserved almost their ordinary dimensions. The cerebrum and cerebellum were entirely absent; the medulla terminated below the level of the occipital bone. There was no trace of pia mater or arachnoid; the cranial cavity was lined by a simple fibro-cellular membrane, somewhat like a dura mater; it was covered by a moderately thick layer of albuminous concretion. At the base of the skull were some small unequally arranged appendices, which Dr. Cabaret thinks may have been the analogues of the choroid plexuses. The origins of the nerves existed only as simple neurilemma.

M. Cabaret adds notices of eight other recorded cases in which breech-presentation or turning was complicated with hydrocephalus. (*Revue de Thérap. Méd.-Chir.*, 15 Sept. et 1 Oct., 1861.)

M. Mattei refers to several other cases of the kind, making in all seventeen. One of these occurred in his own practice; and he was enabled, notwithstanding the breech-presentation, to diagnose the cause of obstruction and puncture the cranium, without performing embryotomy. (*Ibid.*, 15 Oct., 1861.)

Dr. Frech was called to see a woman aged 42, who had had six favourable accouchements. She was taken in labour on the seventh occasion at the commencement of the eighth month. The abdomen was much enlarged. After a time, finding the os uteri dilated to the size of a five-franc piece, he brought down the feet. The fœtus appeared to be scarcely seven months old, and to have been dead a month. The head, being arrested, was felt as a large fluctuating tumour above the brim. Having no other appropriate instrument at hand, Dr. Frech perforated the occiput with a long needle; three pints of fluid escaped; and, with slight traction on the shoulders, the head was soon delivered. The upper half of the brain was diffluent, and as if dissolved in the fluid: there were no vestiges of cerebral membranes. The woman was going on well three days afterwards. (*Ibid.*, 1 Nov., 1861.)

M. Devers relates a case similar to that of M. Cabaret, in which, after evacuating the head by means of the crotchet, he succeeded, after much trouble, in withdrawing it by the application of forceps. The cerebral organs in this instance were of normal conformation, and slightly hypertrophied. Dr. A. Michaud also gives a similar example from his practice; the presentation being preternatural, and puncture of the hydrocephalic head having been followed by the use of the forceps. In both cases, the women did well. (*Ibid.*, 15 Nov., 1861.)

The Photophobia of Ophthalmia removed by the External Use of Iodine. Dr. Borlée of Liege says that he has succeeded in overcoming the painful photophobia which attends various ophthalmiæ by the application, once or twice a day, of the tincture of iodine (by means of a camel-hair brush) over the cutaneous surface of the eyelids and the supraciliary region. When the iodine is applied, the patient experiences pain for at least half an hour; there is abundant lacrymation; the orbicularis muscle contracts forcibly; the conjunctiva becomes injected; and the epidermis dries and desquamates. Sometimes there is vesication. The iodine has not been found in the tears and urine; hence Dr. Borlée thinks its action is purely local. Very obstinate cases, according to M. Borlée, have yielded to this treatment; and sometimes no other remedy has been required. Sometimes, however, the application fails to give relief, even after several days. (*Presse Méd. Belge*, 13 Oct., 1861.)

External Application of Iodine to remove Plastic Exudations in Pleurisy. M. Delioux uses, for the removal of plastic exudations following pleurisy, frictions with an ointment composed of iodine, two parts; iodide of potassium, eight parts; and lard, thirty parts. The skin being made perfectly clean, friction with this ointment must be made over the affected part for five minutes every morning and evening; a layer of cotton-wadding is then applied, and covered by oiled silk, the whole being secured by a bandage round the body. The application produces more or less cutaneous irritation; and, where this is severe, the remedy must be discontinued—but for as short a time as possible. M. Delioux has employed this treatment with success in a score of cases of intrapleural exudation, some dependent on acute pleurisy, others being instances of a chronic exudative pleurisy. The duration of the treatment has varied from fifteen days to two months: in the acute cases, from fifteen to twenty days have generally been sufficient for the removal of the false membranes. The iodine thus applied is absorbed; M. Delioux and M. Castain found it in the urine. (*Bull. Génér. de Thérap.*, 30 Sept., 1861.)

Congenital Anchylosis of the Elbow-joint. M. Lejeune of Rumegies relates a case in which there was on each side complete anchylosis of the elbow-joint in a semiflexed and slightly prone posture. The mother had suffered during her pregnancy from symptoms of subacute articular rheumatism. The child was from the first very emaciated, and died thirty-two days after birth. On examination, the ulna of each arm was found to be normal; but the head of the radius was united with the humerus in such a manner that there was no trace of head or neck of the radius, nor of bicipital tuberosity; the bone was continuous with the humerus, without any trace of articulation. Whether this anchylosis was primitive, or the result of disease, it is difficult to determine. (*Gaz. des Hôpitaux*, 3 Octobre, 1861.)

Spina Bifida successfully treated by Injection of Iodine. In February 1859, Dr. Lézerie was called to see Marie B., an infant aged nine and a half months, who had in the lumbar region a tumour as large as a moderate sized orange; it presented all the signs of spina bifida. The parents said that it had emptied itself spontaneously twice since birth by external aperture, and that it had rapidly refilled. There was complete paralysis of the lower limbs, partial paralysis of the upper limbs; the head could be moved easily; and there was no hydrocephalus. The parents were anxious for an operation, which was accordingly performed by M. Lézerie, after clearly setting forth its dangers and uncertainty of success. On March 12th, pressure being made at the upper part of the tumour to prevent, if possible, communication with the spinal canal, the fluid contents were partially evacuated, and a nearly corresponding quantity of a mixture of equal parts of tincture of iodine and water was thrown in. This was held in for two minutes, when some was allowed to escape. Another injection was then made in like manner. On the fifteenth day after the operation, the motions of the upper limbs were more free, and the child could support herself on the legs, but could not move them. In a month, the improvement in the arms continued, and the lower limbs could be moved a little. In four months, the paralysis had almost completely disappeared; and, in six months after the operation, the child could walk alone. During the progress of the case, compresses dipped in an iodine solution were kept constantly applied over the tumour. Twenty-seven months after the operation, the tumour was reduced to the size of a walnut; the child was well developed and very lively, and could run easily. The only remaining trace of her former condition was incontinence of urine. (*Moniteur des Sciences Méd.*, 8 Oct., 1861.)

British Medical Journal.

SATURDAY, JANUARY 4th, 1862.

THE PROSPECTS OF THE ASSOCIATION.

It is no small pleasure to us, that we are able to inform the members of the British Medical Association, that their Society commences the present year with a bright prospect before it. We might, indeed, look back with some small amount of justifiable complacency on the labours and travails of the past year; but we think it is better to let the past speak for itself. What has been done and written is now, for good or for ill, a fact irrevocably recorded on the pages of the past. We shall not, therefore, follow the fashion adopted by some of our friends, and trumpet forth a long list of the wonderful deeds which have been accomplished by journalistic powers. People are naturally suspicious of the virtue of the female who too loudly parades her morality before the world; and so likewise the reader may be led to suspect the existence of a conscientious feeling of short-coming in the minds of those who too forcibly proclaim the wondrous things they have effected. Another reason why we choose not to touch on the immediate past is, that it would be impossible for us to light up our own lamp without throwing some of our cotemporaries into the shade. We therefore prefer, as we can well afford to do, to let the past take care of itself, and simply congratulate our Associates on the prospect which lies before us in the future. This, indeed, is the best and most satisfactory answer that can be given to those kind prophets who, no doubt with a wish father to the thought, croaked vaticinations of our coming misfortunes.

So far from descending into the grief anticipated for us, we are quietly, and surely, and solidly expanding and rising. Our balance-sheet is a satisfactory one, and the ways and means are therefore duly provided for. The London members mean to do their best in giving a hearty reception to the Country members at our next Annual Meeting. The President-Elect and the Local Council are already energetically engaged in making arrangements for the coming event. The Addresses and Papers will be, we trust, of more than usual interest. Dr. Walshe gives the Address in Medicine; Mr. Paget the Address in Surgery; and, on this occasion, an Address in Physiology will also be given by Dr. Sharpey. The name of our President-Elect, Dr. Burrows, will, we are satisfied, be received with universal satisfaction as the occupier of that post of honour. There is, indeed, a peculiar appropriateness in his selection at the present moment. It is well known, at least in the College of Physicians, that Dr. Burrows has been the leader of the party of liberality in the College, and the chief promoter of those measures which have tended to give to the College its present character of disinterestedness. He becomes, therefore, a kind of natural link between the College and the general practitioners of the country. By the carrying out of the views which he has supported, the general practitioner, in taking a licence to practise Medicine, will in future assume the title of physician, instead of that of apothecary. These liberal doings of the College, and its complete abandonment of that kind of exclusive feudality, which formerly (and very naturally) excited so much ill-will against it, have doubtless now removed the last remnant of the unkind feeling referred to.

With respect to the JOURNAL, as we have already said, the past must be judged on its own merits; it is not for us to trumpet what has been done. Nor shall we put forth a long list of specific promises for the future. All that we will engage is this: to do our best, steadfastly and honestly. In following out this principle, we feel that we shall be best worthy of the countenance of that increasing body of friends who are daily coming forward to aid and support our labours; and that we shall be able, with good conscience, to ask for a tolerant view of whatever apparent errors we may, in the various judgments of our numerous constituents, sometimes seem to commit.

MEDICINE IN THE WITNESS-BOX.

WE have already more than once called attention to the painful position in which the medical profession is placed when, in a court of justice, it appears in a state of division—cut in halves—and supporting two diametrically opposed conclusions. That such an exhibition is absolutely necessary for eliciting truth, and for the direction of justice, we cannot believe. Some may think that, in this sublunary sphere of doubt and error, such a condition of things is unavoidable, and that it is only by this means that in special cases truth can be arrived at. To this, however, we cannot agree. When six medical men of position declare a man mad, and six of equal status avow their complete belief in his sanity, how is the blind goddess Justice enlightened and assisted by medical wisdom? When six surgeons declare that a man is irrevocably damaged by an accident, and six others declare that the accident has caused him no damage at all, how can the jury be assisted in their verdict by the light of surgical science? The inevitable result of this differing in opinion is, that medical evidence in a court of law becomes a joke, a mere byword, both with the public and the men of law. And how can we reasonably expect that it should be otherwise?

We refer to the deplorable position in which medicine is thus so often unfairly placed by this arraying of the Trojans and Grecians against each other in courts of justice, because we are satisfied that the mischief thereby done to the profession is much greater than appears upon the surface. *It teaches the world incredulity in medical science.* Something more even may be said on this score. Is there not something absolutely wrong in this clashing of opinions upon oath? In a case which lately appeared in the papers, a number of eminent medical men opposed a like number of eminent men, in a court of law, on a matter of surgical pathology about which we do not believe there would have been the smallest disagreement amongst them, had the whole lot met together in consultation, instead of under subpœna. We often complain, and with justice, of the snubbing which professional men receive at the hands of judicial functionaries, and especially in connexion with lunacy cases; but may we not explain this treatment, in part at least, by the opening which we thus give to these rebukes? The men of law may say, and truly, "What is the use of your science to us, if it only brings those who study it to swear, six of them that the man is as mad as a March hare, and six of them that the man is as sound and sane as the exigencies of life require him to be? We want medical science to step in like an oracle, and assist us in coming to a healthy conclusion; whereas medical science comes before us, and serves only to make confusion worse confounded."

Is there no help for what we have ventured to call this deplorable position of medicine in a court of law? Far better than such a state of things would it be that justice should have its *posse comitatûs* of experts to assist it in such conjunctures—persons who should be called in to pronounce, unbiassed, on the barren facts of the case laid before them. The truth is, that the evil which lies at the bottom of the mischief is *this:* that medical men, instead of giving a judicial, give an advocate's opinion, in the cases of the kind to which we are alluding. They are summoned to court *to make the best of their client's case*, not to declare the whole truth according to the light of their scientific knowledge. Every thought which the medical witness entertains in favour of the sanity of the supposed lunatic must be carefully concealed, if he be summoned to prove the insanity of the individual. He tells all he can to show the insanity, and conceals every thought, and fences with every question, which might bring forth an idea of the sanity of the subject of the judicial inquest. We, therefore, are driven to the conclusion that medicine will not have its due weight in a court of law until medical men cease to give evidence and appear there in the character of advocates. We beg to remind the profession that Lord Campbell once told three learned physicians (according to Dr. Winslow): "You may go home to your patients, and be more usefully employed there than you have been here!"—and that another earned judge said, "that his experience taught him there were few cases of insanity in which any good came from the examination of medical witnesses! Their evidence sometimes adorned a case and gave rise to very agreeable and interesting scientific discussions; but, after all, it had little or no weight with a jury!" We do not subscribe to this judicial impertinence; but we ask our readers to consider whether or not the rebuke is not too often justified by the case. Doctors, as witnesses in a court of law in trials of the kind here referred to, are usually classified with surveyors, and their evidence put at an equal valuation; and the most unfortunate part of the business is, that really unbiassed medical evidence ceases to have the weight it ought to possess, for the reason that the court and the jury are unable to distinguish between it and what may be called the medical advocate's evidence. We can see no way out of this unfortunate condition of things, except by the government appointment of skilled medical men, who shall be called in to assist the law in the embarrassments to which it is necessarily subjected by conflicting medical evidence.

THE MEDICAL BENEVOLENT FUND.

We most earnestly recommend to the consideration of our professional brethren the appeal made by Mr. Toynbee, as Treasurer of the Medical Benevolent Fund. We do so without a single scruple restraining us: for we believe, that the mode of administering relief adopted by the Fund is founded on the truest principles of a righteous charity. It consults the best interests of those who receive, as well as of those who give. Hence, in this instance at least, the charitable may have the satisfaction (and no trifling one it is in these days of appeals to the benevolent) of knowing that his subscription goes wholly to its proper object; and that it is distributed under the special direction of his professional brethren themselves. Who is there of us, who is so master of his future, that he dare boast to be the absolute controller of his fate? The calamities which often hit those who think themselves beyond the reach of misfortune's arrows, would be lessons enough to teach us as a point of mere worldly wisdom—self-interest—to be prepared for such reverses. But higher motives, we well know, may be appealed to here. It should be enough for us to know, that many members of our profession, through no fault of their own, are reduced to ask the assistance of their brethren.

We beg our readers to learn for themselves how this charity is managed. They will thereby be thoroughly satisfied that, as we have already said, their money is most satisfactorily disposed of. They will find that the assistance rendered to its objects by this Benevolent Fund is of a kind to rescue them at once from their distress, without parade of that distress, and without demanding from them that terrible canvassing and weariness of supplication, which are so hateful to the honest pride of poverty, and so impossible to those smitten most heavily by distress, and consequently most needful of help.

THE WEEK.

The profession will appreciate the delicacy and kind consideration of the Queen, in calling to her, at Osborne, the physicians who had attended Prince Albert during his last illness, for the purpose of tendering them her thanks for the attention and kindness they had shown in the discharge of their very painful duty. No better answer could be given to the absurd tales and suggestions which have been published by the ignorant in different journals. Even some members of our own profession seem to have forgotten that under all and every kind of treatment typhoid fever is, in a certain per centage of cases, still a fatal disease.

The *Medical Times and Gazette* informs us that henceforth its guidance passes into new editorial hands. Who the happy man is whose fingers are in future to hold the editorial reins, we do not know; but we understand that the "we" is in future to be, not nominally but actually, the representative of an unknown quantity, doubtless on the principle "*omne ignotum pro magnifico.*"

Mr. Wakley has long and well fulfilled the duties of coroner for Middlesex, and there are few persons, therefore, who would not be glad to hear that he had so recovered his health as to be able once again to return to his labours. As it is, however, rumour tells us that aspirants to the post of coroner referred to are already active in the field, and that these aspirants are cunning men of law. We would only remark hereon that we should be very sorry to see the post vacated by Mr. Wakley; but we should also be sorry to think that there was no man of medicine in this metropolis fit to follow in his footsteps; or that all chance of a medical coroner being again appointed for Middlesex should be destroyed by the legal forestalling above referred to. It is certain that medical men make good coroners; for the many medical coroners who have exhibited before the public in different parts of the country have all shown themselves well equal to their work, and have given complete satisfaction to the community. A natural feeling of delicacy would incline medical men, in the special case to which we are alluding, to stand aloof at such a moment; but, nevertheless, it will not do for us to allow one of the few paid public appointments to which doctors can aspire to be surreptitiously snatched from us through feelings of false delicacy. Let us, if so it may be, find the right man, and when the time comes, unanimously support him.

The royal family of Portugal has been strangely smitten down by typhoid fever. It is supposed that both the king and his brothers contracted the fatal disease in an expedition into the country. The fourth son of the family, Ferdinand, died first; then followed the death of the king; and this week's telegrams bring news of the death of Prince João. Another brother, Augusto, the fifth son, has also been dangerously ill of the disease; but he has happily recovered. This quick succession of deaths in a royal family, which seems beloved by its subjects, has created a kind of mediæval sensation among the populace. Their deaths were attributed to wilful poisoning; and the body of the king, we were told, was to be exhumed and analysed. The chemists' shops were ransacked, and the inane rage of the multitude let loose on poisonous drugs. All this tumult has, however, subsided; and the certificates of the physicians (in the case of Prince João) appear to have satisfied the people as to the true cause of death. This certificate, the *Daily News* says, was signed by twenty-two physicians! What a lesson this ignorance and those deaths should teach the world, if men would only be-wise—to instruct the multitude, and close up the sources of preventable diseases. We should be glad to hear what our esteemed contributor, Dr. Budd, would say of such examples of contracted fever, as are these to which we are alluding.

A *pharmacien* of Bordeaux, M. Dannecy, has, he says, discovered an adjunct to a dose of cod-liver oil, by which the oil is made quiet in the stomach. A dose of fifty or sixty *centigrammes* (seven or eight grains) of calcined magnesia taken after the oil, in a little water, will prevent the tendency to its rejection which is occasionally observed after administration of the oil. M. Dannecy was led to the use of the magnesia by recollecting the experiments of Dr. Jeannel on the emulsion of fatty bodies by alkalies, and their assimilation.

We lately described an operation by an American surgeon, the like to which we believe had never previously been performed; namely, opening the abdomen in a case of ruptured bladder. We have now to detail another unique operation from America, excision of a kidney. To Dr. Wolcott of Milwaukie belongs the credit (?) of the operation. A large tumour, said to be of six years growth, was found filling the hypochondriac region of the patient. It was diagnosed to be a *cystic tumour of the liver*, and *as such* was condemned for removal. It was in fact removed; and is thus described:—"The tumour weighed about two pounds and a half, and on incising it freely, we found undoubted evidence of its being a kidney, from a small portion of its upper portion, which had not degenerated, showing the tubules and a portion of the pelvis of that. The patient lived fifteen days after the operation, and died, apparently from exhaustion, caused by the great amount of suppuration which necessarily followed."

A Dr. Caron has enlightened the Paris Société de Médecine Pratique concerning the practice of that celebrity, Dr. Caplin. M. Caron fell sick lately when in London, and luckily also into Dr. Caplin's hands. He was in due course put in a bath electric, cured offhand, and thereupon shown a darkish scum—the refuse of his ablutions and electrifications—in fact, he saw metallic mercurial globules. "It was impossible not to recognise the presence of mercury extracted from my body by the electric bath; and this, although I have never undergone mercurial treatment, have very rarely taken a calomel purge, and have never personally applied mercurial preparations to my patients' skins. How, then, did the mercury find its way into my body?" We advise M. Caron to take the question up to the Academy of Medicine. At all events, Dr. Caplin must be now happy. To extract mercury from ordinary mercurialised patients (to their satisfaction, at least), is, we believe, with him a daily performance; but to get it out of the body of a veritable living doctor, who had never swallowed mercury, is positively an original feat—a sort of creation of something out of nothing, which we should have thought the modesty of bagnoire-science could scarcely have furnished us with.

Hydropathy has been lately practised with success in La Charité, in a case of albuminuria, with general œdema. Other remedies having failed, the patient was wrapped up in a wet sheet; and the packing was renewed on eight consecutive days. On the second day, the skin became moist, and then abundant sweating followed; and the patient was gradually relieved from his dropsical state.

A celebrated Lyons sculptor, M. Guillaume Bonnet, has finished the statue of his illustrious namesake. Bonnet is presented in an erect position, his right hand extended, and his left holding together the folds of his professional gown. The drapery of this statue is said to be admirable.

M. Boussingault has shown that the gas which results from the action of light on plants is not, as Saussure taught and all the world has since believed, oxygen and nitrogen, but oxygen and carbonic oxide, mixed with a small quantity of protocarburet of hydrogen.

The *Montpellier Médical* speaks thus of the death of Riberi:—"The death of the most celebrated physician of Turin is announced—of Dr. Riberi, the worthy successor of Sangrado and Broussais. He had the honour of being admitted into the Senate, and of incessantly bleeding Count Cavour. He died after a short illness, during which he treated himself not less energetically than he had treated the celebrated minister. Six of his favourite disciples constantly remained at his bedside, and each of them bled him more than once. He who slew by the lancet perished by the lancet, according to the law of retaliation. Less blood has been shed by the Austrians during the last fifty years than by the hands of Riberi and his too faithful disciples." The *Medical Gazette* of Turin went into mourning on the occasion of Riberi's death.

Association Intelligence.

MEDICAL BENEVOLENT FUND.

Mr. Toynbee, as Treasurer of this Fund, has issued an appeal, to which Sir James Clark adds the weight of his influence by the following note.

"Bagshot Park, Surrey, Dec. 20th, 1861.

"Dear Toynbee,—I think it very desirable that your feeling appeal in behalf of the Medical Benevolent Fund, should be circulated among the members of the profession.

"No one can read that appeal without being convinced of the great usefulness of the Fund, and, I trust, it will induce those into whose hands it may fall, to extend the knowledge and promote the interest of a Society, of which the medical profession may be justly proud.

"With my best wishes and thanks for your unceasing efforts to promote so good a cause,

"I am, faithfully yours,

"James Clarke, *President*.

"P.S. If you think it likely to be of any use, pray publish this note with your appeal."

Appeal.

When I call to mind the frequent eloquent appeals in behalf of the Medical Benevolent Fund, by my able and generous-hearted predecessor, Mr. Newnham, I sometimes doubt whether I ought not to do more than I am doing, to promote the welfare of the Fund.

And still, upon reflection, I always feel inclined to let the success and progress of our charity depend upon the slow, but sure, recognition of its usefulness, arising from a due appreciation of its deeds. I may be wrong in not appealing more openly to the members of the medical profession; for among them I full well know, from my own experience, there are very many blessed with an abundance of this world's good, and blessed still more with generous natures, who are grateful to be told where their generosity can be most usefully bestowed. So, to the medical profession, and to the public who have hitherto aided us most liberally, I venture this Christmas time, to say a few words in behalf of the Medical Benevolent Fund.

In the *first* place, I will state that the experience of several years, as an officer of our Fund, has taught me that in spite of forethought, prudence, self-denial, and the most arduous exertion, cases must occur (and doubtless it was intended by an all-wise Providence they should occur), in which a medical man, and through him his widow and his children, feel the bitter pangs of want, too often deepened by the presence of disease. And while I make this statement, I am also prepared to allow, that many who neglect it might have the advantage of institutions for life insurance, and beneficent societies, similar in principle to the most excellent "Society for the Relief of Widows and Orphans of Medical Men;" but I cannot conceal from myself the further fact, that many men are, by nature, so ardent and hopeful, so confident of success—of great success, that they will not—cannot heed the still small voice, that ever and anon whispers of possible failure—of future want.

In the *second* place, I full well know that the rapidly increasing family, which seems almost a characteristic of a medical man, occurring at a time when practice does not proportionally increase, too frequently renders the struggle of life hard and constant, and leaves the *future* to be met as it best may be met, too thankful if the *present* does not overwhelm.

In the *third* place, I know that want of health, caused too often by the unceasing wear and tear of life, prostrates many a medical man when his energies for the support of his wife and children are most demanded, and when the premium to be paid for his life insurance is an additional call upon him. Is it then a wonder that so many medical men are to be seen, broken down by over-work, disease, and misfortune, and that they, their widows or orphans, in poverty and in sorrow, look around for aid?

The benevolent men who founded the Medical Benevolent Fund, knew well and felt deeply for the poverty and misery by which their professional brethren are so often overcome, they accordingly laid down such rules for the administration of the fund, as would not only tend to relieve misfortune, but would do so without delay, without expense and anxiety, without, in any way, causing additional misery to the sufferer. And the rules laid down are very simple; the chief one being that a committee, elected annually by the subscribers, shall meet monthly, to investigate the claims of applicants, to administer immediate relief, in the more urgent cases, as far as their funds allow. The earnest performance of their duties, by the committee, has led to a success scarcely contemplated, though far below the necessities of the profession. Last year, the committee gave in donations to ninety-nine applicants £890, and to sixteen annuitants £298; in the course of the last ten years they *have given in donations* £9099 13s.

The nature and extent of the benefits bestowed, the amount of misery relieved, will be, in a measure, understood, by a perusal of the following words from those who have been aided:—"You helped me at the moment that ruin seemed inevitable; your bounty was indeed a God send; I am again at work, full of gratitude and hope." "How shall I ever be able to express my heartfelt thanks; you have spared me the horrors of a canvass, in which I should have been forced to parade my misery before the world, and make the most of it." "You would be able to know how deep is my gratitude to you, if you knew all the harass, fatigue, excitement, and suspense I once endured, in the futile endeavour to obtain, in a contested election, a like annuity to that you have given me." "My friends can scarcely believe that I have from you £20 a year for life, at the cost of six letters to the treasurer!" "May God bless your committee; the noble grant of £30, found me a penniless widow with eight children; I am now in a small business, and am keeping myself and family." "I am in the midst of a fierce battle to get into the Hospital for Incurables; I work at it for two days, and then am so knocked up and ill, that I lay in bed for a day, then I begin again; your £5 is the greatest blessing I have ever known." "I do not know how to thank you; the £15 voted by your committee, on condition that my friends would get up a fund for me, induced them to do their best, and they have bought me an annuity of £20!"

Such are some examples of the expressions of gratitude by which our committee are constantly greeted; surely no higher tribute to our real usefulness can be found.

Having quoted these words of heartfelt thankfulness, I need scarcely add that the committee find a real pleasure in the performance of their duties. Indeed, I rarely leave the room, after a meeting, but some member says words to this effect:—"the more I see of the working of our Fund, the large amount of real good it does in its quiet way, the more gratified am I to be able to help it;" and I may add that scarcely a meeting passes without some member or members bringing money, while at the last meeting one of our oldest members slipt a hundred pound note into my hand.

Nor must it be conceived, from what I have said, that our Medical Benevolent Fund is an exception to the rule in all other human things, that to accomplish any real good, time and labour are demanded, and anxiety and trouble undergone. Each case that comes before the committee, must be fortified by documents and statements, and by evidence, very often the result of personal inquiry: still, in their strong desire to deal justly with their funds, the committee are often obliged to postpone decision upon a case until still further inquiries have been made. And in spite of all their endeavours to be charitable only to the needy, they are conscious that they must be sometimes deceived. Nevertheless, considering the great difficulties in accomplishing satisfactorily any work—considering also that when the very best has been done by man, there always remains a sadly large gap between his intention and its fulfilment—I think I am justified in saying that, looking at its principles, and its deeds, the committee can conscientiously hold up the Medical Benevolent Fund as deserving of support by the enlightened benevolent public. And, I may be allowed to add, that the Fund has also the characteristics of a Christian charity in the smallness of its working expenses. Their meeting-room is provided gratuitously, they have forty honorary local secretaries, and lady collectors; indeed, they have but one paid officer, the secretary, at a salary of £30 a year.

In conclusion, I will refer those who desire further information, to the twenty-sixth Annual Report; in it will be found a *resumé* of each case relieved in the year 1860-61.

I cannot hide from myself how sadly weak is my advocacy of the cause for which I plead. I ask myself the question, how is it possible to secure a sympathy from the profession, equal to that felt by those who take an active part in the charity? Doubtless, to do this is impossible, for those only who are brought near to suffering can feel due sympathy for it. But I may be allowed to add, that if I could convey to those who read these lines, the sentiments of heartfelt sympathy and pity expressed by the committee when, as at our last meeting, a pitiable case is before them: "a widow and large family left penniless in a distant land, where the father, a man of talent and well-earned scientific fame, had been cut off while struggling to support and educate them," if I could convey the dismay and sorrow of the committee, when a sum proposed to be voted, has to be cut down again and again, until it is so mere a pittance, in comparison with the urgency of the case, that, as almoners of the medical profession, they are half ashamed of the amount and vote it in silence; if I could do this, I feel sure that I should not soon again be heard asking alms in behalf of the Medical Benevolent Fund.

JOSEPH TOYNBEE, *Treasurer*.

18, Savile Row, Burlington Gardens, W.

Reports of Societies.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, DECEMBER 2ND, 1861.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

ON THE SPOTTED HÆMORRHAGIC YELLOW FEVER OF THE PERUVIAN ANDES DURING 1853-54-55-56-57.

BY ARCHIBALD SMITH, M.D.

[*Read by* DR. MCWILLIAM.]

DR. SMITH commenced by stating that it was supposed by some medical men in Peru that these epidemics on the coast and in the mountains were only coincident pestilences, without any essential identity of nature or origin. Whether the epidemic which began on the coast in 1852-53 was of foreign or native growth, was a question that had not as yet been satisfactorily answered. When once the disease became general, it was often impossible to ascertain the mode of its propagation; although it was certainly observed that when one member of a family was attacked, it generally spread throughout the household.

Since the epidemic of yellow fever in Guayaquil in 1842-5, there have been frequent instances of persons who had received yellow fever arriving in Callao and Lima; but it is remarkable that it has been only since the discovery of gold in California, and the consequent rush of shipping and people from the Atlantic to the Pacific shores, that these recent epidemics have sprung up in Peru.

In the Sierra epidemic of 1853-4-5-6-7, it is supposed that the disease, which for several years committed great ravages in the Andes of Peru, proved fatal to full one-fourth of the Indian race inhabiting the upper country. Dr. Smith described the course of the disease, as it appeared in the northern, southern, and central Sierra departments. In the north, the epidemic commenced in a mild, transandine climate, and in a village of agricultural labourers, called Yurma, with a population of about one thousand inhabitants. This is usually distinguished as the epidemy of Conchucos, in the department of Ancuchs. The same disease appeared in the inland district of Clincheros, in the central department of Ayacucho, about the latter end of April, or early in May, 1855. It was ascribed to the return of soldiers of the battalion Aymarres, who, with a convoy of women, performed the march from Lima to Ayacucho, a distance of more than three hundred miles, in a very hurried manner. Certain battalions returned from Lima, touching at Islay, a seaport at the time infected with yellow fever, on their homeward route to Puno and Cuzco. Many dropped sick on their long and ill provided march; and at length, in Sicuani, in the department of Cuzco, the epidemic broke out in July 1855.

Dr. Smith divided the epidemic into the forms of "benignant, or simple hæmorrhagic"; the "bilious, or icteric"; and lastly, the "nervous, or ataxic"; the symptoms of each of which he minutely described.

In September 1854, just one year after the outbreak of the epidemic at Yurma, the government of Peru, then agitated by civil war, had its attention driven to the alarming spread of the disease in the northern department of Ancachs. It was resolved by the government thereupon to send a medical commission to Huaras, the capital of that department, which soon learnt from the prefect the enormous extent of the malady, and the mortality that had attended it. In a memoir of this mission, Dr. Daza, one of the commissioners, observes: "All the concurrent reports regarding the commencement of the epidemic of Conchucos are perfectly uniform in their details; at least, they are agreed in admitting that a deserter was the first who imported the disease into this province. It is generally allowed by the principal people that, in the month of September 1853, a soldier deserter, on his way back from Lima, was first taken ill of it at a farm called Chilcalbamba. This fever was of a kind unknown in the province. It presented the peculiarity of the whole body becoming of a deep yellow colour, and of being accompanied with a profuse emission of blood from the nostrils—symptoms never before witnessed in these parts." The inhabitants of Chilcalbamba were shortly afterwards attacked by the same form of fever. The disease then spread from Chilcalbamba and Yurma, as a central focus, radiating in different directions with the slow, and up to a certain extent stationary, progress of a contagious disease.

Dr. Smith then noticed the transmission of the fever across the Cordillera to Yungay, Caras, and other places, as described by Don Mariano Macedo, and traceable to the infected fugitives from Yurma.

Mr. Allegre, in a letter to Dr. Smith, states that at Carus, in 1856, black vomit had not been observed, except in individuals who came there contaminated (*contagiados*) from the coast. In the same manner it was, in 1853, that the yellow fever of the coast, when transmitted to the Sierra, did not manifest black vomit, but, instead of this symptom, red and violet coloured spots on the skin, which were the unerring sign of death. It appears from this, observed Dr. Smith, that at the elevation of Carus, which is about seven thousand feet above the Pacific Ocean, the blood-poison of the coast directed itself chiefly to the cutaneous capillaries, in preference to those of the stomach.

Leaving the fertile, cane-growing, country of Caras and Yungay, and crossing the triple chain of the Andes, Dr. Smith proceeded to trace the disorder to the warm and dry valley of Huanuco, a district which is irrigated by the river Hualluga. The pestilence, indeed, not only invaded the Pacific side of the Andes, but also extended to the Atlantic slope, in the mountain of Huanuco and Mogobamba, following the course of the rivers Hualluga and Maranon.

Dr. Smith next followed up the disorder to other localities and elevations, where, notwithstanding some modification of symptoms due to climatic influences, it preserved its general and distinctive character. The paper concluded with copious observations on the treatment and pathological appearances of the disease.

A discussion followed, in which Dr. Babington, Mr. Radcliffe, Dr. Milroy, and Dr. McWilliam, took part; all of them concurring in the great value of the paper, as containing, probably, all the knowledge that exists of the epidemics in those Andine regions, of which it treats.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, December 4th, 1861.

W. Tyler Smith, M.D., President, in the Chair.

ON CAUTERISATION BY ELECTRIC HEAT IN THE TREATMENT OF CERTAIN DISEASES OF WOMEN.

BY ROBERT ELLIS, ESQ.

Mr. Ellis commenced by defining the action and effects of cauterisation by heat, and then described the instruments invented by him for producing this effect by the electric current. The cauteriser originally introduced by him in 1852 was of very simple construction. It consisted of a straight tube of silver, ten inches in length, containing a piece of stout copper wire clothed with an insulating substance. These formed the two poles of the apparatus, and metallic connexion was made between them at the upper end by a fine platinum wire, while at the lower they were in communication with the battery by two wires secured by a clip. Under the platinum wire was introduced a piece of porcelain, which acted as the cauteriser, being made white hot on the completion of the galvanic circuit. Up to the date of the introduction of this instrument only the heated wire had been used, and the author was the first to collect the heat by this means, and thus adapt it for practical use. For all cases in which a considerable surface required to be treated, this instrument was the most suitable. But for a great majority of the cases coming under notice, the following was a more convenient form.

The cauteriser consisted of the ordinary handle used by dentists for destroying the pulp of carious teeth, with the button for making and breaking the galvanic connexion. But at its upper end two stout wires, of about seven inches in length, were attached, by being soldered into two silver sockets, which fitted in the ends of the wires issuing from the handle. By this means a tool twelve inches long was found, capable of reaching the os uteri if necessary. The cauterising end was formed of a piece of platinum wire, shaped like an inverted Λ.

Hitherto, the great obstacle to the success of the electric cautery had been the great size, the cost, and the complicated form of the battery required. In the battery exhibited by Mr. Ellis, which was little larger than a glass tumbler, one cell was sufficient, and was sometimes so active as to melt the platinum wire. This battery consisted of a cylindrical glass jar, with a wide mouth fitted with a cap of gutta percha. Within was a cylindrical roll of amalgamated sheet zinc, a quarter of an inch thick, six inches deep, and about seven in circumference. Enclosed by it was a porous earthenware cylinder, containing a roll of platinum coil immersed in strong nitric acid. As in all Grove's batteries, the outer cylinder contained dilute sulphuric acid. The peculiarity of the author's battery and the principal secret of its energy lay in the size and form of the platinum roll. Seen in section it presented a stellate arrangement. It was formed of a sheet of platinum folded upon itself, somewhat like a frill, and thus presented a very large negative surface.

The only expensive part of the instrument was the platinum, the value of which was about fifteen shillings. The rest of the instrument cost about two shillings and sixpence. By two stout copper wires (No. 15), made soft by heating to redness, and then plunging into cold water, the electric current was conveyed to the cauteriser, and the platinum wire was instantly heated to a glowing whiteness.

The diseases to the treatment of which the author considered this instrument likely to prove a valuable aid, were: obstinate ulcerations and congestions of the cervix uteri, resisting all other treatment for a long time; vascular growths from the os and canal of the cervix, which often gave rise to tremendous hæmorrhages; also especially the vascular tumours or caruncles of the female urethra; warty excrescences; and a peculiarly obstinate form of patchy inflammation, apparently of scattered glands on the mucous surface adjoining the meatus, and which frequently gave rise to intolerable pain and pruritus. It might also be useful in closing the minute holes left after the operation for recto- and vesico-vaginal fistulæ.

The author selected, as illustrations merely, three cases as typical of the benefit obtained from the use of the electric cautery:—

The first was a case of ulceration and hypertrophy of the cervix uteri. The patient, aged 37, married, sallow and unhealthy-looking, had suffered more than six miscarriages in succession, and was in a state of great exhaustion. The general symptoms and cachexia were of the well known type. The cervix uteri was greatly enlarged, and was deeply ulcerated, the granulations being large, livid, and sanious. After some preliminary treatment, the electric cautery was applied on two occasions with very little pain. In a short time the whole aspect of the diseased surface was altered; and the patient recovered with little, if any, further interference.

The next case was one of vascular caruncle of the meatus—a disorder more than commonly rebellious to ordinary treatment. A lady in the country had suffered for many years with one of these growths, the extreme annoyance and distress of which at length induced her, after a fruitless attempt to obtain relief from the application of lunar caustic, by the advice of a medical practitioner, to apply to the author. The growth was cut through the base by a ligature drawn very tightly, and soon afterwards it was firmly touched with the cautery. The patient returned home well, and had continued now for some years without any sign of her old disorder returning.

The last case was one of intense pruritus of the external genitals, connected with the inflamed patches already alluded to. These patches were almost incurable by any ordinary treatment, and the disease had existed for fifteen years. The cautery was used to each of these spots in succession, and with the happiest effects; the disease gradually disappearing, and the mucous surface regaining its original healthy aspect.

In closing his paper the author remarked, that it could not be too much insisted upon that there was a peculiar benefit arising out of cauterisation by heat, which placed it in a different category from all other agencies of this kind, and which especially adapted it for obstetric use; and that was, the contractility following its use, and the remarkable modifications of vitality which it imposed on the structures treated by its means.

Mr. Ellis exhibited to the Society the battery and the cauteriser; the latter was at pleasure raised to a white heat so intense as to kindle gas, and it could be passed through several folds of paper without encountering the least resistance.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Dec. 10th, 1861.

B. G. Babington, M.D., F.R.S., President, in the Chair.

A CASE IN WHICH THE ENTIRE TONGUE WAS SUCCESSFULLY REMOVED FOR CANCER OF THE ORGAN.

BY THOMAS NUNNELEY, ESQ., LEEDS.

The subject of the case was a man, aged 35, who, with the exception of the disease of the tongue, never had a day's illness. In early manhood he was not very steady; but for the last twelve years he had been so. He was married, and had had eight children, the youngest being six months old; all of them were strong and healthy. There was no reason to suspect any syphilitic taint. For some years he had been employed on a railway, and latterly as a guard. From being a large, strong man, he had, owing to the distress and pain, and the inability to masticate food, become thin, weak, and anæmic. The disease, at first slow, had latterly made more rapid progress, and having not unfrequently been compelled to pass the whole day without food, owing to the pain the attempt to take it occasioned, he was wishful to submit to any operation which afforded a chance of not dying from starvation. He had been subjected during nearly the whole of the three years the disease had existed to treatment both general and local; which, he thought, had been rather injurious than beneficial.

The disease, which was first perceived on one side of the tongue, had invaded the whole organ as far as the base. In the centre was a deep ulcer with irregular edges; the margin of the tongue was tuberculous and irregular, and the whole substance was dense, unyielding, and very hard; the size was somewhat, but not very greatly, increased; there was a constant offensive taste, owing to the discharge from the ulcer; the speech was much impaired. Removal of the entire organ was determined upon.

Having experienced the difficulty and distress in effectually strangulating any considerable portion of the tongue, Mr. Nunneley resolved upon using the *écraseur*, first cutting an opening for it between the lower jaw and the os hyoides as deeply as could be done without fear of hæmorrhage, and so as to have as little structure to crush through as possible. A small transverse incision was made just anterior to the os hyoides through the integuments, myo-hyoid and genio-hyoid muscles, by which a curved needle, sufficiently large to allow the chain of the *écraseur*, which was attached to it, to follow easily, was carried from the central line obliquely towards the left side of the base of the tongue into the mouth, and out of the mouth at a corresponding point on the right side, through the aperture by which it had entered. The chain, thus carried across the extreme base of the tongue, was then attached to the racket-bar, and the *écraseur* set in motion; when, owing to a defect in the rivets connecting the links of the chain, before any strain whatever was put upon the instrument, two of them dropped asunder. All attempts to make them hold were ineffectual, and it had to be abandoned. Threads of strong fine whipcord were at once carried along the same course as the chain had followed, and tied, both as single and double ligatures, with all the force that could be exerted.

At first the patient suffered very greatly; he could neither swallow nor talk. Nutritive enemata, containing acetate of morphia, according to circumstances, were given with great comfort and advantage. On the fourth day he was much improved. On October 10th, though the ligatures had cut far into the base of the tongue, yet, as the organ was regaining a more natural appearance, a very strong ligature of silk whipcord was tied round the base as tightly as possible, and another cord carried through the fissure cut in the base, and round under the frænum so as to constrict the sublingual attachments, with the effect of apparently well and effectually strangulating the organ. He again improved so much as to require but little morphia, and was able to swallow liquid food with comparative facility, until the night of the 15th, when hæmorrhage to the extent of a pint of blood came on. Though this was arrested by a solution of permuriate of iron, it recurred frequently; and though it was in smaller quantities, and always at once checked by the solution of iron or tannic acid, he was so much reduced that it was determined on the 17th to place another ligature round the base of the tongue. This effectually arrested the bleeding for fifty-four hours, when it again returned so freely that ligatures were carried round both the base and under the frænum in the same manner as on the 10th. On this occasion, however, a new material (which was exhibited to the Society) was advantageously used. There was no more bleeding until the 23rd, when it again recurred to some extent three different times, and necessitated the reapplication of the ligatures in both situations. Not the least pain was experienced on this occasion, showing the nerves had already been divided. There was no subsequent return of the hæmorrhage. On the 30th two other ligatures were applied, no pain whatever being caused in so doing. On November 2nd, as the tongue was still firmly attached, though apparently cut through at the base, a twisted double steel suture wire was carried round it under the frænum, and by means of a suitable apparatus twisted well home until it broke; without, however, cutting through the tissues. This plan was repeated on the 3rd with a much stronger wire (a strong pianoforte string), which also gave way before completely severing the connexions. A repetition of this on the 4th cut through the sublingual tissues, and the tongue was free. Neither pain nor the loss of any blood occurred in any of the last four or five operations. There was so little wound to heal, that it was well the next day; proving that, as suspected, the base had been cut through for some few days. A mass of knotted thread and wire was removed on the following day, but two or three threads were so deeply embedded and so fast, that many days elapsed before the last was taken away. The knots were perfect, showing how great an amount of force had been exerted without complete strangulation being effected; proving also that, though the base of the tongue be completely cut through, the sublingual connexion alone is sufficient to maintain the vitality of the organ.

From this time the patient may be said to have been well. The next day he ate a hearty dinner of roast duck. He rapidly improved in flesh and strength. The facility with which he can masticate and swallow is surprising. The deglutition of liquids is more impaired than that of solids. The sense of taste is enjoyed in a very considerable degree. He can pronounce every letter of the alphabet, many of them perfectly (all the vowels), most of them distinctly. The three with which there is the most difficulty are K, Q, and T. In conversation he can be readily understood; if not excited or hurried, his power of articulation is sufficient for all purposes of intercourse.

The patient was exhibited to the Fellows at the close of the meeting.

Mr. Prescott Hewett did not think it fair to assume that because the patient was seen in apparently good health the cancer was cured, as it was only seven months since the operation. He had also much doubt whether the disease really was cancer, as it had lasted three years without spreading to the glands; and, in fact, it might have been merely syphilis of the tongue.

Mr. Nunneley said that the case was reported as one of recovery from the operation of removal of the whole tongue, and not as a case of recovery from cancer.

Mr. Brooke said that a cord made of wire twisted was very strong, and might be used with advantage in the place of the chain of the *écraseur.*

Mr. Moore did not think that the author had clearly shown the disease to be cancer. The signs, as hardness, ulceration, etc., were common to several diseases of the tongue. Mr. Moore alluded to one case in which extensive ulceration and hardening of the tongue was cured by arsenic. The duration of the disease in the author's case, and the fact that it did not affect the glands, were in opposition to the view that the disease was cancer; and the members could not, from the evidence brought before them, confirm the author's diagnosis. At the same time, it must be remembered that a person may see many things which, to his practised eye, are convincing, and yet which he does not think it necessary to put on paper. He did not think that the operation would be done again. In operations on the tongue, the risk might be diminished and pain saved, by previously dividing the nerves and securing the vessels.

Mr. Paget said that the chief point in the paper was to show that the whole tongue could be safely removed. It showed also in this case how great difficulties arising in operation might be overcome. He (Mr. Paget) thought that a good substitute for the chain would be found in whipcord; and it had this advantage, that it might be altered in its course by needles so that it would cut on a curve. He also could not agree with the author in his diagnosis. The description of the disease seemed to be that of tertiary syphilis rather than of cancer.

Mr. Nunneley said that there was no history whatever of syphilis, although the patient owned to having had gonorrhœa. The patient's family were quite healthy. The man had been on one occasion salivated, but no improvement followed.

At the close of the meeting, it was suggested that it would be of interest if the patient were to be carefully examined, to ascertain if any evidence of syphilitic infection could be discovered. The man was undressed, and very carefully examined by Mr. Henry Lee and other members, who were perfectly satisfied that there was no indication of any such taint.

Medical News.

APPOINTMENTS.

Maling, Edwin A., Esq., appointed House-Surgeon and Secretary to the Sunderland Infirmary, in the room of H. J. Yeld, Esq.

Royal Army. The following appointments have been made:—

Blake, Surgeon E. H., M.D., Royal Artillery, to be Surgeon-Major, having completed twenty years full pay service.

Chalmers, Assistant-Surgeon W., 17th Foot, to be Assistant-Surgeon, *vice* W. White.

Kennedy, Staff-Assistant-Surgeon T., to be Assistant-Surgeon Rifle Brigade.

Killery, Assistant-Surgeon St. John, 36th Foot, to be Staff-Assistant-Surgeon, *vice* R. W. Jackson.

Ligertwood, Staff-Surgeon T., M.B., to be Surgeon 61st Foot, *vice* R. T. Reade.

O'Connell, Staff-Assistant-Surgeon E., to be Assistant-Surgeon 16th Foot.

Reade, Surgeon H. T., 61st Foot, to be Staff-Surgeon, *vice* T. Ligertwood, M.B.

Sly, Assistant-Surgeon W., 16th Foot, to be Assistant-Surgeon 34th Foot, *vice* G. Smith.

White, Assistant-Surgeon W., 1st Foot, to be Staff-Assistant-Surgeon, *vice* J. S. Johnston, M.D.

Royal Navy. The following appointments have been made:—

Campbell, G. A., Esq., Assistant-Surg., to the *Algiers* (confirmed).

Ryall, William F., Esq., Assistant-Surgeon, to the *Orlando.*

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Gull, F., Esq., to be Assistant-Surgeon 1st Suffolk R.V.

Henry, J., M.D., to be Assistant-Surgeon 1st Administrative Brigade Cheshire A.V.

Parr, A., M.D., to be Surg. 1st Administrative Brigade Cheshire A.V.

To be Honorary Assistant-Surgeons:—

Down, G., M.D., 21st Surrey R.V.

Gibson, J. E., Esq., 1st Administrative Battalion Isle of Wight R.V.

DEATHS.

Albert. On December 27th, at Chipping Ongar, Charlotte, widow of the late George F. Albert, M.D.

Birkett. On December 31st, at Stoke Newington, Arthur, aged 8, and Ida, aged 1 year and 11 months, eldest son and youngest daughter of George Birkett, M.D.

*Clifton, Nathaniel, Esq., at Islington, aged 75, on Dec. 28.

Elwin. On December 26th, at 20, Broad Street Buildings, E.C., Elizabeth, wife of Jeken Elwin, Esq., Surgeon.

Foote. On December 17th, at Gibraltar, aged 60, Mary G., widow of Charles Foote, M.D.

Ridge. On December 28th, at 39, Dorset Square, Margaret, wife of *Joseph Ridge, M.D.

Roden. On December 26th, at Droitwich, aged 4 months, Constance Mary, daughter of S. S. Roden, M.D.

Shute. On December 21st, at Lee, Ann Eliza, wife of Robert G. Shute, M.D.

Sproston. On December 26th, at Birmingham, aged 7, Mary A. H., only daughter of W. H. Sproston, Esq., Surgeon.

The British Association. The Manchester Local Committee have handed to the Treasurer of the British Association, the magnificent balance of £3,587 9*s.* 8*d.* All the local expenses were defrayed by a local subscription, these expenses amounting to £3,481 0*s.* 5*d.* (*Athenæum.*)

Infallible Roman Doctors. A letter from Rome of the 17th says:—"The Roman medical men are interested in the descriptions of Prince Albert's fatal malady, because that form of gastric fever, originating in cold, is one of the commonest diseases here, and is generally detected at its outset and combated successfully, the favourable crisis usually taking place at the seventh, fourteenth, or twenty-first day, Vacancies. The following appointments are vacant: edical officer to the department for Diseases of the kin at University College Hospital, by the resignation f Dr. Jenner; house-surgeon to the Warneford Hosital, Leamington; house-apothecary and secretary to he Bridgewater Infirmary; lecturer on medicine at the edwich School of Medicine, Dublin, by the death of r. Cathcart Lees; physician to the Weston-super-Mare ispensary, by the resignation of Dr. J. H. Pring.

Death of a Medical Journal. The state of affairs as caused the death of one of our most prominent medical ournals: the *North American Medico-Chirurgical Reiew* issued its last number in November. Under the uidance of Professor S. D. Gross, and supported by hose liberal publishers, Lippincott and Co., with a owerful corps of writers in each department, it deerved a long existence. (*Amer. Med. Times.*) [The eview in question was decidedly a well conducted peiodical. Editor Brit. Med. Journ.]

Death of a Criminal Lunatic. An inquest was held n Monday at Bethlehem Hospital upon the body of avid Davis, a criminal lunatic, and originally a lieuenant in the army. He was tried in May 1818, for an ttempt to shoot Lord Palmerston, and proved to be inane; so that he had been confined in the above hospital or the long term of forty-three years. His son, who alled but once, in 1858, was the only relative or friend hat had ever been to see him. As is usual in all cases hen a prisoner dies while in custody, the inquest was eld to prove that he died a natural death. Verdict, Death from apoplexy."

A New York Doctor. "In a former communication, spoke of quackery, and at the risk of boring you, I ust again allude to the subject. Our city has recently een electrified by the addition to the irregular ranks, of F.R.C.P., who has written and *printed* books, and who ow, after curing everybody in London, condescends o locate here and kindly, through the medium of our ecular papers, notifies those who may labour under ffections of the cutaneous surface, as well as of the traight intestine, by some known as the rectum, that e is prepared to put a period to their sufferings. He s not of the common order, as we find him in the West nd, amid the *Ton*, who, I understand, fully appreciate is distinguished presence." (*Amer. Med. Times.*)

Dr. Hays' Arctic Expedition. Dr. Hays thus ums up the results of his Arctic expedition in a lecture efore the Geographical Society of New York. The ompletion of the survey of Smith's Strait; the discoery of a new channel to the westward of Smith's Strait; he confirmation of Dr. Kane's theory respecting an open olar sea; the determination of the magnetic dip, and f the declination at many points within the arctic cirle; surveys of glaciers, by which their rate of movement is determined; pendulum experiments, and hydrographic surveys; a continuous set of meteorological observations; a large collection of specimens of natural history; a valuable collection of geological specimens; the accomplishment of a higher north latitude than ever before attained upon land; and lastly, a large collection of photographic views of the country, icebergs, and of the natives and their settlements. There are thus two hundred photographs of arctic scenery, the same number of sketches, and the statistics of about seventeen hundred miles of coast scenery—results which show that the doctor's time must have been arduously occupied.

The Sanitary Condition of Windsor. In consequence of its having been intimated, since the death of the late Prince Consort, that the sanitary state of Windsor might be defective through improper sewerage, he Mayor of Windsor, Mr. W. B. Holderness, has irected the Clerk of the Local Board of Health to publish the following:—"The attention of the local authorities has been called to the reports with reference to the present sanitary state of the drainage of Windsor. I am directed by the Mayor, in his official capacity of chairman to the Local Board of Health, as well as from his own personal knowledge as one of the medical practitioners in this town, to assure the public there is no foundation for the reports in question, and that there is no fever whatever in this district; and that during the last three years we have been peculiarly free from that epidemic. And, with reference to the drainage of the district, it is in a most efficient state; and that, on the last survey of the late Mr. Austin, one of the superintending inspectors of the General Board of Health, about two years since, he expressed his entire satisfaction at the system of drainage. And, with reference to fever, I have ascertained that, from the beginning of December last year up to the present time, there has been but one death from that source—exclusive of the one the country so deeply laments; and that, with a population of about 10,000, the deaths have not been 20 in 1,000."

Action for Assault against a Surgeon. The following strange case was lately tried at the Liverpool assizes. It was an action brought by a person named Weir, and his wife, against a surgeon named Hodgson, practising at Egremont, for an assault committed on the female plaintiff. About the 28th of February last, the body of a new-born child was found near the house where Mrs. Weir was lodging, in the absence of her husband, who was then at sea. An inquest was being held on the body when the defendant, on March 1st, went to Mrs. Weir's lodgings in the company of two inspectors of the district police and a woman, who is the wife of one of the constables. They gained access to Mrs. Weir upstairs, and the defendant said, "Of course you have heard of a child being found?" She said "Yes; but what has that to do with me?" He replied, "You have partly been suspected of having had this child and having made away with it." She said, "You ought to have known me better." The defendant had attended Mrs. Weir as her medical adviser, but a rival named Smythe had been called in by him at her request, and had ultimately superseded him. He told her that he had come to examine her by authority of the law, and that she must submit. She refused at first, and then proposed to send for Dr. Smythe, who had been attending her during an illness. There was conflicting evidence whether or not she had consented; but Mrs. Weir herself maintained that there had been no consent. Under these circumstances she was subjected to an examination of a nature painful to any woman's feelings; but the defendant insisted at the trial that it had been conducted in the most delicate manner. The policemen, of course, were not present at it; but Mrs. Parker, the woman they had taken with them, was. The case was much aggravated by certain imputations which seem to have been suggested against Mrs. Weir during the trial, but which she indignantly denied. The jury returned a verdict for the plaintiff, with £200 damages, expressing at the same time their disgust at the conduct of the police on the occasion in question.

Proposed Monument to Sir Humphry Davy. A committee of working men, which has recently been formed for the purpose of erecting a monument at Penzance to Sir Humphry Davy have received eight designs from eminent architects, of which those of Messrs. Salter and Perrow have been selected. These designs are two in number; a monumental column surmounted by a bronze statue ten feet in height; and a monumental tower, with an internal staircase, and surmounted by the same figure; the height of the monument, from the base to the summit, to be 120 feet in either case. The column, which is the more elegant structure, is simple and beautiful; it has a square solid block for its base, on which are four entablatures; on this base rests a fluted portion of the pillar, some twenty feet long; on this rises a simple column, relieved by polished granite bands some forty feet higher, surmounted by a square capital projecting over the column, and relieved by moulding; on this rises a super-base, on which the figure of Sir Humphry Davy is fixed, with the safety-lamp in his right hand. The entablatures at the base are to have suitable inscriptions, heraldic devices, etc., engraved upon them; also the Davy lamp, the Leyden jar, a gas-receiver, and a galvanic battery, are to be placed on the top of four pedestals at the base of the column. The tower proposed is a quadrilateral figure resting on a magnificent Gothic base, with the Davy arms cut in relief over the doorway, which leads to the top of the tower by a spiral staircase, lighted from without from bottom to top. Under the super-base, on which the figure rests, is an outside gallery accessible by the staircase; and immediately under the gallery is a landing, with a three-light window and tracery on each side, to serve as a pleasant "look-out". The monument is proposed to be placed on Lescudjack Hill, and it is considered that the summit will be higher than the top of St. Michael's Mount. The estimated cost of the monument cannot be less than £2,500; and, if the tower be chosen in preference to the column, some £500 more will be required.

THE LATE PRINCE CONSORT. In accordance with a summons issued by the President and Council of the Royal Medical and Chirurgical Society of London, a special meeting of the Fellows was held on Wednesday at the society's house, Berners Street. The presence of Sir Benjamin Brodie on the occasion of so melancholy a meeting excited a feeling of interest on the part of those present. The venerable baronet, who has been a fellow of the society since 1813, entered the library leaning on Dr. C. J. B. Williams and Mr. Charles Hawkins, and was warmly congratulated by those present. In the absence of Dr. Babington, president of the society, who was engaged at a trial at Westminster, Mr. Paget, vice-president of the society, presided. Dr. Sieveking, one of the secretaries of the society, read the address drawn up by the Council, of which the following is a copy:—"To the Queen's Most Excellent Majesty. Most Gracious Majesty: We, the President and Fellows of the Royal Medical and Chirurgical Society of London venture to offer to your Majesty, our gracious patron, the expression of our profound sorrow at the irreparable loss which your Majesty has sustained in the death of the Prince Consort. We pray that the Almighty will pour down upon your Majesty in this hour of trial His Holy Spirit, the never-failing source of true consolation. When time shall have mitigated the violence of grief, your Majesty will derive comfort from this remembrance of the many and great virtues which adorned his Royal Highness, and the eminent services to the country of his adoption which his sound judgment, his consummate taste, and his untiring zeal for the public good enabled him to render. As members of a liberal profession, we are deeply indebted to his Royal Highness for the enlightened and fostering patronage which he so constantly bestowed on the arts and sciences. We feel assured that his works have won for him a place in the hearts of all your Majesty's subjects, and will remain to future generations as lasting monuments to his memory. And we beseech you, Madame, to believe that, while we join with all your other subjects in heartfelt grief at your affecting loss, we desire to offer to your Majesty the assurance of our most devoted loyalty and most fervent attachment to your Majesty's august person and throne." Sir Benjamin Brodie moved:—"That this address of condolence now read by the secretary be suitably engrossed; and, having received the signature of the president on behalf of the Fellows, and the seal of the society, be forwarded to the Right Hon. Sir George Grey for presentation to Her Most Gracious Majesty." He passed a high eulogium on the late Prince Consort, whom, from the many interviews he had with him, he knew to be possessed of a high order of ability and of varied acquirements. Every duty, as a citizen, husband, and parent, was discharged by his Royal Highness in such a manner as to command unqualified respect, and to be an example to all others. His death was an irreparable loss to science. Dr. C. J. B. Williams, in a brief but eloquent address, seconded the resolution, which was unanimously adopted, and the proceedings terminated.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.
TUESDAY.	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
FRIDAY.	Westminster Ophthalmic, 1·30 P.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological, 8 P.M.—Entomological, 8 P.M.—Odontological, 8 P.M.—Society of British Architects, 8 P.M.—Medical, 8.30 P.M.: Clinical Discussion.

TUESDAY. Pathological, 8 P.M. (Anniversary).—Photographic, 8 P.M.

WEDNESDAY. Geological, 8 P.M.—Microscopical, 8 P.M.—North London Medical, 8 P.M.—Literary Fund, 3 P.M.—Archæological Association, 8.30 P.M.—Royal Society of Literature, 8.30 P.M.

THURSDAY. Royal, 8.30 P.M.—Antiquaries, 8.30 P.M.—Philological, 8 P.M.

FRIDAY. Astronomical, 8 P.M.

SATURDAY. Asiatic, 3 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—DECEMBER 28, 1861.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week........................	Boys .. 780 Girls.. 743	1523	1148
Average of corresponding weeks 1851-60		1667	1548

Barometer:
Highest (Tu.) 30.400; lowest (Wed.) 30.057; mean 30.208.

Thermometer:
Highest in sun—extremes (Tu.) 75 degs.; (Fri.) 40.4 degs.
In shade—highest (Mon.) 45 degrees; lowest (Fri.) 23.5 degs.
Mean—36.6 degrees; difference from mean of 43 yrs.—0.3 deg.
Range—during week, 21.5 degrees; mean daily, 9.8 degrees.

Mean humidity of air (*saturation*=100), 88.
Mean direction of wind, E.—Rain in inches, 0.00.

TO CORRESPONDENTS.

⁎ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

JUSTITIA.—We assume that you have honestly stated the facts, and that you have used no undue influence with the patient to induce her to change her medical attendant. Under such circumstances, you are perfectly justified in complying with her wish that you should attend her.

General Remarks
ON THE
PRACTICE OF MEDICINE.
BY
P. M. LATHAM, M.D.

IX.—Treatment. Part 2.
Subject continued—Typhus—Typhoid.

Of diseases, as separate things, things which have *proper* and essential elements of their own, we are never more sure than when they are introduced into the body from without. Those which have been mentioned are among the most familiar examples; and they and all other diseases which fall within the same category have more of wonder belonging to them, the more comprehensively they are regarded. They preserve their distinct essences for ever. They pass through millions of living bodies, and come out pure and the same after a hundred generations.

Really, "the blade, the ear, and the full corn in the ear," are not more distinct from the earth in which they vegetate, than are these diseases from the bodies in which they are found. The proper germs of vegetation get all that they want for reproducing and multiplying themselves from the earth, and the proper germs of disease get all that they want from the body. Our concern is altogether with the earth and the body, and with their *common* powers and faculties, in whatever way they may need, or will bear our interference, and not at all with the seeds *proper* and the diseases *proper* which are inaccessible o us. How this teeming earth and this living body ake, and keep, and guard, the germs committed to hem, and yield them their materials of increase; nd how working (as it were) by a model, they bestow upon the growths and products of each that orm which is its own and is always the same, and istinct from all others; these are things past finding out.

But analogy must not be pressed too far into the ervice of practical medicine. To provide that the hings belonging to it lose none of their natural simplicity in our hands, should be our constant care. To make them simpler than they are, is an idle con-eit and a great mischief.

Now, *proper* and essential elements are terms which present to the mind the idea of something peculative. But in certain diseases (as we have een) they are tangible matters of fact. From these he diseases had their beginning, and without them hey could not have existed at all. Still, they are ot alike plain and distinguishable in all diseases. hey are not found out every day. Men can not etake themselves to their discovery of set purpose nd make sure of success. It is well, if chance or dustry discover one or two in the course of a ntury.

Not that medicine has no place, power, or oppor-nity for doing good in diseases as long as their *roper* elements are undiscovered. From what has en seen, it is probable that medicine has them all, d is now using them in as large and complete a measure for good, not knowing the *proper* elements of many diseases, as it ever will when it knows them.

It is a great field of pathological research this, which respects the *proper* elements of diseases. The plainest examples (we have seen) are at hand, and ready to point it out. But the same examples also shew how practical medicine may be well aware of this field, and yet not able to enter it; and how, with a pretty good insight into it, it must be content to take up with things without it, *i. e.*, things short of the diseases themselves, and how it has done its office well notwithstanding.

Now, if practice having full knowledge of certain diseases and their *proper* elements, has been able to turn it to no direct account, and yet has contrived to do its work well, one need not be surprised that, being wholly in the dark about other diseases and their *proper* elements, it should still often have done its work well; or, at least, should not always have failed for lack of knowledge.

This nineteenth century in which we live had finished half its course, before Dr. William Jenner saw and fixed the *proper* elements of the two diseases called "Typhus" and "Typhoid."

But the two diseases, yet unknown in themselves, had a treatment not ill-understood or unsuccessfully prosecuted long before. For their *common* elements had been always present, and ready to suggest what that Treatment ought to be. For years and years, Typhus and Typhoid were terms which had borne intelligible meanings, and been familiarly spoken in our schools and in the wards of our hospitals. Hitherto, indeed, experience had noted in them nothing more than the *common* elements of diseases. But, then, they were grouped so constantly into certain forms, and were of such definite duration; they presented such sure reckonings of life and death, and were such intelligible guides to Treatment, that practice, finding in them all that it wanted, was content to take them for the entire diseases, and note them for Idiopathic Fevers, and call them Typhus or Typhoid.

And now let us see how all prior observation was corrected by the readings and decipherings of Dr. Jenner.

Fever having endured for about a week (between the fifth and eighth day they tell us) a rash appears. It consists of distinct spots, of a dusky pink or mulberry colour, and slightly elevated. The like spots still come out for three days, and then no more are added to them. But those which have appeared, be they many or few, remain and undergo certain changes. At first, press them with the fingers and they fade; but take off the finger, and they return in an instant. In two or three days, pressure alters them little, or not at all. In some cases, they gradually grow paler of themselves, and so finally disappear. In some, they become true petechiæ. They are generally pretty numerous, and chiefly on the trunk; but they may be also on the extremities, on the face, and every part. In size, they are anything between a mere speck and a large split pea. Those of the larger size having become true petechiæ, I have seen upon the face of a patient, almost as black as ink, at the further end of the ward as I entered.

This spotted petechial rash, though not unknown to us before in alliance with fever, took the physicians of hospitals by surprise in 1837 and 1838, from its unwonted frequency. It has, since that time, undergone patient investigation, and is now believed to be as much "the proper element" of a distinct disease as the pustules are "the proper element" of small-pox. And the name Typhus is given to this disease by preeminence, and is restricted to it.

Again, Fever having reached its second week, a rash appears of another kind from that just described. It, too, consists of spots, or rather specks, a little elevated. But they are bright or rose coloured, and often so like flea-bites as to be easily mistaken for them. Yet the absence of the little black point in the centre shews that no flea had the making of them. They go and come again, as you put your finger upon them and take it off. They never go on to any other form. They never become petechial; each particular spot does not last more than three days, and then it vanishes away. But spot after spot may continue to come out until the end of the third week. In several cases, their number varies from one or two only to a hundred from first to last. And, seeing they last so short a time, and yet may be so few in number, the physician had need be sharp-sighted and of pretty fair experience always to make sure of them.

This non-petechial rash, whenever *post mortem* examination has gone in search of the fact, has been found in alliance with the swelling, ulceration, and sloughing of Peyer's intestinal glands, well known to the physicians of hospitals for half a century. This rash and this intestinal disease are thus justly held to have an essential connection pathologically, and both to be equally "the proper elements" of a distinct disease. And to it the name "Typhoid" is given by preeminence, and is restricted to it.

Behold, then, in these dusky petechial spots, the proper elements of one disease, Typhus; and behold, in these bright non-petechial spots, and in this peculiar affection of Peyer's glands the proper elements of another, Typhoid. And the one is as distinct from the other as small-pox is from measles, and as measles from scarlatina.

Further, in respect to treatment, these (so-called) Typhus and Typhoid maladies are just on the same footing with small-pox, measles, and scarlatina. Their proper elements afford no direct indications for the management of any one of them. That wherein their own essence consists can be at once touched or handled remedially in none of them.

It is a great subject this, of the *proper* and *common* elements of disease. To illustrate it, I have chosen examples where the distinction is plainest and nearest at hand. In some of these the *proper* elements are familiar and unmistakeable. Small-pox, measles, and scarlatina, display themselves what they are to all the world. But in the Typhus and Typhoid diseases the *proper* elements are sure only to the practised eyes of physicians. And even physicians have but lately been taught when and where and how to look for them. Yet these must always have existed, and must essentially have played the same part in all past times which they do now. But heretofore they lay covert.

Now, I do not pretend to announce new things in pathology. I only wish to put in a little better order things that are known; and, perhaps, I may make them easier to handle for practical purposes. To tell the truth, most medical books have been a puzzle to me all my life long. Their descriptions of disease have been (to my thinking) needlessly complex and multifarious, mixing what is proper, and constant, and first in order, with what is common, and variable, and consequential; both being real enough in themselves, but meaning different things. Again, their lessons of practice were conversant with too many aims and too many implements for me ever to make myself master of them. Hence, for itself and its own needs and uses, my mind has always been in search of something simpler and easier. Dr. Jenner has given me the key to unlock many a speculative puzzle; and I thank him for it.

In this place, I would make a remark which is of some practical concern. It is this. Here are two diseases, each constituted of its own proper elements, and both distinct from every other disease in the world. One is called Typhus, and the other Typhoid. Now, it is a misfortune that they, being new to our knowledge, were not designated from the first by new names. Each having a nature of its own should have had its own name restrictively. But Typhus and Typhoid were names already bespoken for other and commoner uses. They had been current time out of mind, and were prefixes of fever, denoting it, not with much strictness perhaps, to be of an evil character. For, in truth, they had no more definite meaning than what was implied by their etymology. Typhus was the fever that *smouldered*, but did not burn. Typhoid was the fever that neither *smouldered* nor *burned*, but of the two it was rather given to smouldering. Take small-pox, scarlatina, measles, erysipelas, dysentery, boils, carbuncles; take these, or any other diseases you please which have fever belonging to them, and you will find that fever becoming Typhus or Typhoid in the old sense, according to times, and places, and circumstances. Whatever diseases get an entrance into camps, and into crowded squalid quarters of the poor in large towns, are sure soon to be Typhus or Typhoid. Their fever *smoulders*, and is of an evil character. And thus it was by an unlucky chance that the names, which had been taken to signify accustomed groups of the *common* elements of I know not how many diseases, came all at once to be restricted to the *proper* elements of two diseases in particular.

The terms pervade all the best records of practical medicine for the last century. But the radical difference between their present and past meaning will be too likely to perplex future readers of those records, without help of a glossary.

Now, all the five diseases which have been mentioned, small-pox, scarlatina, measles, the typhus and the typhoid maladies, commend themselves to the study of the physician for their own sakes, and for much more besides. Having their *proper* and *common* elements distinctly legible, they exhibit specimens how diseases of several names and natures come by a single characteristic in which they agree, to find their place within the same category, and to fall within the easier reach of the physician. The category to which these belong includes, together with them, many of the most formidable diseases throughout the world. And so they become our examples near at hand of what all the rest need practically, and, in a vital sense, of what they are pathologically. Thus, knowing these five, go where we will, we find ourselves not altogether strangers to the nature of diseases which we may never have seen before; and not quite unapt for their management, though we may never before have been called to treat them. Of these five, and the rest that fall within the same category all the world over, none admit of *cure;* none either require or tolerate a special remedy. With them it is all an affair of Treatment, and of choosing the right indications in particular cases, and dealing fitly with them by whatever means they require.

These are a few simple things rescued (so to speak) from a great throng. They claim, however, the nature of principles, being verified by the numerous instances which they cover and explain. And, indeed, the times we live in call upon physicians for new and more strenuous endeavours after principles in the exercise of their art. For it is being undone for want of them.

Further, these five diseases have been all recognised as fevers, and all so denominated; variolous fever, scarlet fever, rubeolous fever, typhus fever, typhoid fever. And it is likely enough that many physicians, whatever speculations they may have in reserve, take their familiar notion of fever from what it has appeared to them to be in these examples. And no bad notion either. But, however this may be, now is a fair occasion for what remarks I presume to make on the same subject, even Fever.

The Quackeries of the Age. "The difficulties inherent in all medical questions are increased tenfold in the examination of those sciences falsely so called to which I have referred. If medical men highly educated, and occupying a distinguished social position, have been seduced from the sober paths of their profession into new and ephemeral systems, which fashion sanctions and imposture sustains, we need not wonder at the temporary success of wilder theories where the illiterate are the adepts, and the ignorant are the victims. It is among the middle and the upper classes chiefly that this credulity and love of the marvellous is most conspicuous. It is rank and luxurious among the votaries of gaiety and idleness, who are incapable of continuous thought, and who have, therefore, no faith in those forces in the material world, and in those cosmical laws which are in daily operation around us. Who that is acquainted, even superficially, with the facts of electricity and magnetism, can for a moment believe that similar forces emanate from human hands, rushing through non-conducting materials, floating them even in the air, and imparting to them a knowledge of the past, the unseen, and the future? Who that confides in revealed truth, or has the least knowledge of the relations between our mental and physical nature, can allow himself to believe that impostors, male and female, can summon the dead from their graves, and marshal them under the table, to perform the paltriest tricks that would hardly amuse the inmates of the nursery or the school-room? All such beliefs are the results of an imperfect education—of the want of general knowledge. They are the observations of ill-trained faculties, the cravings of morbid and mystic temperaments, that have been suckled on the husks and garbage of literature and reared on the rank pastures of our mushroom publications. In the past history of our race these superstitions have operated fatally on the happiness of man; and no sooner has science exploded the most rampant, than another starts into its place." (*Sir D. Brewster.*)

Lectures
ON THE
DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

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Discharges from the Generative Organs of Non-Sanguineous Character.

Gentlemen,—The diagnosis of the nature and causes of the various kinds of discharges now to be considered is of the greatest possible importance. These discharges are in themselves often a very great inconvenience, and a great source of distress to the patient; and they are not seldom the outward and visible signs of grave and serious disease.

The subject requires to be considered with some attention, not only because the diagnosis is in itself important, but because it is also difficult. Not seldom it is found almost impossible to ascribe some of these discharges to their true source.

The questions we have to solve in a given case are —1. What is the source of the discharge? and 2. What is its cause?

The data with which we must be put in possession in order to answer these questions relate to:—

1. The physical qualities of the discharge itself.
2. The circumstances attending or preceding its appearance.
3. The physical condition of the parts, the uterus, vagina, etc., from which the discharge may or does proceed.

The physical condition of the uterus, vagina, etc., can only be learnt by means of an examination. This method of obtaining information will be considered subsequently; but at present the object is to ascertain how much may be got, as regards the diagnosis, from a knowledge of the physical characters of the discharge itself, and of the circumstances attending its appearance. It not unfrequently happens that the other source of information—that by examination—is not available; and there are, besides, many cases in which it is desirable, for a variety of reasons, that an examination should be avoided. In any case, however, it is necessary to point out the conclusions we are justified in drawing from other data than those obtainable by examination.

Before inquiring into the nature and cause of the various abnormal discharges which proceed from the generative organs, it will be well to describe the characters of the secretions which are naturally formed within the generative passages.

The Normal Condition of the Secretions of the Generative Passages.

In a state of health, there is poured out from the mucous membrane of the vagina, from the sebaceous and muciparous glands at the orifice of the vagina, from the vulvo-vaginal gland situated one at each side just within the orifice of the vagina, from the cervix uteri, from the whole of the mucous tract extending from the ostium vaginæ to the termination of the Fallopian tubes, a secretion sufficient to lubricate the opposed surfaces of the mucous membrane, which is liable to be physiologically increased in quantity, as during congress, and under other circumstances, and which is liable at any moment also to be increased in quantity pathologically, giving rise, in the latter case, to fluid or other discharges.

Diseased processes are generally exaggerations of the natural ones; and, to apply this in the present instance, we find that leucorrhœa, which is a term applied generally to discharges of the kind now under consideration, is, for the most part, the natural secretion increased in quantity. Hence it is necessary, in the first place, to consider the nature and physical properties of the healthy secretions of the generative passages.

At the orifice of the vagina, we have *sebaceous follicles* scattered over the nymphæ, clitoris, and inner surface of the labia, the secretion of which contains butyric acid, and has a strong and somewhat ammoniacal odour. (Farre). Around and at the sides of the vaginal aperture, there are many *muciparous follicles* which secrete *viscid mucus*. Further, we have the vulvo-vaginal glands, which secrete a viscid fluid resembling somewhat the prostatic fluid, and having a peculiar odour. (Farre.) The secretions of these glands at the vaginal orifice are liable to considerable increase during venereal excitement.

Regarding the *vaginal mucous membrane*, it may be stated that it secretes a fluid, at first transparent, acid, and mixed with large quantities of epithelial *dêbris*. This secretion usually appears at the outlet as a whitish looking secretion, due, as pointed out by Sir C. M. Clarke, to the entanglement of air, just as the saliva forms a whitish accumulation at the corners of the mouth in individuals speaking rapidly. The more decidedly *curdled* aspect of this secretion, occasionally observed, appears to depend on the albumen being precipitated by the acid of the secretion.

The mucous secretion of the *uterine cervical cavity* is of a very different character altogether. The glands of the uterine cervix, first accurately and thoroughly described by Dr. Tyler Smith, are exceedingly numerous, and the apparatus for secretion there situated is, when in a state of activity, capable of producing an enormous amount of secretion. Hence, the extreme importance of this part of the generative passages in all considerations having reference to the etiology and nature of leucorrhœa.

The secretion of the glands of the cervix uteri is not acid, but, as first shown by Dr. Whitehead of Manchester, alkaline. It is, when seen issuing from the crypts of the mucous membrane, transparent, somewhat resembling the mucous secretions of the nasal passages, or white of egg, in appearance, but very tenacious and viscid; it contains many mucous corpuscles, and epithelium of the columnar variety is mixed up with it. The characters, as here described, are lost in the discharge as usually witnessed, after it has passed down the vaginal canal and become mixed with the secretions of the latter surface. The effect of the admixture of the secretions from the cervix and the vagina is that a white soapy or creamy fluid results. It now and then happens, however, that the cervical secretion escapes from the vagina in the form of masses of coagulated albumen. Ordinarily, and when the parts are in a condition of health, the secretion from the cervix is not probably considerable in quantity. The mucus lubricating the vaginal passages during labour proceeds chiefly from the cervix uteri.

Concerning the natural secretions of the *internal membrane of the body of the uterus* during the intermenstrual periods, we know very little. With the history of the changes which take place during menstruation itself, we are even imperfectly acquainted. And, as a consequence of this, we know very little as to the amount of secretion which this membrane contributes in cases of leucorrhœa. When the coloured discharge of menstruation alone is absent, it is often replaced by a colourless secretion, which appears externally, lasts a few days, and then disappears; and it has been usually supposed that this colourless discharge, coincident with the proper menstrual period, proceeds from the same source as the ordinary menstrual fluid. It has not been proved that this is really the case, although it is extremely probable; it is, however, quite possible that the discharge which appears under such circumstances may proceed, in part at least, from the glands of the cervix.

Lastly, respecting the quantity of these secretions in a state of health, it must be stated that usually they are only sufficient in quantity to lubricate the parts; but that there are not a few instances in which the secretions are much more profuse, and yet without entitling the case to be considered altogether pathological. In some cases, the increase in quantity is purely physiological.

We shall now proceed to the consideration of the

DIAGNOSIS OF NON-SANGUINEOUS DISCHARGES,

which may proceed from the generative organs, and for the removal of which we may be called upon to devise appropriate remedial measures.

The more prominent physical characteristics of the various discharges to which we have now to direct attention, have been made the basis of a rough sort of classification. Thus, there are *watery* discharges, *mucous* discharges, *muco-puriform* and *purulent* discharges. Then, we have discharges of a *sanious* character, in which there is an evident admixture of blood-elements. *Offensive* discharges also form a class, the differential diagnosis of which may be usefully pointed out.

It will be convenient to discuss these several kinds of discharges *seriatim*, indicating as far as possible the characteristics which guide our decisions as to their nature, source, and cause.

Watery Discharges. Discharges from the vagina of a serous or watery character, more or less profuse in quantity, form a class which may be conveniently separated from the other varieties of discharges.

Pregnant women are sometimes the subjects of a discharge of a watery nature, the origin of which is, in all probability, the membranes of the ovum. The fluid may escape gradually, and continue to escape for some time; or the quantity may be greater, but the duration of the same less. The discharge of a watery fluid may go on for some time, and the fœtus may be born at the full time and healthy. If the discharge of the fluid be accompanied by pains like those of labour, the supervention of a miscarriage is to be feared. In a case of watery discharge from this cause, the abdomen would be large, the uterus increased in size, in fact, the signs of pregnancy would be present. The watery discharge, if in quantity, would have the effect of reducing the size of the uterine tumour.

There is another class of cases in which a watery discharge occurs from time to time; *i. e.*, in cases where the uterus is occupied by the hydatidiform or vesicular mole, "hydatid pregnancy," as it was formerly called. Patients believed to be pregnant increase too rapidly in size, fœtal movements are not felt, the mammary symptoms are in abeyance, the whole aspect of the case being irregular, so to speak, and yet there are strong reasons for believing the woman originally to have been pregnant. After a time, slight losses of blood may occur, and slight but repeated discharges of watery fluid, accompanied generally by labour-like pains, or the watery fluid without any blood at all. The cause of the discharge is rupture of the cyst-like vesicles composing the chief part of the degenerated contents of the uterus. Discharge of watery fluid from this cause only occurs after three, four, or five months, or longer, from the supposed date of impregnation. Before that time, the vesicles have not reached such a size as to occasion any perceptible discharge, even if they were ruptured.

Another cause of watery, serous discharges from the vagina, is found in the presence of a peculiar growth on the cervix and os uteri, the *cauliflower excrescence* of Dr. Clarke. The fluid discharged in such cases is described in his brother Sir C. M. Clarke's work as "little more than a clear watery fluid; blood, however, is sometimes mixed with it, or perhaps comes away alone in large quantities." (*Op. cit.*, vol. i, p. 34.) The quantity of fluid discharged is sometimes enormous. Dr. Ramsbotham records a case in which twenty dozen napkins were used in a week. Safford Lee describes the discharge as brownish, like coloured saliva. The symptoms of pregnancy are not, unless by a rare coincidence, present in such cases.

The presence of *polypi* within the uterus is occasionally the cause of profuse watery discharge, of which fact some cases related by Dr. Elkington of Birmingham afford well-marked evidence. (See *Obst. Trans.*, vol. i.) Here the watery alternate with sanguineous discharges, profuse menstruation, and other signs of polypus, are present. The more usual form of discharge attendant on uterine polypi is not, however, that now under consideration. In a case of polypus of the size of an egg, hanging down into the vagina by a slender peduncle, and which I lately removed, there was rather profuse watery discharge, some of the other and more usual symptoms of polypus being wanting.

Sometimes an *ovarian cyst* becomes adherent to one of the Fallopian tubes; or, at all events, in some way, becomes connected with it; the contents of the ovarian cyst pass into the Fallopian tube, thence into the uterus, and flow away gradually from the vagina. The signs present in such a case would be:—previous existence of a tumour in the hypogastrium, or more or less to one side, subsidence of the same, and occurrence of simultaneous watery or serous discharge from the vagina. This mode of termination of an ovarian cyst is rare; Dr. West only noticed it in one out of sixty-eight cases. The Fallopian tube becomes distended, dropsical so to speak, and from time to time its contents are evacuated into the uterus.

Sir C. M. Clarke refers to another cause of watery discharges from the vagina, the "oozing excrescence of the labia," probably identical with what would be now termed chronic eczematous affection of the skin covering the parts in question, together with a chronic inflammatory condition of the tissues beneath.

Lastly, it is just within the limits of possibility that the watery discharge present may be really an *involuntary escape of the urine* from the bladder, caused either by paralysis of the muscles surrounding the urethra, or due to vesico-vaginal fistula. The urinary odour present in such cases would almost certainly discover the nature of the case.

Mucous and Puriform Discharges. The cases in which discharges having this character are observed, form that large class of cases to which the term "leucorrhœa" is more usually applied. This group of cases differs from those just considered, not only in the physical characters of the discharge, but in regard to the manner of its appearance. Here the discharge is more or less completely continuous. The discharges now under discussion have this in common, that they are more or less opaque. The colour varies exceedingly; it may be whitish, decidedly yellow, yellowish-green, or of any intermediate shade. The consistence of the discharge also varies; it may be viscid, gelatinous, of the consistence of cream, or quite fluid.

Most cases of "leucorrhœa" are of a composite nature; that is to say, the discharge observed at the vaginal orifice arises from more than one source, and results from the mixing of secretions from the cervical mucous membrane, from the mucous membrane lining the vagina, and, in certain cases, also from the interior of the body of the uterus itself.

In most cases, there is a preponderance of secretion from one or other of the sources indicated. The differences in the source of the discharge have been made the basis of a division of cases of leucorrhœa into "uterine" and "vaginal"; the former including cases in which the discharge proceeds chiefly from the uterus (the cavity of the cervix), and the latter including those cases in which the discharge has a vaginal origin.

Certain general deductions may be drawn from the character of the discharge as to the origin of the same. These may be stated as follows:—

If the discharge consist of a curdy-looking fluid, of an acid reaction, and containing in suspension tesselated epithelium *débris* in quantity, it more generally happens that it proceeds from the mucous membrane of the vagina.

If the discharge consist of a soapy-looking matter, or of vitreous lumps of coagulated mucus, or viscid, tenacious mucus, the origin of the same is the cervix uteri. It is only in cases where the cervical glands are in a very active condition, that products of this kind are seen externally in any considerable quantity.

If the discharge be of a creamy character, tolerably profuse, and constant, it probably proceeds from the cervix uteri. It is the secretion of the cervix, altered and made creamy by the action of the vaginal secretions.

The words "puriform" and creamy" are here used almost synonymously. The outward physical characters of a "puriform" discharge and of a "purulent" discharge are not very different, and hence the two are frequently confounded. It is most important, however, always theoretically, and whenever possible practically also, that a distinction be drawn between the presence of actual pus and of a fluid which only resembles it. Neglect of this rule has introduced great confusion into the subject.

Between discharges which are essentially mucous in their outward characters, and discharges which are decidedly purulent, we have all gradations; and it not rarely happens that it is difficult to say whether the discharge present would be more properly termed muco-puriform, or actually purulent. Further, it may happen that there is an admixture of the two, there being actual pus discharged from some portion of the generative surface, mixed up with mucous altered secretion. This would render the distinction still more difficult.

It is thus evident that, from the physical characters of the discharge alone, we cannot obtain in all cases positive information as to the precise spot from which it is poured out. Where circumstances render it necessary that more exact information be obtained, an examination is therefore necessary.

Purulent Discharges. There are two important distinctions to be made in reference to this class of discharges. Thus those cases in which the discharge is *continuous* belong to one category; those in which the discharge is *non-continuous*, taking place for a certain time only, and recurring after a shorter or longer interval, belong to another.

a. When the purulent discharge is *continuous*, the origin of the discharge is probably the vaginal mucous membrane, the uterine cervical glands, the surface of a cancerous or other ulcer, or, it may be, suppuration of retained membranes or placenta after abortion, etc. Respecting the participation of the cavity of the uterus itself in cases of profuse purulent "leucorrhœa", opinions are divided. An important class of cases, in which there is continuous discharge, are those in which the purulent discharge is the result of *gonorrhœal* infection. The diagnosis of gonorrhœa from other forms of purulent leucorrhœa will be considered further on.

b. Non-continuous Variety. In the other class of cases—those in which there is a purulent discharge only lasting for a time, ceasing, and then recurring—the source of the discharge is either the uterine cavity itself, or an abscess situated near the vagina, and opening into that canal. There is reason to believe that purulent discharge, whether continuous or non-continuous, does more often than has been supposed proceed from the cavity of the body of the uterus; and we occasionally have positive evidence of its origin in this position in cases where, either from contraction of the uterine canal at the junction of the body and cervix (produced by senile atrophy, flexion of the uterus, etc.), an accumulation takes place within the body of the uterus, and in which the symptom we are now considering—occasional and abrupt discharge of purulent fluid from the generative passages—is observed. Sir C. M. Clarke and Dr. Ashwell both allude to a form of purulent discharge produced, as they describe, by formation and retention of pus in the uterine cavity, the pus so formed escaping from time to time in the manner just described. Dr. Matthews Duncan (*Ed. Med. Journ.*, March 1860) has recently called attention to such an occurrence, more especially in the case of old women who have ceased to menstruate; and the same thing most certainly is observed in women who are still menstruating, as, indeed, Dr. Duncan himself remarks. In a woman who is still menstruating, the symptoms are, dysmenorrhœa, a peculiar feeling of tightness round the loins, sickness or vomiting, etc.; these symptoms finding sudden relief in the discharge of a certain quantity of purulent discharge. If menstruation have ceased, the symptoms slightly vary.

One of the most important causes of this *occasional* purulent discharge is pelvic abscess. The abscess may follow after, or be the result of, parturition; in which case, the other signs present would lead to a suspicion as to the origin of the purulent discharge in question. Another highly interesting class of cases is that in which an abscess, the result of suppuration of the contents of the cyst of a periuterine hæmatocele, discharges its contents into the vagina. In both these classes of cases, however, the discharge appears suddenly; and such cases markedly differ in this respect from ordinary cases of purulent leucorrhœa.

Science, Ancient and Modern. Insanity was necessarily regarded as supernatural, until science had shown it to be a disease of the nervous system. The dreadful aspect, the incoherent language and conduct of madmen, seemed only referable to an evil demon having got "possession" of the man; and this belief was of course strengthened by the general tendency of madmen to attribute their actions to some one urging or forcing them. They fancied themselves pursued by fiends, whom they saw in the lurid light of their own distempered imaginations. But before science could have ascertained even the simplest laws of insanity, what an immense accumulation of knowledge on particular points was necessary! Instead of believing that a madman is "possessed," we say he is "diseased;" instead of a demon within him to be exorcised, we say there is a functional disturbance in his nervous system which must be reduced to healthy activity once more. We know as certainly that a disease of this nervous system will produce the phenomena of insanity, as that an inflammation of the mucous membrane will produce a catarrh, or that disease of the lungs will produce consumption. But what vast labours of many generations before it could have been ascertained that the nervous system was specially engaged in all mental phenomena, and that insanity was a disease of this system! It was so much readier an explanation to suppose that a demon had entered the unhappy victim; and this once suggested, it became a question how to best get rid of the demon. Incantation was an easy resort. Among the means of purification many nations seem to have fancied that "fumigation" must hold a high rank, demons decidedly objecting to stinks. To this day the Samoyedes and Ostiaks burn a bit of rein-deer skin under the nose of the maniac. The patient falls into a sort of stupefaction from which he often revives considerably calmed, the action of a narcotic on his nervous system being mistaken for an action of stinks on the olfactories of the demon. The old superstition of hanging odoriferous plants over the door of the house of one "possessed" points to the same belief that odours drive away demons. (*All the Year Round.*)

Addresses and Papers

READ AT

THE TWENTY-NINTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CANTERBURY, JULY 23rd, 24th, and 25th, 1861.]

THE
ADDRESS IN MEDICINE.

BY
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Having been somewhat unexpectedly called upon to perform the honourable task of delivering before you upon this occasion what is termed the Address in Medicine, it was necessary for me to choose some fitting subject for my discourse. And this, I can assure you, was not an easy thing to do—not, I need hardly say, because of any poverty in the materials which presented themselves for my choice, but rather on account of their very redundance. To have attempted the illustration of any one special item of pathology or physiology would have probably been to have wearied you with something of an indifferent *réchauffé*, or, as we in the vernacular say, to make a hash of an article from some cyclopædia of medicine. And then, on the other hand, to have attempted a bird's-eye view of the present scientific position of the medical art would have been to undertake a flight far beyond my powers, amidst so many other avocations, satisfactorily to compass; and would, under any circumstances, have led me far beyond the limits of the short hour very wisely allotted to the speaker here.

I therefore cast about for a subject which should represent something of a middle term between a large generalisation and a modest particular—one which, while keeping me within the bounds of some special idea, would yet be so elastic as to admit of a considerable amount of eccentricity from it. It was necessary also that it should be one of common interest to all of us. And such a subject, I venture to think, the Treatment of Disease—the last end and object of all our various professional studies and desires—may be considered. I think there is no topic upon which I could hope to address you with a better chance of engaging your attention; and most assuredly there is none with which we are concerned at this day, more needing of a satisfactory settlement. I hope, therefore, I may occupy your time usefully if I attempt to show how it happens that different members of the profession, of equal position in it, hold such very different, such actually conflicting opinions, respecting the treatment of diseases—opinions so diverse as, in truth, to make the differences of doctors a byword with the people.

I would also endeavour to determine what is the actual state of our knowledge on this subject, and what, as it seems to me, is the rational method which we must rigidly follow out in order to attain settled conclusions concerning the effects of remedies on diseases.

Permit me, however, in approaching the subject, to anticipate one or two criticisms to which, as I am well aware, he who ventures into this tender field is almost sure to be subjected. Whoever publicly objects to the ill administration of drugs is liable to get the credit of being wholly blind to their real virtues. Permit me, therefore, to guard myself against any such misunderstanding by making, *in limine*, a profession of great faith in drugs as remedial agents in diseases; and by asserting that, in my opinion, bleeding is now-a-days a sadly neglected remedy.

Gentlemen, we are often told that we live in a sceptical age; and if by the term it is meant that we live in an age when men refuse to accept without question ancient dogmata merely because they are consecrated by the dust of antiquity, I believe there is complete truth in the assertion. How could it be otherwise? The sciences alike of mind and of matter, the arts, manufactures, political creeds, the very face itself of the civilised earth, have all been revolutionised since the birth of the present generation of man. We have all of us lived long enough to see the once firmly established articles of political, social, and every other species of mundane faith, rudely shaken—to see opinions, long received as settled truths on matters touching the worldly interests and the minds of men, modified or completely subverted. The progress of science, and its necessary consequence—the progress of civilisation—have during this century outstripped calculation. We, during the few years of our lives, have seen the world march onwards with giant strides, such as centuries of its former years of progress have never equalled. In the advances of science, and nowhere else, can we look for a solution of this surprising tale. Science has subjected to her unanswerable decrees the opinions and the credulities of mankind. She has called upon men to give an account of the reason of their opinions; and she has thrown down, and is still waging combat with, the ignorance, and the prejudices, and the thousand vain images which have so long kept, and still keep, the world from the clear vision of unclouded Truth.

How, then, at such a time, should medicine—an art above all others based on empirical practices, on opinion, on individual experience—escape the questioning of an age in which opinions are being thus remodelled? It has indeed been called to account, has medicine; and my desire now is to attempt to point out the result of this questioning process—the nature of the revolutionary spirit which has passed into modern medicine. I hope to be able to show that (as I see the matter, at least) medicine now stands in a position totally different from what it has ever previously held—that there is an essential line of demarcation to be drawn between the practice of the ancient and of the modern scientific treater of diseases.

I cannot ask you to follow me through the physician's practices in ancient days; but I am sure you will readily grant me this: that science, as we now understand the term, never at any period of the bygone days of medicine subserved the physician's purposes in the cure of disease. In the treatment of disease, he trusted solely to his experience, and to what he gathered from the experience of his forefathers. His diagnosis of diseases was most imperfect; his theories of their nature, for the most part, baseless fabrications. His treatment, so far as it was founded on his theories, was necessarily equally erroneous; and yet (curious speculation, well worthy our consideration even now!) in all these errors he had the most unswerving belief. He never hesitated in the practical application of this defective knowledge to the cure of disease. If the patient recovered, it was his remedies which cured the disease. If the patient died, it was, that the disease was too powerful for the remedy. With him, the Physician—Art—was everything, Nature nothing, in the cure of disease. But medicine, in all this, was like every other branch of human study. All that the great minds who were engaged with it could accomplish, they did accomplish. It was no blame to them that their generation did not grant to them those instruments and aids to knowledge with which we have been favoured—aids which, as I venture to think, have opened before us a distant view of the position which we may fairly conjecture medicine is destined one day to occupy; I mean, the position of a positive science. We may, indeed, regard the past with pride. We find that minds of the highest order have been at all times engaged in the practice of medicine. Proofs of their searching intellects are recorded on every page of the history of medicine. They erred, because dealing with diseases—matters of the extremest complexity and changeability, and of whose nature they were not only ignorant, but entertained the most erroneous ideas—they had no guide to help them to a knowledge of their ignorance and error, except fallacious experience—*experientia fallax!* But science—that tree of good and evil—has come, and has borne to us its fruits of present doubts and difficulties; but let me add, its full assurance of hopes of future good. It has demonstrated the errors of the past. It has shown us that, before we can hope to enter the valley of truth, we must first of all struggle through the rugged passes of errors which have heretofore arrested our progress. And what, in truth, is all this remarkable conflict of opinion now going on before our eyes, concerning the effects of remedies, but the struggle of modern scientific investigation with ancient errors still encumbering the progress of medicine?

We are often triumphantly asked by men who admire only the practice of other days—the *laudatores temporis acti*—and who take pleasure in deriding modern chemistry and microscopy and diagnosis, because, unfortunately, chemistry and microscopy and diagnosis have so often led, and still so often lead, the unwary practitioner to absurd conclusions,—I say, we are often triumphantly asked: What, after all, has this advanced generation you boast of done for suffering humanity? Can your modern physician, with all his new lights, treat diseases one whit better than his forefathers? Does he know more of their nature? or has he discovered more appropriate remedies for their cure? Now, the answer to this sort of clinching argument is plain, and it should be more clearly understood than it generally is. Let us at once admit that, in a *positive* sense, we have as yet, through the light of modern pathology, made but small advances towards a knowledge of the essential nature of diseases, and of that kind of treatment of them which may be called specific. But, admitting this, let us remember that, in a *negative* sense, our progress has been admirable. We have learnt, or rather are now learning, the limits of our powers as curers of diseases—to distinguish between what our art can and what it cannot effect in dealing with diseases—to ascertain the natural courses of diseased processes—what in their cure art effects, and what the vital powers of the body itself. We begin to see that, in reasoning of diseases and their treatment, a clear line of demarcation must be drawn between what is positively true and what is merely hypothetical.

But, further, the trust in experience so much boasted of and appealed to as the infallible oracle, from whose dictum there is no escape, has been (pardon me if I say, and attempt to show it) the source of our deepest errors.

Let me ask you, then, to consider with me the real meaning and value of that experience of which we make so much account in the treatment of diseases, and in which we put such profound trust. A little consideration will, I think, satisfy you that this experience is of two kinds: that it is in part rational—that is to say, is founded on the reason of the thing; and that it is in part, again, irrational—that is to say, is either founded on vague surmise, or upon the narrow and insufficient basis of a man's own personal knowledge; or, again, is contrary to the experience of others, as expressed in like cases. I fear we do not sufficiently consider, in this matter, that the very nature of the case with which we have to deal tends to betray us into error, by enticing us, or forcing us on, to draw conclusions. It does so in two ways. In the first place, standing in the face of disease, and with a natural desire of ridding humanity of its sufferings, we feel compelled to act, and on the moment. There is no time for reflection or deliberation; the patient may die whilst we are chopping logic over his case. Then, in the second place, we are apt at such moments to forget that the facts upon which this experience of ours is called into exercise are most difficult of correct appreciation. Disease, as we know it, is not a simple, but in many instances a very long and complicated process; and of this process we are able to seize upon only a few, and it may be the last, links in the series of antecedents and sequents which form it. What, in fact, we usually call the disease is in reality the resultant of a series of antecedent changes which have already taken place in the body. Indeed, as far as our present lights enable us to judge of these processes, we may surmise that the original causes of diseases, or rather, that the *fons et origo mali* in the body itself, will be for ever hidden from us; that is, the first material alterations which the disease provokes. If, for example, we find a defective state of the fibrine or of the red corpuscles of the blood in fever, what have we thereby learnt to assist us in the treatment, or of the real nature of the disease? We have discovered one more link in the chain of antecedents and sequences which together form the diseased process, it is true; but the original fact—the causative agent—we have yet to discover. Having discovered the change in the blood, then we have to inquire what caused the alteration in the blood; and, if we discovered *that* efficient agent, then still would the same question meet us, until we arrived at the very first primitive cause which set this series of diseased changes in action. Then consider what an infinite number of accidental agencies, idiosyncrasies, etc., there are at work, inherent in the constitution of the individual patient, or to which he may be temporarily subjected from without, all or any of which may interfere with and modify the natural (if I may use the term) progress of the aforesaid fever, and interfere with it at any one of those numerous periods of its progress or series of links which form the chain of diseased processes! And thus it is that, from the very nature of the case, we are led to misinterpret the true value of the term experience in medicine.

Let us now see what may properly be called a practical fact in medicine, as deduced from, or as founded upon, rational experience; and then inquire how far our ordinary daily practice is founded upon such experience, and is, therefore, rational. Judged dispassionately, and, as I venture to think, according to the rules of sane reason, a fact in medicine, founded on rational experience, requires something of the following definition: it is the resultant of very numerous observations made by fitting and capable inquirers, who, after due investigation, have arrived each at a like conclusion, the conclusion not being contradicted by the observation of other equally capable observers. Every practical deduction, I will candidly confess, which will not bear this test, seems to me to fall under the title of *irrational*. The wide and uncontradicted acceptation of a fact alone gives to it a stamp of genuine value. Are we not, in truth, reasonably forced to the conclusion that the real virtues of a remedy have yet to be decided, when half the world applaud its use, and the other half find it inefficacious in a given disease—when men of the highest repute and of equal celebrity are totally opposed concerning its use? Whatever a man's own personal experience may induce him to think of the efficacy of any method of treatment of disease, it is, as I see it, manifestly illogical to permit his personal opinions of its use to degenerate into solid convictions, so long as the experience of other men of equal honesty and capacity has not confirmed, or, it may be, is even opposed to, his conclusions. So complicated are the terms involved in the problem!

[*To be continued.*]

AUSTRALIAN GOLD. Sir R. Murchison gives the following account of his prophesy of gold existing in Australia:—"Dr. Cumming is right in announcing that I did say, 'Job was a good geologist.' But if he added (as one report of his lecture has it) that I was led to anticipate the discovery of gold in Australia by the words of Job, he is entirely in error. The hypothesis which I formed respecting the probable existence of gold in Australia originated, and was proved to be true, in this way. In the year 1844, when fresh from the gold-bearing Ural Mountains, I had the opportunity of examining a large collection of the rocks from the meridional chain of Eastern Australia, brought home by my friend Count Strzelecki, and I was so much struck by their resemblance to my Uralian rocks (also a meridional chain), that I publicly expressed my surprise, in addressing the Geographical Society, that no gold had *yet* been found in our distant colony. The more I reflected on the subject, the more I was led to the belief that gold would be found in Australia; and in 1846 I urged the unemployed tin-miners of Cornwall to emigrate and try there their luck in gold diggings. In 1848, having received small specimens of gold from two or three parties, I wrote to her Majesty's Secretary for the Colonies, and said that what had been a theory was then a realised fact, and expressing my opinion that Australia was about to become an auriferous region. This was three years before he so-called *discovery* of gold in Australia."

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

BIRMINGHAM AND MIDLAND EYE INSTITUTION.

THE SURGICAL TREATMENT OF SHORT-SIGHTEDNESS.*

MR. VOSE SOLOMON, after having operated upon *forty-two* myopic eyes, has drawn the following conclusions:

1. Intraocular myotomy is a safe and expeditious method of relieving myopia. This relief is not temporary.

2. In many cases it obviates the necessity for wearing spectacles.

3. It has never injuriously affected the range of accommodation.

4. It tends to render the myopic eye more healthy by improving the nutrition of the choroid, retina, and vitreous humour.

5. It sometimes arrests a rapidly increasing myopia, and cures the accompanying choroido-retinal irritation.

6. It must tend to prevent the increase of staphyloma sclero-posticum, by regulating the internal ocular circulation and lessening the convergence of the optic lines, and the straining efforts at accommodation which are said by Dr. Donders to be associated with the convergence.

7. The presence of a large staphyloma posticum does not neutralise the effect of the operation, nor does always that of opacities of the cornea.

8. The degree of myopia does not in all cases bear a close relation to the lateral diameter of the staphyloma, as judged by an ophthalmoscopic examination.

9. The earliest appearance of staphyloma posticum consists in an apparent flattening and scolloping of one side, generally the outer, of the optic nerve entrance.

10. At the present stage of the inquiry, Mr. Solomon is unable to assert that the operation is curative of staphyloma posticum. But, he considers, it follows from 4, 5, and 6, that it renders that disease less dangerous to vision.

Original Communications.

RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[*Continued from page 496 of last volume.*]

CASE IV. *Obstructed Labour from Congenital Hydrocephalus.* On December 20th, 1859, I was summoned to another lady under somewhat similar circumstances to those described in the preceding case. She was 27 years of age, and was now in her fifth labour at full period. She had been suffering severe pains for several hours before I was sent for, and became alarmed because she had never before experienced any particular difficulty in childbirth. On making a careful examination, I ascertained the cause of obstruction to be a large tumour of the scalp, in which I believed I could discover fluctuation; each pain had the effect of rendering it very tense without advancing its position, and in the intervals between the pains it was comparatively flaccid. I expressed my belief that it was a hydrocephalic head, and advised puncturing it, to which the surgeon attending her readily assented. At his request, I passed a sharp pointed bistoury through the most prominent part of the scalp, and made an incision about an inch in length. Several pints of clear fluid immediately escaped, and then a few pains soon effected delivery. Of course the child was dead; and as we had prognosticated, the cranium was imperfect, and the scalp formed a very large sac which had contained the fluid let off by means of the puncture.

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* See also BRITISH MEDICAL JOURNAL for May 1860.

In the former case, the scalp was sufficiently tight upon the cranium to prevent our being able to detect the presence of the fluid, which was contained chiefly in the cavity of the uterus higher up than the presenting part of the head; but here the sac itself was the presenting part, and the sense of touch was sufficient to find out the nature of the case. This patient also quickly recovered.

Case v. *Difficult Labour from Hip-Presentation.* I was called on November 23rd, 1852, to Mrs. M., aged 34, a primipara, at full term. The membranes had ruptured on the evening of the 21st, since which time pains recurred at intervals, and were very frequent yesterday. Her surgeon was in attendance during the whole of the 22nd, and all night, and summoned me at eleven on the morning of the 23rd. The uterus was fully dilated, the right hip presenting, the back of the child being towards the right side of the sacrum and its abdomen towards the left of the pubes; the left hip lodged upon the brim of the pelvis in the situation of the left sacro-iliac symphysis. No advance had been made for many hours; the pains had been very strong, but were now short, and interrupted by the fears of the patient, who had become extremely restless and apprehensive. I endeavoured to reassure her, and gained her confidence sufficiently to enable her to bear her trial with fortitude, under the hope that all would be right in the end. I forewarned the husband, however, that the child's life was in great jeopardy. After a while, and not without a great deal of trouble, I passed a fillet round the right groin, and assisted the pains; but the resistance was great, and I was afraid to use much traction, for fear of injuring or fracturing the child's thigh, and it was no easy matter to make sure of the tape not being so placed as to hurt the parts of generation. The pains were but feeble, and after an hour or two we gave ergot with some effect; but the labour progressed so slowly, that it was not until six o'clock P.M. that I could get the breech into the world, notwithstanding the presenting hip had long before protruded through the os externum. The outlet of the pelvis was narrow; the perinæum resisting and thin, so as to make us afraid it would give way, but it escaped uninjured. At this period of the labour, there was an entire cessation of pain, and no pulsation in the cord; and when at last I was able to get the head born, the child could not, even by the most persevering efforts, be made to breathe. The placenta was soon expelled, and I left the patient in a comfortable state, after a very tedious and severe labour borne with the most astonishing fortitude. When I first went to her, she begged for chloroform, but I declined giving it, because the pains were too short and feeble, and I feared it might cause the cessation of all natural effort to effect delivery. On the following day, the patient was going on well, but lamented the loss of her child. On examining the child, I found the whole of the presenting portion of the hip livid from long continued pressure, with an abrasion of surface where the tape passed over the groin.

She made as good a recovery as if nothing difficult or unusual had happened.

Case vi. *Profound Coma, the Consequence of Flooding after Delivery.* Mrs. W., aged 30, was confined on August 1, 1855, with her seventh child. I was given to understand that previously to marriage she was very hysterical; and that she had had several severe illnesses, which had been treated by blood-letting. She was confined in the evening, and her labour was natural; but after the expulsion of the placenta, and when all seemed right, she had sudden and profuse hæmorrhage, requiring the introduction of the hand for the removal of clots, after which it ceased. But she almost immediately afterwards became insensible, with scarcely a pulse, and with every sign of extreme depression; in which state she remained for many hours without hope of recovery on the part of her medical attendants and friends. I saw her the morning after delivery; she had then a feeble pulse at 130; contracted pupils, cold surface, and was still insensible; and her threatening symptoms continued for several hours without any sign of amendment; but before I left in the evening, some slight consciousness returned, and she seemed to have what I might call hysterical coma. There had been no recurrence of hæmorrhage since the first gush; and I looked upon the length of time which had elapsed without her getting worse, as an indication that she would rally. Nourishment and wine were given frequently—perhaps, rather too frequently, as the stomach rejected it occasionally. Medicine was avoided; counterirritation had been freely employed, and she had a turpentine enema. I thought she ought to be disturbed as little as possible; and had the gratification of hearing next day that she was much better.

This lady's recovery was slow; her nervous system gradually recovered its steadiness *pari passu* with the reestablishment of the circulation, and eventually she got quite well.

Case vii. *Peculiar Nervous Affection after Labour; Anæsthesia.* I was summoned to a lady, aged 31, who had been confined some few months before my visit on September 29, 1851. During her pregnancy, she had suffered much from excessive leucorrhœa; and both before and after her labour, she manifested signs of mental disturbance bordering on insanity. After her confinement, she became very depressed in spirits; said she had an inclination to destroy herself; and in whatever she did she reversed the order of propriety: for instance, when dressing her child, she put on the outer garments first. After a while these symptoms ceased, and were succeeded by numbness in her feet, gradually extending up the legs to the body and as high as the waist, to which extent I found her labouring under almost complete anæsthesia. She had no feeling in the vagina; scarcely knew when she wanted to pass urine or motions, and could not tell when she had finished doing so. I was informed that a few years before, she had an amaurotic affection, which was treated by setons in the nape of the neck; but at the time I saw her, her vision and all her senses except that of touch were perfect. Sensation remained in the head, neck, and upper limbs, but she could not feel the child at the breast. The anæsthetic affection commenced about three weeks before. Her surgeon had blistered the loins and chest, and had given her steel and galbanum internally. Her appetite was good, complexion natural, intellect undisturbed, pulse regular but weak. There was no evidence of organic disease of the brain; and the state of her general health scarcely to be complained of. I advised the cold sponge bath, followed by frictions with turpentine to the lower limbs; a turpentine enema once daily; a dose of Griffith's mixture three times a day; and, these failing, electro-galvanism to the affected parts.

On October 1, I find the following entry in my casebook:—"The above treatment has been carefully carried out, with the exception of the enemata, which have not yet been administered, and the galvanism, which has not been required. She has had one relief from the bowels to-day, and has passed water; being aware both of the necessity for the acts and the accomplishment of them. There is also some return of sensation in the vagina, and in the lower limbs, leading me to entertain considerable hope of recovery." Our favourable expectations were realised by the result, and the patient eventually recovered.

[*To be continued.*]

Transactions of Branches.

SOUTH MIDLAND BRANCH.

A CASE OF SUFFOCATION BY THE FUMES OF LIVE COALS.

By J. ODY, M.B., Market Harborough.

[*Read Oct. 17th*, 1861.]

I HAVE the honour to bring under your notice the particulars of a double case of poisoning by the fumes of live coals, in which one of the sufferers perished, while the other recovered.

The narrative of this unfortunate occurrence may, perhaps, be the more interesting, inasmuch as such events are rare in this country, and as we have, in this instance, unusual information as to the circumstances attending the accident, the description of the symptoms by the survivor, and the result of a *post mortem* examination of the body of the deceased.

On Saturday, Jan. 15th of the present year, a young labourer and his wife, recently married, after supping together on pig's fry and potatoes, retired to rest about ten o'clock, taking upstairs with them a shovelful of live cinders and coals, which they placed on the hearth of their bed-room, under an open chimney. About a quarter before eleven, that is, three quarters of an hour later, a youth went to bed in the adjoining cottage; the two chambers being only divided by a wall a single brick thick. He almost immediately became aware of groans and unusual noises next door, as of people retching,—at first in the woman's voice only, but presently in the man's voice also. An alarm was raised; and, after some delay occasioned by various attempts to attract the attention of the couple within, an entrance was effected into the cottage. About ten minutes are supposed to have elapsed from the groans being first heard to an entrance being forced into the cottage. Fainter groans had been heard almost to the last moment; but, on the neighbours going upstairs into the bed-room, they found the woman lying, already dead, upon the bed, while the man lay quite insensible on the floor at the further side of it, rolled in the bed-clothes. On being raised on to the bed, he shortly began to recover; but some time elapsed, notwithstanding the free admission of fresh air into the apartment, before he regained his consciousness.

At the inquest, he stated, that "he and his wife awoke nearly simultaneously, after having been asleep but a very short time." His wife, he went on to state, "said she felt poorly. I asked what was the matter; did she feel sick? she said 'Yes.' At her request, I struck a light without getting out of bed; the candle and matches were at hand on a chair by the bed-side. I felt well at first, but by this time, I felt sick also, and told my wife so. I retched once or twice, but brought up very little. I then felt my strength fail me: I experienced a weight across the forehead, giddiness and noise in the ears. I lay down with my head over the side of the bed, and shortly became insensible." At this moment we may conclude that he rolled off the bed, dragging the bed-clothes with him. He also stated, that the cinders did not give out any smoke, but cast a nice glow across the room, and that his wife was sitting up in bed, retching, at the time of his last recollection of her.

Except that the bed-clothes were replaced, the body of the woman was allowed to remain as first discovered until my arrival, two hours later. It was then warmer than I expected to find it, particularly when the severity of the weather was taken into account.

She lay on her back, with the head inclined a little to the left side. The features were composed, the face pale, except a portion of the left cheek, which presented a violet mark, as did also the under surface of the right arm, where it rested on the bed. The conjunctiva was brilliant, free from suffusion; the pupils widely dilated. The lips were pale; also the tongue, which was retracted within the mouth. There was a small quantity of vomited food between the lips, but none appeared to have passed beyond them.

A *post mortem* examination of the body was made thirty-six hours after death, and revealed unmistakable signs of death by suffocation—by apnœa. No signs of violence were discoverable externally. The whole surface of the back, and other depending portions of the body, were marked with the same dull pink colour as the left cheek, also the opposed surfaces of the knees, etc. The chest was first opened. There were some few old adhesions on the pleuræ; no effusion into the pleural cavities. The lungs were pale, crepitant, and, to all appearance, healthy, at their upper and anterior portions, but gorged with fluid blood below and behind. The heart was of natural size and structure; its right cavities were full of fluid blood, the left contracted and empty. The heart and lungs were removed together for more perfect examination. The trachea and bronchi were found to be full of a frothy mucus stained with blood; their mucous membrane was of a florid pink colour, obviously from vascular injection of the capillaries. Portions of vomited food were found as far even as the smaller ramifications of the bronchi. At least a pint of dark fluid blood flowed into the thorax after the removal of the heart and lungs. The stomach contained some flatus, and about six ounces of food, viz., pig's fry and potatoes. The outer surface was pale and unaltered; the inner surface, towards the greater curvature and pyloric end, was of a rose-pink colour, and its mucous membrane at the same part was slightly softened, obviously by *post mortem* digestion. The intestines were stained here and there by their contents. The bladder was empty. On examining the head, the absence of blood in the large vessels of the scalp and dura mater was very remarkable; but it must be remembered that a considerable quantity of blood had flowed into the thorax, from the divided veins of the neck. There was no effusion either of blood or of serum on the surface of the brain, nor into its substance, nor into the ventricles. The choroid plexus was pale and of natural appearance. The substance of the brain also appeared healthy; the centrum ovale, when first made, was quite free from signs of unusual vascularity, but numerous red points, of the size of large pin-heads, obviously formed by exudation of fluid blood, soon made their appearance.

REMARKS. These poor people considered themselves perfectly safe when they placed the cinders on the hearth under an open chimney. But various circumstances concurred to bring about a fatal event.

1. The chimney of the upper room had unfortunately a downward instead of an upper current of air; as was made manifest by the forcible deflexion of the flame of a candle held under it. This is no uncommon state of things, as many of us must have experienced to our great discomfort, when detained in the poor man's cottage. The reason of this downward current is, that there being, perhaps, only one outer door and no passages or other reservoirs of air, the whole building may be regarded as one chamber divided by an imperfect diaphragm, viz., the floor of the room above; the imperfection being the aperture for the stairs. When, therefore, a large fire is lighted in one chimney-place, the air of both apartments, that is, of the whole build-

ing, contributes to its support; consequently the second chimney smokes if near the first, or at all events has a downward current of air established in it.

2. The tenement, originally the gable end of a barn, had only recently been converted into a cottage. With the intention of insuring comfort, though without regard to health, the doors were made to fit as closely as possible, their boards were rabitted, and the door-frames were supplied with a beading against which the doors shut.

3. The peculiarities of the weather assisted to exclude the fresh outer air. Much snow had fallen, and, by freezing, had as it were hermetically sealed the windows; the night was exceedingly cold and calm; and a dense rimy fog loaded the atmosphere.

4. The bed-chamber was very small, containing only eight hundred cubic feet of air, whereas two thousand cubic feet are allowed to each patient in some of our hospitals; for instance, in the new wards of King's College Hospital.

The symptoms exhibited by both sufferers, and the manner of the woman's death, differed remarkably from the description given of similar occurrences in France; where determined suicides are said to lie down exposed to the fumes of burning charcoal, and, gradually becoming comatose, to die without a struggle. But it seems probable that these poor people had time and strength enough, and sufficient warning, to have extricated themselves from their perilous position, had they been aware of the real cause of their sufferings. Ten minutes are thought to have elapsed between the first alarm and the death of the woman, for groans, etc., were heard in her voice almost to the moment of finding the body. Moreover, her husband and she had had some conversation, and had performed acts of muscular exertion; for instance, the woman is said by the man to have sat up in bed, and he attempted to light the candle, and probably did light it. We may, therefore, conclude that the narcotic effects of the gas were very gradual in their incidence, and accompanied by some signs of an irritant poison. I wish also to direct your attention to the symptom of vomiting, usually mentioned as occurring in these cases. Neither of the sufferers in this instance actually vomited the supper so recently taken. The man only ejected a little frothy mucus, which I saw on the floor, and although a small quantity of partly digested food was found in the woman's mouth, trachea, etc., there was none on the bed-clothes; yet six ounces remained in the stomach. I am inclined therefore to think that what little food left the stomach was driven out of it by the forcible action of the diaphragm during a deep inspiration, not by contraction and inverted action of the stomach itself, as after an emetic. The sounds described by the neighbours "as of people retching", were probably produced by forced inspirations. Some of the symptoms of irritant poison might be due to the admixture of small proportions of sulphuretted hydrogen and carburetted hydrogen gases. The seven men, however, who lately met their deaths in a London sewer from the effect of sulphuretted hydrogen, appear to have died instantaneously. In the case I have related, it is probable that the deleterious gases existed in the smallest quantities capable of producing a fatal result, and that they diffused themselves but very slowly through the still air of the apartment. In this circumstance, added to his greater robustness, we may find an explanation of the survival of the man. By his position, further removed from the fire-place, he came later under the influence of the gases and in a less degree of concentration, and thus escaped inhaling a fatal quantity. I have not yet been able to determine the quantities of these gases diffused into the air of the bed-chamber. An admixture of ten per cent. of carbonic acid gas in the atmosphere is said to be speedily fatal to human life.

THE MEDICAL TREATMENT OF STRANGULATED HERNIA.

By W. Blower, Esq., Bedford.

[*Read Oct. 17th, 1861.*]

A stout lusty young man, by trade a butcher, who had for some time been affected with an inguinal hernia, but had not worn a truss, strained himself by lifting a heavy pig into a cart, and occasioned a further protrusion of bowel. He attempted to reduce the hernia, but without success; in a short time symptoms of strangulation manifested themselves, and when I saw him three or four hours afterwards they had become extremely severe. The tumour was tense, painful, and very tender, the constriction and dragging at the epigastrium were distressing, and the vomiting of stercoraceous matter frequent. I sent him six pills, consisting of ten grains of calomel and three grains of opium, and directed that he should take two immediately and one every half-hour subsequently, and also that he should drink a cup of strong coffee without milk or sugar occasionally. When I saw him again, about an hour and a half afterwards, he appeared to be convalescent; the hernia was soft and reducible, and all the unpleasant symptoms had disappeared. He stated that after drinking the first cup of coffee the sickness stopped, and the uneasiness at the epigastrium ceased. And, as soon as a truss could be procured and fitted on, he resumed his ordinary occupation.

I have treated several other cases of strangulated hernia in the same manner, and with a similar successful termination; except in one, in which, however, the plan was imperfectly carried out. I was induced to adopt this mode of treatment, by the result of some cases where calomel and opium were administered to prevent the ill-consequences of delay, when the operation was unavoidably postponed for a time. Thus, in a case of strangulated femoral hernia, where the usual accessible means of reducing it had failed, and an operation appeared unavoidable, I requested the assistance of the late Mr. Hurst; but, as he was out and not expected home for a couple of hours, I gave to my patient calomel and opium as a palliative until his return, and at the expiration of that period, the hernia was soft and reducible by the slightest touch. In another case, I called in Mr. Hurst, but he also failed in reducing the hernia, and deemed an operation indispensable; but as, in consequence of another engagement, he was obliged to leave for about two hours, the operation was deferred until his return, and the same treatment was adopted as a temporiser, with a like curative result. And during the latter period of my practice, this was the usual course pursued by me in all cases (and they were not a few), and, with one exception, with uniform success; and in the case where it failed, the pills were not given as directed, and therefore the method ought not to be considered responsible for not succeeding.

The object, in the medical treatment, is to produce a state of muscular relaxation and weakened vascular action. In this condition, the obstacles to the reduction of the hernia depending upon muscular contraction are removed, and the inflammatory processes are checked, so that not only the hernia is rendered reducible, but the tendency to death—the general termination of this affection, if left to itself—is stopped. Many plans for accomplishing these objects have been proposed and used, and not unfrequently with success; but according to my experience, the calomel, opium, and coffee treatment is the most convenient, the least objectionable and the most successful method, except in children where the hot bath is the best remedy.

I have tried *bleeding to syncope*, and have succeeded in reducing the hernia, whilst the patient has been i this state; but the loss of the requisite quantity of blood has sometimes been followed by un pleasant consequences. Thus, in the case of a strong agricultural labourer, in whom strangulated inguinal hernia had existed about eighteen or twenty hours when I first saw him, and the symptoms had become very violent, I bled him; but he did not fall down until the third pint basin was nearly filled. The hernia was easily reduced whilst he was in a state of syncope; but it was followed by anæmia and disordered action of the heart, and it was two years before he was able to work again. He lived in a lone cottage, about five miles from Bedford, and, as the disease was very urgent and the lancet was the only accessible remedy, it was obliged to be employed.

I have seen the *hot bath* used also for this purpose with the greatest advantage; but the great difficulty of procuring it prohibits its general application. In the dwellings of the poor, where strangulated hernia is most prevalent, especially in villages, it can seldom be obtained at all, and even in respectable houses it cannot often be procured without so great trouble and delay, as to render it objectionable. When it is used, the patient must remain in it for a much longer time than is customary, to secure its good effects—indeed, it should be continued for two or even three hours before it is abandoned. Some years ago, I was called to a case of strangulated inguinal hernia in this town, and failed in reducing it. I then requested the assistance of Dr. Witt, the house-surgeon to the Infirmary; he also was unsuccessful, and the man was then removed to the Infirmary, where he was placed in a hot bath, and the taxis was tried again without avail. It was now determined to operate; but, as Dr. Witt had another engagement at the time, the operation was postponed for an hour, and the patient was left in the bath. On visiting him again at the expiration of that time, the hernia was found to have been reduced spontaneously. In children, the hot bath is the most convenient and the most successful mode of treatment, as a sufficient quantity of water and suitable vessels to hold it can be obtained almost everywhere for these subjects, and they are also very susceptible of its influence. In an infant of six months, a strangulated hernia became reducible in about half-an-hour in the hot bath; but I should continue it for a much longer time before I gave it up in a similar case.

The *tobacco enema* I have never seen used; there is no doubt of its being very effective, but it is also very dangerous, and therefore is not to be recommended. *Chloroform* I have tried, but without any advantage, except that it allowed the hernial tumour to be handled without giving pain or exciting straining—a common effect of the taxis, and by which resistance to its operation is often produced. *Coffee* is a powerful remedy in spasmodic affections of the bowels, and is a very useful adjunct in the treatment of strangulated hernia. It should be given in the form of a strong infusion without milk or sugar. It is also the most successful remedy in the colic to which horses are subject. The application of *ice* or *freezing mixtures* to the hernial tumour diminishes its sensitivity and allows it to be handled with less pain, and it has also seemed to lessen the swelling; but I have never known it to succeed in reducing the hernia. A long continued or violent application of the *taxis* is in my opinion objectionable, as it is likely to injure the contents of the hernia, and thus increase the difficulty in the treatment and the danger of the affection.

The *position* of the patient during the treatment is a point of consequence. He ought to lie on his back with his thighs bent on his body as much as possible, and his knees approximated; he should also be instructed to manipulate the tumour from time to time, and thus assist in the reduction of the hernia. The hands of the patient are more conveniently situated for this purpose than those of a bystander.

CASES ILLUSTRATIVE OF THE READY UNION OF SEVERED FINGERS WHEN CUT OFF BY CLEAN AND SHARP INSTRUMENTS.

By Edward Daniell, Esq., Newport Pagnell.

[*Read Oct. 17th, 1861.*]

There is no novelty in the facts and observations which this paper contains; but it often happens that long known truths require frequent reiteration before men will practically employ them, or have faith in their results.

Many and curious are the effects of adhesive inflammation in its plastic operations. Startling to the uninitiated is the restoration of new noses by the Taliacotian operation; but under the management of the late Mr. Carpue, how many disfigured faces were restored to a presentable state by calling into action this conservative principle of nature. In these cases, however, there has always been preserved a living principle in the borrowed part. Total severance would ruin success; but in severed fingers and thumbs, success will attend a grafting, even after the parts have been removed a considerable length of time.

In a MS. series of lectures by Sir Astley Cooper, taken fifty years ago by an early friend of mine, he relates a case of a man who came to him six miles with three of his fingers in his pockets; he carefully replaced them, and all the fingers united in a very short space of time. The same lecture relates the insertion of a tooth in the comb of a cock; and the plastic principle of this curious growth grafted this extraneous body, so that it remained a fixture as long as the animal lived.

As provincial surgeons, living, as many of us do, in the midst of agricultural districts, where sharp instruments are constantly used by labourers, we are often called upon to attend to injuries inflicted by these instruments; and perhaps the most frequent of these injuries are amputations of the fingers through the men pushing their hands amongst the straw and hay of a chaff-machine whilst the instrument is in full operation.

It is to be regretted that, in the panic of the moment, the poor patient rushes off in haste to the surgeon, leaving behind him the severed part, which becomes trampled upon and lost, and thus the chance of restoration is withheld. I always, however, direct a rigid search for its recovery. The following case illustrates this fact.

A young man, Edmund Bedford, an apprentice to a wheelwright in this town, severed the end of his thumb by a sharp blow of a hatchet. He ran off immediately to me, accompanied by his fellow-apprentice. The cut was not lacerated in the least; it was a clean cut, and admirably adapted for grafting; but the end of the thumb was in the sawpit. I despatched the youth who accompanied the patient to look for it; he returned very soon with the absent portion carefully wrapped in paper, but invested in sawdust. When this was removed, I fitted the part accurately on the wound; and placed a strip of lint two-thirds down the thumb, carrying it over its loose end to the same distance on the opposite side; round this I wound a longer strip of lint, and finally secured it with strapping. To make it still safer, I covered it over with what is called a thumb-stall. At the end of ten days perfect union had taken place; and at this time the thumb is as good as ever.

A labourer of the name of Pell, from a neighbouring village about three miles from my residence, cut off three fingers by a chaff-machine. He came hastily into the surgery, threw down his fingers on the table, and exclaimed: "I need not tell you what's the matter with me, sir." "No; but I am glad you brought your fingers with you; for I shall put them on again." The man objected much to this, and for some time obstinately refused to submit to such "foolish nonsense"; however, I succeeded in carrying my point, and the severed fingers were replaced on the wounds. The result was satisfactory; perfect union was established.

About three weeks since, William Clare of this town, publican, came to my surgery, having severed the ring finger of the left hand by a chaff-machine, immediately below the nail, cutting through the phalanx. He was followed by his son, who had discovered the finger amongst the chaff. I carefully replaced it; and treated it in the same way as the preceding cases. At the end of ten days, union was perfect. The nail sloughed off, and a new one is rapidly forming.

I record these few cases out of many, to shew what may be done by the plastic principle of adhesive inflammation even in the restoration of parts which have been separated from the living body, and usually regarded as incapable of reanimation; and also to press upon my brethren never to lose sight of the chance of trying the effects of human grafting, especially in joints like the fingers, where the measure of vital energy required for reanimation is so small.

For my own part, I have not had a single instance of failure in a somewhat extended practice, when I have had to deal with these kind of amputations occurring in the first or second phalanx. The greatest trouble which has befallen me is in convincing the patients of the possibility of union; they regard it a piece of folly, and have become quite impertinent when I have refused to remove the dressings; for the stench which always accompanies fresh wounds has appeared to them as the result of a putrid condition of the replaced parts.

To convince Pell this was not the case, I passed the point of a needle to the tip of one of his fingers, and he speedily gave audible evidence, that sensibility at least was restored. Firmness and determination, however, on the part of the surgeon, will generally compel these ignorant people to persist unto the prescribed end.

British Medical Journal.

SATURDAY, JANUARY 11th, 1862.

CAN THE MAN BE MORALLY INSANE IN WHOM IS FOUND NO INSANE DELUSION?

The extraordinary, and, in many of its daily disclosures, disgusting tale, which has been for some weeks sharing with American news the public attention, offers, in reference to the medical evidence therein given, some points demanding the serious consideration of the profession. The medical witnesses who have been examined, and have given evidence in the case *against* the theory of Mr. Windham's mental capacity, agree in this: that he is unfit to be trusted with the management of his affairs; that he is, in fact, to use Dr. Winslow's reported words, "in a degree of mental imbecility; that he is a person of unsound mind, incapable of managing himself or his affairs." But this opinion is, it seems, not founded, as in ordinary cases, mainly upon the results of personal interviews with and questioning of Mr. Windham by the medical investigators of his mental state. The opinion is based almost wholly on hearsay evidence. As far as the doctors examining the man can judge of him personally, he is not an insane man. *His antecedent history—extrinsic evidence—is his condemnation.*

"Judging alone," says Dr. F. Winslow, "from what I saw of Mr. Windham in the two interviews I had with him, supposing I had met him with my mind a *tabula rasa*, I should have been loth to form the opinion which I have expressed to-day with respect to his imbecility. But the truth is, that independently of the *data* supplied to me by Mr. Field, and of certain circumstances which I assumed to be true, I had no means of testing Mr. Windham so as to arrive at any conclusion on the subject of his mental condition. I repeat that the opinion which I have stated is partly founded upon the assumption that certain actions which I have heard attributed to him, and which formed the principal topics of our conversation, were really committed by Mr. Windham."

Now, we must say that, in our judgment, the establishing of such a position as this assumed by Dr. Winslow, would be fraught with the most dangerous consequences to society. We cannot believe it right that any man should be declared insane, and deprived of his liberty, who, after having been duly examined by skilled physicians, is not found wanting in capacity by them. The medical gentlemen referred to in this case, after two long interviews with the man of supposed unsound mind, and being fully apprised of all his antecedents, weaknesses, failings, and vices, are unable, from the results of these personal interviews, to draw conclusions as to the unsoundness of the youth's mind. They therefore fall back upon the historical transactions of the youth, and, joining them to certain signs of imbecility expressed in his countenance and ways of speech, and adding to these the loose notions of morality and self-respect uttered by him while under inspection, arrive at the conclusion above stated. Now, can such a conclusion be accepted as sound and safe by the profession and the public? Is it consistent with the liberty of the subject, that when a man of Dr. Winslow's known and special acuteness in such matters fails, after two lengthy interviews, in eliciting from the examined any tangible proof or any positive sign of his unsoundness of mind,—is it consistent, we say, with the liberty of the subject, that a series of foolish and low-lived and dirty and drunken actions, committed, for example, by a loose, ill-educated youth "about town", should be accepted as missing links to make up the case of unsoundness of mind?

The truth is that every right minded man would gladly see the filthy, drunken, weak, silly, spendthrifts of the world arrested in the course of their shameless and wicked folly; but, in attempting to arrest such folly, we must be most careful not to commit the incredibly greater folly of straining law and science beyond their proper limits for the purpose. Acts of folly and vice, such as we are told are condemnatory of the idea of soundness of mind in this case, have been committed over and over again by men whose sanity has never been questioned. Sir

C. Cresswell's Court within the last twelve months presented us with the case of a man who communicated a "loathsome" disease to his wife the first night of his marriage. As for driving engines, etc., there is, we have heard on good authority, at this moment, an amateur gentleman, who has for years *amused* himself by playing guard, etc., to ballast trains on one of our large railways. If shameless debauchery and Haymarket riotings and other such exploits, were to form a basis for a man's madness, what are we to think of the state of mind of a once famous marquis? Is a man a lunatic because he orders three hundred cabs to drive about after him through the streets of London? There appears to us to be something utterly wrong in this medical logic, which is contented to treat as a responsible person and to hang the murderer, in whom after due personal examination experienced medical men can trace no signs of insanity in word or action; and yet, *per contra*, does not, in a matter of property, hesitate to declare, *on external evidence*, as of unsound mind the prodigal in whom a like personal examination can show no trace or sign of insanity; the facts of the unsoundness of intellect being in such case drawn from a number of the past transactions of the man's life brought up and lumped together! If this be a right test of a man's capacity—if all of the foolish and evil actions of our past lives were summed up against us at any one given moment—which of us might not be made a lunatic to-morrow?

Surely, we have no right, as medical men, to condemn the man as of unsound mind, in whom, after long and careful examination, we can personally find no trace of an insane action, nor of incoherence in ideas, such as will justify the application to them of the term of insanity. Rather (we would venture to say), the very fact of no tangible proof of the man's insanity being elicited by the personal scrutiny to which the man is subjected by the opposing medical men, should be accepted as conclusive of the man's non-incapacity.

The *primâ facie* evidence in favour of the unsoundness of a man's mind may be very strong when judged of by the doings of his former life; but we venture to say that such evidence is valueless, when skilled medical men fail on personal examination to elicit any proof of insanity from the man. We sincerely trust that no man's liberty may be ever taken from him on the ground of insanity, on the strength of such artificial and constructive evidence as that of the kind to which we have been here alluding. Very slippery, indeed, is the doctrine which could teach us that moral insanity may exist in cases in which no insane delusions can be detected.

In conclusion, we wish it to be distinctly understood that we offer no opinion concerning the state of mind of Mr. Windham. Our sole object here is to enter our protesting opinion against what we consider to be the very dangerous position assumed by the medical men—psychological physicians—who have given evidence in favour of the incapacity of Mr. Windham.

THE WEEK.

We beg to call the especial attention of our readers to what we consider a very important letter from Dr. Risdon Bennett. Dr. Bennett has had the courage (for courage, it would seem, is required) to introduce hydropathic treatment into his hospital practice; and he now points out the markedly beneficial results which have attended its employment. We have already, in this Journal, pointed out the great encouragement which the profession indirectly gives to quackery, by its remissness in investigating, or its neglect in the use of certain remedies because those remedies have not been introduced to us after an orthodox fashion. We have laughed at and condemned hydrotherapeia, and the Turkish bath, for example; and yet, as we all well know, not only the public, but members of the profession, derive, and have derived, great benefit from the use of these things. We are very glad to find that in one London hospital, at all events, hydrotherapeia is an accepted means of cure; and hope Dr. Bennett will give us other particulars of his experience in water treatment. We ransack the whole world for remedies, and fill our journals with experiments upon the effects of the last worm-powder from Abyssinia, or a specific salve for cancer-curing, or any other novelty in the way of drugs; but, through some incomprehensible obliquity of vision, of such manifestly most powerful therapeutic agents as hydrotherapeia and the Turkish bath, we wash our hands, as of things not belonging to the province of legitimate medicine.

The French Academy of Medicine, with a perseverance worthy of a better cause, again offers a series of prize-subjects for competition to the profession in 1862:—1000 *francs* (£40) on the question, What is the Natural Course of Different Kinds of Pneumoniæ, and what is the Value of Expectant Treatment in these Diseases? Portal's prize of 600 *francs*, Vascular Obstructions of the Pulmonary Circulation, etc.: M. Civrieux's prize of 2000 *francs*, The Determination of the part played by Moral Medicine in Nervous Disorders: Capuron's prize of 1000 *francs*, The Pemphigus of Newly-born Children. Then comes Baron Barbier's impossible prize of 4000 *francs*, viz., Cures for Incurable Diseases; and Orfila's prize of 4000 *francs*, The question of Poisonous Mushrooms: their diagnosis, etc. Then come the prizes of 1863, viz., Portal's of 1000 *francs*, Pathological Alterations of the Placenta, and their Influence on the Development of the Fœtus: and M. Civrieux's of 1000 *francs*, On Dyspepsia. The Academy offers 1000 *francs per concours* for the following question, Compare the Advantages and Inconveniences of Pelvic Version, and the Application of Forceps in cases of Contraction of the Pelvis. Lefèvre's prize of 2000 *francs* is for an essay on Melancholia. M. Amussat's 1000 *francs* will be decreed to him who has best advanced surgical therapeutics. Then comes Barbier's impossible prize of 6000 *francs* once again; and next a truly noble one, 12,000 *francs*, the Marquis d'Argenteuil's prize. This prize is sexennial, and will go either to him who has best advanced the cure of urethral stricture during the period (fourth of the prize), 1856 to 1862; or, failing this, to him who has best improved the treatment of other urinary diseases. The essays must be written in French or Latin.

LAST year, the prizes offered by the French Academy did not produce satisfactory fruit; and we cannot, from the results, say much more of them this year. A prize of 1000 *francs* offered on the subject of Disinfectants and their Therapeutical Applications, brought five competing memoirs, but none worthy of the prize; two, however, received a recompense, and one an honourable mention. For Baron Portal's 1000 *francs* prize, on Purulent Inflammation of the Lymphatics, and its Influence on the System, no memoir was sent in. Madame Civrieux's prize of 2000 *francs*, Angina Pectoris, brought forth fourteen essays, but none worthy of the prize. Baron Barbier's prize was not more successfully competed for, as may be well understood, considering the subject —the discovery of a cure for incurable diseases, such as cancer, epilepsy, cholera morbus, and so forth. The four essays for the honour were dismissed, even without recompense. Next comes Capuron's prize, The Influence which the diseases of the Mother during Pregnancy may exercise over the Health of the Infant. Here again a failure. Six essays, but none worthy of prize-money. The prize for mineral waters is taken by the authors of the *General Dictionary on Mineral Waters*, MM. Durand-Fardel, Lebret, and Lefort. M. Itard's 3000 *francs* finds no worthy recipient. In the surgical way, Dr. Ollier takes Amussat's prize of 1000 *francs* for his paper on *Greffes Osseuses, etc.* Altogether, we may fairly say that the prize system, as thus established by the French Academy, is a failure. Men must and will cut out work for themselves. They cannot clip their scientific wings and plume their feathers to suit the fancy of academicians. The true art of giving prizes is to crown those who, after their own fashion, have, on any subject, added knowledge to the science or art of medicine.

THE Adjutant-General has amended his ways. Medical officers are, for the future, entitled to military honours at their burial, according to rank, and in the same fashion as combatant officers. This right, once already conceded, then withdrawn, has been again, within the last fourteen days, officially given. Signs of approaching war makes the authorities thoughtful. They get "sick," and become temporarily "monks."

THE capture of Nana Sahib is reported; and it would seem to have been ensured chiefly by the cleverness of Mr. Nugent Sullivan, apothecary of the General Hospital at Kurrachee.

> "Mr. Nugent Sullivan," says the *Bombay Times*, "deserves the highest credit for the tact, zeal, and energy he has displayed in the matter; were it not for him the Nana would now have been free, and the bird lost after it had been caged. Should the reward promised by Government be granted, Mr. Sullivan, in our opinion, merits the lion's share of it."

THE Montyon prize of 2500 *francs* has been adjudged to Messrs. Lallemand, Perrin, and Duroy, for their work, *On the Action of Alcohol and of Anæsthetics on the Organism.* This is the only prize on medicine and surgery which has been this year adjudged by the Academy of Sciences. The conclusions of MM. Lallemand, Perrin, and Duroy's concerning alcohol are these:—

> "Alcohol taken into the stomach is absorbed by the veins. Having entered the circulation, it passes into all the tissues; but it is especially accumulated in the liver and the nervous centres. It remains for some time in the body. It is eliminated through the lungs and the skin, but chiefly through the kidneys. The localisation of the alcohol in certain organs explains its pathological influence in certain organic diseases of the liver, the nervous centres and the kidneys."

WE regret to say that we have again to record a death from chloroform, on the 3rd instant. The following are the particulars of the case:—

> "James Hedger, aged 36, was admitted into St. Mary's Hospital for an affection of the hip-joint. On admission, the thigh was semi-flexed, and the patient complained of great pain in the joint in any movement of it. It was determined to put the limb up in a long straight splint, so as to ensure perfect rest. Owing to the rigidity of the muscles, and the pain caused by movement, he was to be put under the influence of chloroform. The chloroform was administered in the usual manner with one of Snow's inhalers, one drachm being placed in the receiver. It was administered with more than usual care, owing to the patient being extremely nervous. After breathing the chloroform for a minute or so, he had a violent shaking fit; he was then quite sensible. The inhaler was removed, and in speaking to him he became quite calm. The chloroform was then continued, another half-drachm being put into the apparatus; he gradually exhibited the usual symptoms of a person coming under the influence of chloroform. He had just arrived at the stage of rigidity of the muscles, and was endeavouring to raise himself up in bed, when the muscles relaxed with great rapidity; he fell back, his face became pale, the breathing laboured, and the

pulse, which up to this time had been very good, suddenly stopped. Artificial respiration was immediately commenced, and galvanism applied over the region of the heart. Artificial respiration, carried on by extending the arms and compressing the thorax, was continued for about one hour and a half. Acupuncture was also tried. On a *post mortem* examination, the cavities of the heart were found full of fluid blood; the heart itself was large, and loaded with a deposit of fat; the liver, kidneys, and brain, were very much congested, but otherwise quite healthy."

We have been again and again greatly surprised, in reading the American medical journals of the past year, to find in them an entire absence of any opinion in reference to the war now going on in the Disunited States. One would think, judging from these journals, that the war is a matter of complete indifference to the medical profession, and that medical men have nothing in the world to do with it, excepting only in so far as they may be professionally engaged in it. If we may draw conclusions from this apparent indifference of men of medicine, as to the feelings of other professions about this great national fight, we should be led to the conclusion that the men of education, the learned professions, never trouble their heads about political matters. We should be glad if some of our transatlantic brethren would enlighten us on this apparently curious fact.

For the second time, M. Bouillaud has been elected President of the Academy of Medicine, an honour rarely accorded to an academician. Baron Larrey was elected vice-president; and M. Robin reelected annual secretary. In his quality of *perpetual* secretary, M. Dubois d'Amiens can laugh at the caprices of the ballot-box.

M. Trousseau is now strongly of opinion that in those cases of chlorosis in which there is a tendency to tubercular disease of the lungs, preparations of iron, administered for some length of time, favour and hasten the development of the tubercles. It is, therefore, of every importance in treatment to distinguish between true chlorosis, and what he calls pseudo-chlorosis.

Dr. Castella of Fribourg describes a case of fracture of the second false rib on the left side, produced by the act of sneezing. Ulrich B., keeper of a *cabaret*, a strong and hearty man, one day took a pinch of snuff from one of his customers, and was thereupon seized with a violent fit of sneezing. To arrest the sneezing, he closed his mouth, and strongly dilated his chest; but, spite of this, a violent act of expiration followed, and crack went the rib.

We learn from the *Gazette des Hôpitaux* that there may be seen in the Crystal Palace an instrument which all of us know in theory, but few of us probably have ever seen—viz., a water-barometer of the famous thirty-two feet in height.

M. Fournié recommends a new method of producing local anæsthesia. "When," he says, "in an apartment warmed to 62° Fahr., we apply with accuracy to the healthy skin not deprived of epidermis, the orifice of a thin glass flask, half filled with equal parts of pure crystallisable acetic acid and chloroform, and keep it warm with the hand, we find that in the course of about five minutes there is complete insensibility of the part itself, and also of some of the parts more deeply seated. The pain caused by the application is very slight."

We are glad to find the *Edinburgh Veterinary Review* still well fulfilling its objects, and sustaining its highly scientific character. The monthly number just published is full of interesting matter. The conduct of this journal does great credit to the editor; and cannot fail to aid in the elevation of the veterinary profession.

The French lawyers have not yet decided whether animal magnetism is or is not a fraudulent manœuvre. Most of the legal decisions given on the point are in the negative sense. On the 12th of December last, however, the Cour de Cassation decided that the practice is roguery when the magnetic sleep is simulated.

A curious question has agitated the French Academy of Medicine: Is Dr. Pamard, who is mayor of Avignon and deputy to the legislative body, a member of the academy or not? The *savants* either cannot or will not answer the question. It is hinted that Dr. Pamard occupies the academic shoes which were made for his paternal parent. After a long discussion, the Academy decided nothing in the matter.

M. Roger has investigated the history of the numerous cases of diphtherite which have occurred during 1861 in the Children's Hospital at Paris, for the purpose of ascertaining the relation of paralysis to this affection. Of 210 cases thus observed, paralytic accidents have appeared in 31, or in about one seventh of the whole number. But, as many of the patients are removed from the hospital before the period of paralysis arrives, and as many also die early of the diphtheritis, the proportion is probably much greater; in fact, about one-fourth. M. Roger also found that secondary paralysis is rare after other acute maladies. Diphtheritic paralysis appeared most frequently between the ages of four and six; 21 times in the female, and 17 in the male sex. The season of the year did not appear to have any influence over it. The paralysis almost always began at the pharynx and soft palate; in 2 out of 10 cases, the paralysis reached the lower limbs.

The Bishop of Poictiers, at the instigation of a pharmaceutical society, has addressed a circular to Messieurs the Directors of the Religious Communities, and to the *curés* of his diocese, in which he recommends them to prevent *les religieuses* from practicising pharmacy, medicine, or surgery.

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

SINCE my last communication, the following cases have come under my notice.

At the *Royal Infirmary*, Mr. Stubbs tied the femoral artery for an aneurism situated in rather an unusual position; namely, just at the point where the vessel enters Hunter's canal. The patient, a sailor, aged 38, had observed the tumour for about three weeks before his admission. The whole limb was swollen and painful, as he had been walking about a good deal. After a few days rest in bed, this all subsided, and the operation was performed in the usual way. The ligature came away on the nineteenth day, and the wound is now nearly healed. I may remark, in passing, that the treatment of aneurism by compression is not in much favour here, the results not having proved so encouraging as appears to have been the case in other hospitals.

About two years ago, I witnessed the progress of a case which, from its unusual interest, deserves to be mentioned. A labouring man, in the prime of life and of good constitution, was admitted with a popliteal aneurism, which seemed to be a favourable case for compression, and that mode of treatment was adopted. In a few days, however, in spite of every precaution, the skin under the compress showed a disposition to slough. The compress was therefore removed, and it was decided to tie the artery as soon as the small ulcer resulting from the pressure had healed. But, a few days subsequently, the aneurismal sac gave way, and the entire limb from the foot to the groin was enormously swollen and frightfully distended, presenting every appearance of impending gangrene. Mr. Bickersteth, who had charge of the case, called a consultation of his colleagues, in which the general opinion seemed to be that the case was hopeless, the bias being in favour of amputation close to the hip-joint, as the only resource. It was, however, determined first to tie the artery, and to be guided as to future proceedings by the result. This was accordingly done. The swelling and distension gradually subsided; the aneurismal sac sloughed out, leaving an enormous cavity; secondary hæmorrhage occurred several times, once to such an extent as to place the patient in the most imminent danger, and rendering it necessary to tie the vessel in the wound. Notwithstanding these drawbacks, the case slowly but steadily progressed; and the man left the hospital completely cured.

On December 3rd, a fatty tumour, of unusually large size, weighing nearly seven pounds, was removed by Mr. Long from the anterior and inner aspect of the thigh, where it had been growing for eight years, causing much pain and great inconvenience to the patient, a man, aged 50 years; who had also suffered from repeated loss of blood from the rupture of a large vein which coursed over the surface of the tumour.

On the same day, Mr. Bickersteth excised the right half of the lower maxilla, for the removal of a malignant tumour, situated on the outer side of that bone. The operation was somewhat prolonged, owing to troublesome hæmorrhage from vessels which could not be very readily secured. The wound, although large and unsightly, as it always is after this operation, united favourably, so that at the end of the first week the patient could speak without difficulty, and presented no greater deformity than the line of incision, with the numerous points of metallic suture by which it was brought together. Mr. Bickersteth removed an epithelial cancer for this patient from the right side of the mouth about two years ago. There was no appearance of a return of the disease in its original situation; but the tumour of the jaw was clearly an illustration of the unfortunate proclivity to recur, which characterises that terrible malady, cancer, even in what has been supposed to be its most benign form.

At the *Northern Hospital*, on December 5th, Mr. Hakes excised a large malignant tumour from the face. The patient, a healthy looking woman, had come from the interior of Wales, for the express purpose and with the determination (and *Welsh* determination is proverbial) of having the disease removed, whatever might be the result. Mr. Hakes therefore consented to operate, although it was impossible to entertain any sanguine hopes of a permanent cure. The morbid growth occupied the lower part of the left side of the face and the corresponding submaxillary space. It had been growing for two years and a half, and was about as large as half a cocoanut. In the centre were two or three spots of ulceration, surrounded by livid unhealthy skin, produced by punctures and the application of caustic, made by her medical attendant in the country. This necessitated the removal of a considerable portion of integument. The surface of the lower maxilla was laid quite bare, the tumour being in close contact with that bone. A portion of the submaxillary gland was removed, being surrounded by but not implicated in the disease, which did not extend to the parotid. There was considerable loss of blood, although no large vessels were divided; and the dissection of the tumour necessarily occupied some time. During the operation, the patient, who was under chloroform, presented symptoms which for a short time caused some anxiety. The respiration became extremely feeble and almost imperceptible; the pulse at the wrist ceased; and the peculiar glazed and fixed expression of the eyes gave her all the appearance of being *in articulo mortis*, except that the pupils remained contracted. Immediate attention was paid to these indications of danger by drawing forward the tongue, passing the finger into the throat to excite increased respiration, and in a few minutes she rallied, and all went on well. These somewhat alarming symptoms, which occasionally follow the use of chloroform in surgical operations, are probably due to the occurrence of syncope, which, under ordinary circumstances, would not be thought of much consequence, but which, coming on during deep anæsthesia, cannot fail to excite apprehension, as it is not possible to feel sure that it may not be the forerunner of fatal collapse. This case is, I think, an illustration of what I have not unfrequently observed in the administration of chloroform; namely, that the anæsthetic condition does not always obviate the effects of shock. I have noticed that syncope, more or less complete, and other symptoms of depression, are more apt to accompany the use of chloroform, when the operation is severe or prolonged or where there is much loss of blood, than in less formidable cases, even although anæsthesia be carried to its full extent. Although there was every reason to expect this patient would recover from the operation, and enjoy at least a temporary respite from her disease, unfortunately vomiting, which appeared to follow the use of chloroform, became persistent and very distressing; and, although partially relieved by ice, continued for some days; and the poor woman gradually sank, and died on the seventh day. This unfavourable termination was probably due to the existence of some internal disease; for, although healthy in appearance, and making no complaint of her general condition before the operation, it was subsequently discovered that a hard painful swelling with a well defined edge existed just below the left ribs extending round towards the spine. The extremely weak and irritable condition of the patient prevented a full exploration of the tumour, so that its exact nature could not be ascertained during life; and, unfortunately, permission to make a *post mortem* examination could not be obtained. On section of the tumour removed by the operation, it was found to consist of a number of cells filled with soft cancerous matter and blood, a condition which would probably in a short time have passed into that form of cancer, known as fungus hæmatodes.

The meetings at the *Medical Institution* this session have been unusually interesting. As the proceedings are regularly reported in your columns, I am released from the promise made in a former letter to give a record of them here. But, as subjects of interests occasionally arise during the discussions, which are not included in the official reports, I will endeavour to supply any omissions which appear worthy of notice; and on his occasion will relate a curious account given at a ecent meeting, by Dr. Waters, of a case of hermaphrodism, which came under his notice a few years ago n the Manchester Workhouse Hospital. A supposed emale, of weak intellect, was located in the women's unatic ward of that institution; she (he) had always been considered by himself and others to be a woman, nd had actually lived as a prostitute for some time. A areful examination, however, proved that the individual n question belonged to the male sex. There was an mperfectly developed penis, which had passed for the litoris; and in the folds of integument representing the abia were lodged two undoubted testes.

Dr. Nottingham also mentioned the case of a pseudo-woman, who had from birth been brought up, educated, nd dressed as a female, and who was actually betrothed o be married, when some accidental illness caused her dmission into a public hospital, where the real sex was discovered, and she was changed from a woman into a man.

At our last meeting, the following strange occurrence was related by Mr. Fletcher, which on several grounds, is worthy of record. A woman, who had previously given birth to an illegitimate child, was an inmate of the lying-in ward of the workhouse awaiting her approaching confinement. Nothing peculiar was observed about her, until one morning the midwife reported to Mr. Fletcher, the visiting surgeon, that the woman had just been delivered of a placenta, but no child was forthcoming. On being questioned, she denied all knowledge of anything having occurred; admitting, however, that during the night she had been to the watercloset. A diligent search was made; plumbers and carpenters were sent for; and, on removing the floor of an apartment on the storey below, and opening the drain-pipe which came from the closet, the body of a full-grown child was found, of course quite dead. The case was reported to the coroner, who, greatly to the surprise of Mr. Fletcher and of the governor of the workhouse, instead of holding an inquest, sent up an order for burial. This proceeding appeared so unaccountable under the circumstances, that Mr. Fletcher thought it his duty to speak to the coroner himself upon the subject; and was then informed that the beadle, after due inquiry, had given such a report as to satisfy the coroner that it was no case for an inquest. "Mr. Bumble" had examined the body, and was quite satisfied, not only that the child was still-born, but that it had been dead for some days before birth, as it was "quite green." This statement, Mr. Fletcher was in a position to prove altogether untrue; and at last a jury was summoned, the learned beadle protesting against the proceeding as a waste of the borough funds, and taunting the medical officer with the offensive insinuation that it was the prospect of a fee for the *post mortem* examination that caused his anxiety to have an inquest. Mr. Fletcher proved, in his evidence, that the child was born alive, but had never breathed. The coroner, however, in his summing up, treated this as a distinction without a difference; and, in spite of Mr. Fletcher's attempt to explain to the jury that it was legally as well as morally possible that a child might be born alive, and yet never breathe, that learned body returned a verdict of "still-born." When the coroner was about to hand Mr. Fletcher his fee of two guineas, he, in a dignified and spirited manner, which did him much credit, refused to receive it, after the insinuations that had been publicly made as to his motives in the case, and requested the coroner to put the money into the poor-box.

Only a few weeks ago, a case of rupture of the uterus was related to the society, where the woman died in labour without medical assistance, and in which this same beadle, after his usual preliminary inquiry, pronounced the cause of death to be disease of the heart, upon which the coroner, instead of holding an inquest, issued an order for burial. A subsequent *post mortem* at the request of the friends, showed the heart to be free from disease, and that a large rent in the uterus had taken place. In short, our friend Bumble, although nothing more than an ex-police-constable, evidently believes himself to be an expert in medico-legal questions, able to decide off-hand such points as whether a child is still-born, overlain, or has died from other causes, and as the coroner appears to place some confidence in his judgment, it is not difficult to account for the very slight difference in the "crowner's quest law" of the present day, as compared with the practice of that court in the days of Shakespeare.

I must return to the case itself to notice a point which has an important medico-legal bearing. The passage through which the child's body passed was the ordinary funnel-shaped pan of a water-closet, communicating with a pipe, having no valve, but with the usual syphon-like bend, the circuit of which the body must have taken before reaching the perpendicular portion of the tube. From some experiments made by Mr. Fletcher, he came to the conclusion that the force of gravitation, together with the expulsive impetus of the uterus, supposing the woman to have been delivered while sitting on the closet, would have been sufficient to drive the child's body through the curved tube, assisted by a strong current of water with which the pipe is flushed by a self-acting apparatus every ten minutes. Taking this into consideration, Mr. Fletcher was of opinion that there was nothing in the occurrence inconsistent with the presumption that it might have been accidental; but, looking at all the circumstances of the case, he certainly thought it was one demanding the most thorough investigation. Notwithstanding the inconclusive and unsatisfactory result of the coroner's inquest, there is reason to believe the ends of justice will be fully satisfied, as the case is in the hands of the police, who will, no doubt, sift it to the bottom. I fear I have already exceeded my allotted space; and must, therefore, defer several other interesting topics to a future occasion.

M. TROUSSEAU'S VIEWS ON DIPHTHERIA.

[*Communicated.*]

M. Trousseau has devoted some space in his recently published volume (*Clinique Médicale de l'Hôtel-Dieu de Paris*, par A. Trousseau. Paris, 1861) of Clinical Lectures to the consideration of diphtheria; some short notice of his opinions may not be without interest for our readers. To use his own words:—

"Diphtheria is *par excellence* a specific malady, contagious in its nature, manifesting itself both on the mucous membranes and on the skin, presenting the same characters in either locality. Diphtheria has in truth this in common with certain specific and contagious maladies, as the eruptive fevers and syphilis, but with this difference nevertheless, that it only affects the external integument on the condition that it be denuded of its epidermal covering." (P. 212.)

The most common form of the disease is that which specially favours the pharynx and the air-passages. Known to and described by authors of past ages, it has served as the type for the *Treatise on Diphthérite* of M. Bretonneau.

The disease shows itself occasionally in the malignant form, destroying life by general blood-poisoning, after the manner of septic and pestilential maladies.

Pharyngeal or Simple Diphtheria is met with in all climates, at all seasons; sparing no period of life, it yet most frequently attacks young subjects. M. Trousseau gives this description.

"Commencing by a redness of the pharynx more or less well marked, by swelling of the tonsils, more frequently of one only, a whitish circumscribed patch soon shows itself, formed at first by a layer resembling coagulated mucus, half-transparent, which thickens itself, widens, and very rapidly takes on a membraniform consistence. This exudation in the first moments of its formation is readily detached from the mucous membrane to which it only adheres by fine prolongations which penetrate into the muciparous follicles." (P. 315.)

The mucous membrane beneath the deposit is noted as usually sound, hardly presenting other alteration than slightly increased vascularity; ulceration of this structure is exceptional. After some hours, the pseudomembrane begins to increase, the tinge deepening to a yellowish white; it just covers one tonsil; then the uvula shares in the deposition; and later the other tonsil with the posterior wall of the pharynx becomes involved.

The lymphatic glands at the angle of the jaw are swollen from the commencement, and are therefore valuable as aids to the diagnosis. Fever, at first sufficiently marked, soon subsides. The fœtid odour from the mouth, and the greyish tint of the exudation, have led observers to the opinion that gangrene was present—hence various appellations expressing this belief. The professor in his wide experience has met with but three instances where actual gangrene existed.

The development of croup from exclusion of the disease to the larynx forms the most common ending of this form of the affection, as well in sporadic as in epidemic cases. M. Trousseau expresses a decided opinion that, in far the majority of cases of croup, the malady will be found on close inquiry and examination to have originated in the pharynx. It is specially mentioned, and the fact has, perhaps, met with too little attention when different plans of treatment have been compared, that "the difficulty of respiration is intermittent." This is a positive character of the affection—a part of its natural history, occurring whether the disease has been subjected to treatment or simply left to itself.

Malignant Diphtheria. In this form of the disease exudation-patches appear on one or other tonsil, differing usually in no respect from the false membrane of ordinary pharyngeal diphtheria; sometimes they may present special characters, may exhibit a yellowish or reddish tinge, while the tissues beneath are often œdematous and of livid red colour.

There is early and often even excessive swelling of the glands about the jaw; this forms one of the most serious indications of the malignant character of the disease. Erysipelatous redness of the skin over the swollen parts is not unfrequently met with, giving the impression sometimes even that there must be deep-seated abscess.

There may be extension of the disease to the nares; and when this is the case, the result is almost always fatal.

M. Trousseau insists strongly on the blood-poisoning of this variety. Life is destroyed, not by any local manifestations, but by the effect on the system as a whole. The disease acts as a septic poison. In proof of these tendencies are noted the alteration in the physical characters of the circulating fluid, the extreme proneness to hæmorrhages, waxy pallor of the skin (by no means, however, dependent on mere loss of blood), and the ultimate termination of the scene by syncope.

A section is devoted to the different situations which may be occupied by the false membrane; and the caution is strongly given by the author, that under no circumstances should the external cuticle be destroyed or removed. If this be done, a fresh nidus is at once afforded to the disease.

Whether, however, the simple or the malignant form be present, the essentials of the disease are the same; the one may generate the other, and the most simple case may give rise to another of the most malignant type.

M. Trousseau has no doubt whatever as to the contagious character of the affection.

A sketch of the paralysis consequent on Diphtheria is then given. The paralytic condition may be *severe* or *mild*.

To trace the course of the latter form: the palate curtain is usually the first structure where the loss of muscular power is evident; coming on without warning during convalescence, the velum palati hangs pendent; direct excitation has no effect, nor is any movement induced by depressing the tongue, etc. When the limbs are affected, the sensibility is first interfered with; tingling and formication are the earliest symptoms; subsequently the motor power is found to be more or less at fault. The special senses are occasionally affected.

It would seem that the explanation must so far be found in the disturbance of the nervous system as a whole, consequent on the poisoning of the blood; the condition therefore parallel to what is sometimes seen after fevers, etc.

Treatment. Although there be actual inflammation of the tissues involved, yet neither can the antiphlogistic treatment nor any of its modifications be employed with advantage. If such methods are resorted to, the only effect will be still more to reduce the already debilitated patient.

"Topical medication, despite the opposition with which it daily meets, is *par excellence* the treatment of diphtheria." (P. 404.)

Astringents and caustics have been resorted to from the earliest appearance of the disease.

Alum and tannin are of great value, blown on the throat in powder, or employed in solution. The more ordinary caustics, especially hydrochloric acid, are of essential benefit, applied early in the disease and with sufficient freedom. Should there be indications of commencing laryngeal affection, the local application of solutions of nitrate of silver to the upper part of the larynx, and to its interior even, may be employed.

The *general* treatment must be tonic and reparative. The administration of food will occupy the first place; frequent and liberal supplies. The forms of medicine of most value are quinine and preparations of iron, especially the perchloride and the syrup of the citrate or the tartrate.

Should extension of the disease to the air-passages take place in spite of whatever remedies may have been employed, there yet remains one important resource—*tracheotomy*.

On this point the testimony of M. Trousseau is of essential value. He has performed the operation (p. 414) more than two hundred times with success in more than one-fourth of the whole number of cases.

The operation is described at some length; the necessity of extreme slowness in the various steps is pointed out, and in every stage of the procedure there is a reference to some useful expedient.

Philadelphia Blind Asylum. This institution was established many years ago, by an appropriation from the State, and there are now one hundred and sixty-five pupils attached to it. They are taught pursuits by which they may earn a livelihood when they graduate; have a regular system of instruction, and those who have no home to return to when their education is completed, are allowed to remain, and are furnished with work, to enable them to meet their expenses. Among the pupils are some persons of mature age, of recent blindness; and there are also three Chinese women, who speak perfect English, and have forgotten their own language. They were brought to this country twenty years ago, by a missionary. (*Phil. Med. Rep.*)

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, January 1st, 1862.

W. Tyler Smith, M.D., President, in the Chair.

This was the third annual meeting of the Society, and consequently there was a large attendance of the Fellows. Before proceeding to the proper business of the evening, the propriety of voting an Address of Condolence to her Majesty was considered.

The **President** observed, that the Obstetrical was not a royal or chartered Society, and, therefore, it might not have been proper to call a meeting for the purpose of voting an address to her Majesty. The annual meeting, however, falls at a time when no body of Englishmen can assemble together without deploring the heavy loss which has been sustained by the death of that distinguished and good Prince whom all have revered as the husband of our Queen and the father of our future king. It has been thought, under these circumstances, that it would only be decorous and becoming to add our humble tribute to the stream of affectionate and dutiful sympathy flowing from the heart of the nation to the throne, and which we may hope to some extent to mitigate the sorrows of our beloved monarch.

Dr. **Oldham** said:—Mr. President, I acquiesce in the observations you have made on the propriety of our offering an expression of condolence and sympathy with her Majesty under her present circumstances of sorrow and bereavement. I feel that it needs some cogent and imperious circumstance to move a body of scientific men from their usual quiet and unostentatious pursuits. But on the deplorable death of the Prince Consort I think that not only may the profession in the larger Royal Societies address the Queen, but that smaller bodies—like our own—may becomingly offer their tribute of sympathy and loyal devotion to their beloved Queen under her present overwhelming affliction. Indeed, I cannot hesitate to declare that there is not a member of this Society who is not eager to find some channel through which he may convey, as near to the Queen as he may, the earnest feelings in which he desires to participate in the sorrow which now afflicts and desolates her. It is not for me to delineate the characteristics of the Prince we have lost. They are known to all here; but if we wanted any additional reason to justify our Address, it would be found in the fact that he was associated with the science of this country, not only as being himself a cultivator of science, but as its illustrious and discriminating patron. Dr. Oldham concluded by simply moving that the following Address be forwarded to the Right Hon. Sir George Grey for presentation to her Majesty:—

"*To the Queen's Most Excellent Majesty.*

"May it please your Majesty,—We, the President and Fellows of the Obstetrical Society of London, desire to express to your Majesty our feelings of profound sorrow at the afflicting calamity which has fallen upon your Majesty in the decease of his Royal Highness the Prince Consort, and to give utterance to our deep sense of the irreparable loss the country has sustained in the death of one whose high position and attainments were so constantly and so devotedly used for the advancement of the national welfare, and especially of the interests of education, science, and art.

"We sincerely beg to offer to your Majesty and every member of the Royal Family our most respectful sympathy and condolence upon the present unhappy occasion; and with feelings of the deepest loyalty and affection we earnestly hope that your Majesty may, under

Providence, be blessed with tranquillity and resignation in this weighty affliction."

Dr. Druitt felt it an honour to be invited to second this resolution. It was scarcely necessary to add to the few touching and emphatic sentences in which it had been introduced by the President and Treasurer; yet it was one in which the fulness of every man's heart made it difficult to be silent. There were no members of the community so well able to appreciate that profound shock which fell upon us that sad Sunday morning, as the members of the Obstetrical Society. They could testify to the intense, he might say the perilous, grief with which the news of this national calamity was received in many a sick chamber, and by many a worn and anxious invalid. Never before had been in our times so fully realised the truth that this English nation, with its diversities of rank, was in fact one large and united family; and that at this crisis especially, when there were threatenings from without, this universal sympathy of the whole English people with the grief of their Queen and her children, would show to the world that our loyalty was the symbol of that strength which belongs exclusively to those at peace amongst themselves. Representing, as the Obstetrical Society does, that portion of the great profession of medicine which is most intimately concerned with the family life of the nation, it was most proper that we should at this crisis offer to the Queen our respectful condolence under her great and irreparable loss.

New Candidates. The following gentlemen were proposed as candidates for admission into the Society:—George J. Vine, Esq.; Malim Sharman, Esq.; John Clarke, Esq.; Thomas T. Brooke, Esq.; and James S. Lamb, M.D.

Case of Spina Bifida. Dr. Graily Hewitt exhibited a drawing of a case of spina bifida which had come under his observation. The deficiency existed in the centre of the sacral region, where a tumour, soft and containing fluid, was situated, measuring an inch and a half across. The skin covering it was red and inflamed, and slightly ulcerated at one point. The child—a female—died when twelve days old of convulsions. Birth took place at the full time. The placenta was adherent, and had to be removed by the hand, upwards of two hours after delivery of the child. The mother had had a fall two months before. It was surmised by the author that the defective development was connected with interference with nutrition consequent on the abnormal condition of the placenta. The case seemed at first a promising one as regarded the effect of treatment, the tumour being small and situated low down; but when six days old the infant ceased to take the breast properly, and convulsions soon afterwards set in.

Auditors' Report. The Auditors' Report was next read.

"The auditors appointed to examine the accounts of the Society beg to report to this meeting that they have examined the same. They find that the expenditure of the Society for the year ending December 28th, 1861, amounted to £312 : 3 : 3; and that the receipts during the same period amounted to £493 : 5 : 1; whilst the balance in the hands of the Treasurer in Jan. 1861, was £291 : 5 : 0. The present state of the funds of the Society is as follows: the balance in the Treasurer's hands, after paying all expenses of the year 1861, amounts to £472 : 6 : 10.

(Signed) "W. Tyler Smith.
A. Meadows.
Thos. E. Edwards.
Graily Hewitt.
"Dec. 28th, 1861." T. H. Tanner.

New Officers. The result of the ballot for the election of the officers of the Society was then read. The following are the names of the gentlemen elected:—*Honorary President:* Sir C. Locock, Bart., M.D. *President:* Dr. Tyler Smith. *Vice-Presidents:* Dr. Babington, Dr. J. H. Davis, Dr. Druitt, Mr. R. Dunn, Dr. Swayne (Bristol), Dr. R. U. West (Alford, Lincoln). *Treasurer:* Dr. Oldham. *Hon. Secretaries:* Dr. Graily Hewitt, Dr. Tanner. *Other Members of the Council:* Dr. Barnes, Dr. Bloxam, Dr. Chowne, Dr. C. Drage (Hatfield), Dr. Gream, Mr. T. F. Grimsdale (Liverpool), Mr. F. S. Haden, Mr. R. Hardey (Hull), Dr. Harley, Mr. I. Harrinson (Reading), Dr. J. B. Hicks, Mr. Hird, Mr. H. James, Dr. Langmore, Dr. A. Meadows, Mr. S. Smith (Leeds), Mr. F. Symonds (Oxford), Dr. A. J. Tapson.

Correspondence.

POOR-LAW MEDICAL REFORM.

Letter from Richard Griffin, Esq.

Sir,—In my last communication (December 21, 1861) I laid before you the evidence of several witnesses, which was tendered to the Select Committee of the House of Commons on Poor Relief, against the permanency of appointment of Poor-law medical officers. I will now draw your attention to the evidence on the opposite side, and leave your readers to form their own conclusions.

I am, etc., Richard Griffin.

12, Royal Terrace, Weymouth, Dec. 28th, 1861.

Substance of the Evidence laid before the Select Committee of the House of Commons on Medical Reform.

Mr. John Bowering, clerk to the Board of Guardians of the City of London Union, quotes in his evidence the petition to the House of Commons from the City of London Union. "That your petitioners recommend that, in cases where the guardians are satisfied that an officer has failed in the faithful discharge of his duties, they should be empowered to discharge such officer without the sanction of the Poor-law Board"; and says, "then annually elected guardians would have full power in dismissing officers intended to be permanent." So one set of guardians might take a view of the conduct or character of their officers, and another set next year might take a different view; and the business of the officer would be to conciliate the view of these annually elected guardians: the officer would be playing a game of see-saw with them. It would affect the efficiency of the officer; no doubt of it. I would say, that the integrity of the administration of the Poor-law would receive a blow from which it would never recover, unless by some radical alteration of the law similar to that which took place in 1834.

"Inquiries by the Poor-law Board into the conduct of their officers may be a very irksome and most inconvenient system for the independence of the guardians; but the opposite would be attended with ten times more evil, if the guardians, in the fit of the moment, could dispense with the services of any officer when a strong minority might be in favour of him.

"The Board of Guardians is a fluctuating body, and might change its appointments from time to time, according to those whom it might wish to favour. For that reason, I wish to have a controlling power with regard to the officers. Favoritism is less likely to be shewn by a smaller central body than a large local body. Frequent complaints are made to the Central Board from individuals of the conduct of officers of unions—relieving officers, medical officers, and clerks—which have been referred immediately by the Central Board to the Board of Guardians. Dismissals of clerks or officers for misconduct are very rare. I do not think that a yearly election is a good thing. The medical officer should feel as much permanency in his situation as the relieving officer, or as the clerk; and he should hold his situation during good conduct."

Mr. J. M. Johnson, guardian, West London Union, in his evidence, says:—"Then, as to the medical officers, perhaps the Committee will be kind enough to follow me for a minute or two, whilst I state my objection to giving the appointment and discharge into the hands of the guardians, subject to the exercise of their discretionary power; a term which has been very much abused in the course of this investigation. It is admitted by all, with regard to medical officers, that the chief point of their usefulness is their personal acquaintance with the constitution of their patients. A medical officer must first of all study the ins and outs of all the courts in the union; he must go into the dwellings of the patients who are receiving out-door relief; he has known them for years; he knows the diseases to which they are subect, and he treats them accordingly: that could not be the case with the medical officer if he is frequently changed. . . . I think it is perfectly ridiculous to demand such a thing. All the officers would become the servants of the guardians instead of their officers. I cannot give my consent to that; and I objected to the proposition when the petition was discussed at the Board. It was construed into a hardship last summer, when one of our medical officers was suspended by the guardians and a deputy appointed. The suspension was reported o the Poor-law Board; and, in due course, the district inspector came down and investigated the matter. He onducted his examination most carefully, and all parties were heard. The result was, that the Poor-law Board anctioned the suspension of the medical officer under he circumstances; but, taking into consideration his ery long services, and that there had never previously een a complaint against him (his services having exended over thirteen years), the Board, without commanding, recommended the guardians in a very conciliaory manner, to remove the suspension. That was acordingly done; but the quarter had turned, and a little account came in from the deputy who had discharged he duties; and all officers, by the order of the Poor-law Board, being entitled to salary during the time of susension, if such suspension is removed, the medical offier, of course, was advised to pursue his right, and acordingly claimed his salary; and with regard to the alary of the deputy, his right could not be disputed at al; and, consequently, the Board had to pay two salaes (about £17); and that which was an exceptional ase has been taken advantage of to claim for the uardians the right to dismiss their officers at once. If hey had had discretionary power they would have disissed the medical officer, and there would have been o appeal."

F. J. Stretton, Esq., auditor, St. Pancras Parish:—The vestry, under the local act, appoint all the officers f the directors; the directors may suspend, but the stry alone have the power of dismissing the officers. believe that is very pernicious; there is a want of inependence in the officers that is lamentable. I believe hat there have been, and are still, officers in that parish ho are afraid to do what they believe to be right beause of losing their positions. The officers must take eir directions from those fluctuating bodies; and that think is very pernicious, especially with reference to e officers in the Workhouse, because the control and management and treatment of the poor in the Workouse varies very much according to the party who may ppen to be in power. I have observed it (want of inpendence) in officers, who have been almost absolutely mpelled to take tickets for parochial dinners, because ey have been afraid of being dismissed if they did not so. I merely mention this to show how much the icers are themselves under the control of persons happning to be in power at the time. I believe the power dismissal is very injurious."

Mr. Griffin quotes the opinions of the Poor Law Comssioners in favour of permanency of appointment; and says that unless a medical officer is free to recommend meat and other necessaries for the poor placed under his care, without fear of being displaced for so doing at a given time, the poor must suffer. These orders are the main ground of the guardians wishing medical officers to be annually appointed, or only for a short period; do away with the permanency of the appointment, and the inevitable result will be an immense sacrifice of human life, as, whilst the dread of displacement hangs over the medical officer's head, he may look rather to please the guardians than consult the good of the poor.

Robert Fowler, M.D.:—"I am quite of opinion that medical officers should be permanently appointed; it tends very much to the advantage of the poor, and it is also but fair to the medical officer. Why should not the pauper, whose only crime is poverty, have those advantages derivable from the enlarged experience resulting from uninterrupted medical supervision, and which are accorded to every criminal in a gaol?

The Committee of Metropolitan Poor-law Medical Officers recommend that in order to ensure to the sick poor the full benefit of medical aid, the appointment of the Poor-law medical officer should, in all cases, be made permanent. Frequent changes of the medical attendant act injuriously by precluding the sick poor from the benefit of that enlarged experience of their constitutional peculiarities which results from an uninterrupted medical supervision. In common fairness to the medical officer, his appointment should be made, in all cases, permanent, in accordance with that just principle which makes tenure of office dependent solely upon the due fulfilment of duty, and which is adopted in all public appointments of the civil service, the naval and military service, and in almost all private cases too.

HYDROPATHY IN HOSPITAL PRACTICE.

Letter from James Risdon Bennett, M.D.

Sir,—Your announcement in to-day's number of our Journal, that "Hydropathy has lately been practised with success at La Charité, in a case of albuminuria with general œdema," induces me to think that this very legitimate and important application of hydropathy is not so generally known or practised as it deserves, and that the following observations may not be unacceptable to your readers.

At the period of the last visitation of cholera, in 1848, I adopted, in a great many cases admitted into St. Thomas's Hospital under my care, the plan of wrapping the patients in sheets or blankets wrung out of hot water, and then covering them over with an abundance of bedclothes, and allowing them the free use of aqueous diluents. Most of the patients thus treated appeared to derive great comfort and more or less benefit; and without claiming for the remedy, in these cases, any more specific merit, I may say that so impressed was I with its value, that, since the above period, I have been in the habit of frequently prescribing it, in various forms of acute disease; and among them, in cases of acute anasarca connected with renal affections. It has appeared to me especially applicable and useful in the acute forms of renal disease, and in anasarca supervening on scarlatina. It has the great advantage of being far more readily and speedily available (and, I believe, more efficacious) than the ordinary warm bath, whether among the rich or poor; nor is it attended by so much fatigue; nor, in the case of children, by the fright and resistance which the warm bath often excites. The following is the plan which I usually adopt. A blanket having been dipped in boiling water, is wrung out by two attendants and placed on a chair, in a coil, after the fashion of washerwomen. The patient then being taken out of bed and the sheets removed, is stripped. If, by this time, the blanket is not sufficiently cool, when opened out, to admit of the patient being enveloped in it, it is held around him, at a little distance, for a few seconds, till sufficiently cool to admit of its being closely applied. The patient is then put to bed and the blanket closely tucked round him, so as to confine the arms, and fastened about the neck with a large pin. He is then covered over with dry blankets and counterpane, and directed to lie as still as may be, and to drink freely of diluents. Free perspiration usually supervenes in a short time, and the patient is in an efficient vapour-bath, the enveloping blankets absorbing sufficient moisture to counteract the interference with continued evaporation from the body, which might otherwise occur.

I could cite numerous instances illustrative of the great and immediate benefit that has followed this modification of hydropathic practice, in various forms of disease. The restlessness and delirium, indicative of toxæmia, and often premonitory of still more serious nervous phenomena, have disappeared, or materially diminished, so as to allow time for the action of other remedies, more especially free purging; whilst the operation of such medicinal diaphoretics as may be thought most appropriate, is greatly aided by so powerful a means of acting on the cutaneous system from without. The sickness often so uncontrollable as to offer an almost insuperable obstacle to the exhibition of remedies by the stomach, I have seen subside in the course of a few hours, after the packing, just as we often observe when the skin, by more ordinary means, has been brought into a state of active diaphoresis.

But this, like all other powerful remedial agents, requires care and judgment in its employment. Patients sometimes become very faint and exhausted, in the course of a short time after the packing has been completed. This faintness is sometimes only temporary, or may be relieved by taking a little fluid nourishment, or perhaps a little weak spirit, or wine and water. In other cases, I have found the feeling of faintness to be associated with a sense of oppression of the chest and difficulty of breathing, that have necessitated the speedy liberation of the prisoner. I do not, however, remember any instance in which there has been reason to attribute any serious untoward consequence to this practice, although I have met with instances, in which patients in a hopeless state from general dropsical effusion, consequent on renal disease—"waterlogged," as it has been aptly termed—have speedily died after submitting them to the action of an analogous remedy, viz., the hot-air bath, taken in bed. I am not, however, prepared to say that, even in these instances, the fatal event has had any other relation to the remedy than that of an unfortunate coincidence.

"Wet compresses" are also favourite remedies in hydropathic practice; and poultices to the loins are frequently and advantageously employed by us, in the treatment of both acute and chronic renal diseases. But I am inclined to believe that poultices are by no means so agreeable or efficient as a well applied wet compress. Thick flannel, two or three times doubled and of sufficient size to surround the loins and flanks, covered with a piece of mackintosh, or oiled cloth, and this again by a towel, may be fastened so as to retain its position and moisture, for any length of time, and admit of the patient's turning about in bed as much as he pleases.

I must not, however, occupy too much of your space or your readers' time, as I certainly should do were I to attempt to illustrate the various ways in which I believe hydropathic procedures may be advantageously adopted in our private practice. I will, therefore, restrict myself to saying that cases of albuminuria are by no means the only forms of disease in which I have found the wet sheet or blanket to be a very efficient and valuable means for affording speedy relief to urgent symptoms. In corroboration, I will cite only the following case.

In September last, I was called to see a little boy suffering from an asthmatic attack. He was a delicate child, of strumous habit, and with a remarkably dry, harsh state of skin, amounting almost to ichthyosis. His circulation was feeble; his extremities cold; his tongue coated in the centre with a dirty fur, and red and rough at the tip and edges. He was breathing with great difficulty, and loud, sonorous, and sibilant rhonchi, were heard throughout the chest. Suitable aperient medicine had been given, and he was taking a saline expectorant mixture containing some sedative, remedies which, in former attacks, had given speedy relief, but which hitherto had failed on the present occasion. I advised that he should be forthwith stripped, packed in the hot wet blanket, and put to bed. The relief obtained was speedy, marked, and most gratifying.

But, although, whether in reference to hydropathy, homœopathy, or anything else, "*fas est et ab hoste doceri*," let me utter one word of warning against subjecting patients with old asthmatic or bronchial disease, and with, perhaps, feeble and dilated hearts, to the routine practice of hydropathic establishments. I have known the "wet sheet" prove a wet shroud, and wet packing a "wet blanket" indeed—an effectual "damper" to life as well as to the disease.

I am, etc., JAS. RISDON BENNETT.

15, Finsbury Square, January 4, 1862.

DR. STEWART AND MR. I. B. BROWN.

LETTER FROM A. P. STEWART, M.D.

SIR,—If the accompanying note had referred solely to one of the *Lancet's* notices to correspondents, I should not have thought of requesting its insertion in your columns; but, as it regards two members of the Association, and the whole matter is now to come before the Committee of Council, I think it right to inform my fellow-associates of the steps I have taken.

I am, etc., A. P. STEWART.

January 7th, 1862.

"*To the Editor of the Lancet.*

"SIR,—As your 'notice' of last Saturday charges me with unfairness in declining the arbitration proposed by Mr. Baker Brown, you must in fairness allow me briefly to explain the reason why. Strictly speaking, there is no issue to arbitrate upon; for my one charge agains Mr. Brown is tacitly admitted by him. I attribute to him certain highly unprofessional words, which he ha got others to contradict for him, but does not, and, I am persuaded, dares not, contradict for himself. At any time since July, when I first told him the cause of my complaint, he might have made a case for arbitration by simply saying, 'I did not make use of the expression you impute to me'. Instead of any such straightforwar denial, which up to this good hour I have sought in vain to wring from him, he offers me evasions and wha he calls 'refutations', which I can prove to be worth less, but on the faith of which he actually demands a apology from me whom he has wronged! I naturall object to this attempt to transpose the parties in thi dispute, and have accordingly studied my own conveni ence in bringing this matter to an issue, rather than the of Mr. Brown. He has in consequence, with muc dignity, declined further correspondence with me— calamity which I consider by no means irreparable But, since he is so anxious for a decision, I have th pleasure to inform him that I, *as complainant*, have no appealed to the Committee of Council of the Britis Medical Association—a body to whose jurisdiction w are both amenable.

"I am, sir, your obedient servant,
"A. P. STEWART.

"74, Grosvenor Street, W., Jan. 7th, 1862."

THE ILLNESS AND DEATH OF PRINCE ALBERT.

Letter from W. H. Ranking, M.D.

Sir,—It is a great satisfaction to me, as it is, doubtss, to every member of the association, to see that not nly does its Journal not follow the indelicate example f sundry newspapers, and of one medical publication t least, in prying, under the guise of science, into the etails of the late lamentable death of Prince Albert, ut has formally condemned so monstrous a proceeding. n the less exalted spheres of private life, that any offious intruder should wish to be apprised of the sacred currences of the sick room, and with the paltry object nly of criticising the medical treatment, would be oked upon as an instance of impertinent and vulgar riosity not for one moment to be tolerated. What is ere, then, in the lofty position of a royal household at should render it amenable to espionage that the mblest family would resent? That some presuming arlatan should seize upon our national loss as a text r enlarging upon his globules is not to be wondered ; but that the pages of science should be defaced by quiries and inuendos, which could only add further ignancy to a nation's sorrow, must be a subject of sting regret.

Let the members of this association, at least, admit eir confidence that, with such physicians as Drs. Watn, Holland, and Jenner, in attendance, nothing which e most advanced science and its best practical applican could effect, was either absent or unduly postponed. ill less let us think that the aid of the *ignes minores* o presume to cavil at the proper reserve which has en maintained, would have averted the national canity which an all-seeing Providence has allowed to ertake us.

I am, etc.,
W. H. Ranking.

Norwich, January, 1862.

[We most thoroughly agree with the remarks of our respondent. To demand the particulars of the treatnt of Prince Albert during his fatal illness from the ysicians who attended him, is simply and plainly to ult those gentlemen. That quacks should be anxious have pegs to hang their trumpery boasts of possible res upon is comprehensible enough; but when a meal journal perseveringly follows up its weak demand information, which it has no right to ask for, and ich, if given, could serve no useful purpose whatever, be of the very smallest service to the living or the d, we can only regret its want of respect to the prosion and to itself. Editor.]

THE UNIVERSITY OF ST. ANDREWS.

Letter from George E. Day, M.D.

Sir,—I find, from numerous letters which I have ely received, that a general impression seems to exist t the new regulations recently issued by the Scottish iversities Commissioners came in force in this Unisity on the first day of the *present* year. Will you mit me to state, through the medium of your pages, t the new regulations do not come in force until the t day of *next* year?

During the present year, members of any one of the leges of Surgeons, of the Apothecaries' Society of ndon, and of the Glasgow Faculty of Physicians and geons, are, as heretofore, eligible as candidates for medical degree.

After the present year, if the proposed regulations are firmed by the Privy Council, no one will be admitted a candidate for our medical degree who has not nt two of his four winter sessions at an English or a ttish University; at Trinity College, or one of the Queen's Colleges, Ireland; or at King's or University College, London.

By inserting this note in your next number, you will oblige yours, etc.,
Geo. E. Day, M.D.,
Professor of Medicine in the University of St. Andrews.

St. Andrews, Jan. 4th, 1862.

Medical News.

University of St. Andrew's. List of gentlemen on whom the degree of Doctor of Medicine was conferred, in January 1862:—

Ball, Tertius, M.R.C.S. & L.A.C., Staff-Assist.-Surg., Army
Barker, Robert A., L.A.C., Calcutta
Barras, James, Lic. Fac. Phys. & Surg. Glasg., Glasgow
Brigstocke, Henry, M.R.C.S., Derby
Brushfield, Thomas N., M.R.C.S., Chester
Callon, William T., M.R.C.S. & L.R.C.P.Ed., Liverpool
Chambers, William, Banbridge, co. Down
Duchesne, Robert, M.R.C.S. & L.A.C., London
Ducket, Clark A., M.R.C.S., L.R.C.P.Ed. & L.A.C., H.M.S. *Geyser*
Finch, Henry, M.R.C.S. & L.A.C., Newnham Crofts
Goodday, Horatio, M.R.C.S., Witham, Essex
Greenwood, Major, M.R.C.S. & L.A.C., London
Hatchett, Joseph, M.R.C.S. & L.A.C., Ravenstone, Leicestershire
Hayes, James C., L.R.C.S.I., Athea, co. Limerick
Ingle, Robert N., M.R.C.S., L.R.C.P. & L.A.C., Melbourne
Lintzgy, William J. Von, M.R.C.S., Calcutta
Marshall, Edmund H., M.R.C.S., Kelvedon, Essex
Maund, Henry, M.R.C.S. & L.A.C., Ashford, Kent
Moore, George, L.R.C.P. & Lic. Fac. Phy. & Surg. Glasg., Stoke-on-Trent
Osborne, Henry, M.R.C.S. & L.A.C., Islington
Pearce, George, L.A.C., Bishopstrow, Wilts
Preston, William J., M.R.C.S. & L.A.C., Hongkong, China
Slorach, Henry, M.R.C.S., Cork
Tuite, Francis, L.R.C.S.I., Dublin
Woodman, Wm. B., M.R.C.S. & L.A.C., Stonehouse, Gloucester

Apothecaries' Hall. On January 2nd, the following licentiates were admitted:—

Evans, John Henry, Guy's Hospital
Spanton, William Dunnett, Loughborough

APPOINTMENTS.

Jenner, William, M.D., appointed Physician in Ordinary to the Queen.

Royal Army. The following appointments have been made:—

Bouchier, Staff-Assistant-Surgeon G., to be Assistant-Surgeon 93rd Foot, *vice* R. Menzies.
Ffennell, Surgeon J. R., 16th Foot, to be Surgeon-Major, having completed 20 years full-pay service.
Macbeth, Surgeon J., M.D., 74th Foot, to be Surgeon-Major, having completed 20 years full-pay service.
Menzies, Assistant-Surgeon R., 93rd Foot, to be Staff-Assistant-Surgeon, *vice* G. Bouchier.
Norris, Assistant-Surgeon N., 85th Foot, to be Assistant-Surgeon Rifle Brigade, *vice* D. R. Pearson, M.D.

Indian Army. Her Majesty has been pleased to approve of the undermentioned promotions and alterations of rank among medical officers in Her Majesty's Indian military forces:—

Atchison, Assistant-Surgeon T., Bengal Army, to be Surgeon.
Cameron, Surgeon W. L., Bombay Army, to be Surgeon-Major.
Dunbar, Surgeon-Major J. A., M.D., Bengal Army, to be Deputy Inspector-General of Hospitals with temporary rank.
Forbes, Surgeon G. F., Bombay Army, to be Surgeon-Major.
Forbes, Surgeon-Major J., M.D., Madras Army, to be Deputy Inspector-General of Hospitals.
Grant, Surgeon A., Bengal Army, to be Surgeon-Major.
Hunter, Assistant-Surgeon A., M.D., Madras Army, to be Surgeon.
Jowett, Surgeon J., Bengal Army, to be Surgeon-Major.
Mackay, Assistant-Surgeon G., M.D., Madras Army, to be Surgeon.
Manisty, Surgeon F., Bombay Army, to be Surgeon-Major.
Nott, Assistant-Surgeon H., Madras Army, to be Surgeon.
Ogilvie, Surgeon J. K., M.D., Madras Army, to be Surgeon-Major.
Pelly, Surgeon L. M., Bombay Army, to be Surgeon-Major.
Pitman, Assistant-Surgeon H., Bombay Army, to be Surgeon.
Rind, Surgeon-Major M. McNeill, Bengal Army, to be Inspector-General of Hospitals.
Ritchie, Surgeon-Major D., M.D., Bombay Army, to be Deputy Inspector-General of Hospitals, with temporary rank.

SMITH, Assistant-Surgeon J. Y., M.D., Bombay Army, to be Surgeon.
STEWART, Assistant-Surgeon H., Bengal Army, to be Surgeon.
WYLLIE, Assistant-Surgeon D., M.D., Bombay Army, to be Surgeon.

BIRTHS.

GILLARD. At Hovingham, York, on January 1st, the wife of *Richard Gillard, Esq., of a daughter.

SKINNER. On January 5th, at Liverpool, the wife of *Thomas Skinner, M.D., of a son.

MARRIAGES.

*FLEMING, Alex., M.D., of Birmingham, to Mary, second daughter of Francis MAXWELL, Esq., of Drumpark, Stewartry of Kirkcudbright, at Edinburgh, on December 28th, 1861.

MACY, Ernest A., Esq., Royal Marines Light Infantry, youngest son of *Henry J. MACY, Esq., of West Town, Somerset, to Margaret, second daughter of R. SIMPSON, Esq., late of Clifton, at Brussels, on January 4th.

DEATHS.

FYFE, Andrew, M.D., Professor of Chemistry in the University of Aberdeen, at Edinburgh, on December 31st.

HUTCHINSON, John, M.D., formerly of the Consumption Hospital, Brompton, at Fiji, Sandwich Isles, in July 1861, aged 50.

JONES, William W., jun., Esq., at Cleobury Mortimer, on January 1, aged 34.

McANDREW. On December 27th, at New Street, Stepney, aged 72, Maria, wife of Alexander McAndrew, M.D., 96th Regiment.

BEQUEST. The late Mr. Broadwood, pianoforte-maker, has left £100 to the Sussex County Hospital.

DONATIONS. The Prince of Wales has given a donation of £100 to Addenbrooke's Hospital, Cambridge.—The new and first member for Birkenhead, Mr. John Laird, inaugurates his position by offering £3000 towards the building of a hospital.

MEDICAL SOCIETY OF LONDON. A special general meeting of this Society will be held on Monday next, at half-past seven o'clock, to take into consideration the subject of presenting an address of condolence to Her Majesty on the occasion of the death of His Royal Highness the Prince Consort.

SUICIDES IN THE ARMY. The Statistical Report of the Health of the Army in 1859 tells us that, in that year, twenty suicides took place in the United Kingdom, among 71,715 men. The Registrar-General shows that the number of suicides in England among *males* in five years (1852-66) was 85.1 per 1,000,000. The above number of suicides in the army gives a proportion immensely greater, viz., 278.6 per 1,000,000.

A FACT FOR ANTI-SMOKERS. The importation of manufactured tobacco and snuff into the United Kingdom for the first eleven months of this year reached 1,897,616 lbs., being a great falling-off as compared with the corresponding period of 1860, when the importation amounted to 2,288,197 lbs. [As smoking is decidedly on the increase, this fact would seem to show that cabbage and rhubarb-leaf cigars are in extensive use.]

DR. MARION SIMS'S SUCCESS IN EUROPE. Dr. Sims has been called upon by a duchess, countess, or lady of great rank, to relieve her from the sad perplexity of no longer bearing children. The learned operator is now treating her, and with the most promising results. Some of the medical and surgical worthies of London have offered him a hospital for his speciality. Should our practising and efficient brethren succeed in merging the Woman's Hospital into St. Luke's, etc., the Doctor would be justified in living abroad, and this ungrateful community served right in losing the conscientious talent of an excellent man. (*Phil. Med. Rep.*)

MEDICAL CLASS IN ST. LOUIS. We anticipate a very small class in St. Louis this winter. The peculiarly unfortunate situation of our city renders this not only probable, but almost certain. We are under martial law with its accompanying inconveniences. Besides, in the States from which most of our students come, the young men are almost all engaged in the war; particularly is this the case in Missouri. In our opinion, this is just where they ought to be, and we shall not therefore complain of the thinness of our class—we can afford to remain quiet for the present in anticipation of the better time that is coming. By next winter it is to be hoped that the unnatural war that now rages with so much fierceness will be at an end, and when this is the case we have no fears but that our class will at once reach, and even far exceed, its former size. (*St. Louis Med. and Surg. Journal.*)

PATHOLOGICAL SOCIETY OF LONDON. The following gentlemen were elected Officers and Council of the Pathological Society of London, at the anniversary meeting of the Society on the 7th inst. *President:* James Copland, M.D., F.R.S. *Vice-Presidents:* G. H. Barlow, M.D.; W. Coulson, Esq.; W. Jenner, M.D.; Sir J. Liddell, M.D., C.B.; T. Watson, M.D., F.R.S.; J. Birkett, Esq.; J. Dixon, Esq.; A. Shaw, Esq. *Treasurer:* R. Quain, M.D. *Council:* T. Barker, M.D.; G. Budd, M.D., F.R.S.; W. D. Chowne, M.D.; A. Clark, M.D.; G. Harley, M.D.; W. O. Markham, M.D.; C. Murchison, M.D.; J. W. Ogle, M.D.; J. E. Pollock, M.D.; H. Hyde Salter, M.D.; B. E. Brodhurst, Esq.; R. Barwell, Esq.; W. White Cooper, Esq.; W. H. Flower, Esq.; J. G. Forbes, Esq.; Jabez Hogg, Esq.; T. Holmes, Esq.; Henry Lee, Esq.; John Pyle, Esq.; S. J. A. Salter, Esq. *Honorary Secretary:* J. S. Bristowe, M.D.; Henry Thompson, Esq.

HYDROPATHY. Such strong and enthusiastic testimony has been borne to the value of hydropathy by highly educated men, who have chronicled their sensations, that we must, perforce, give credence to the efficiency of that system. Yet ever and anon a shadow of scepticism steals over our mind, for the practice of packing in wet sheets does not tally with our preconceived ideas, or quite reconcile itself to our reason. It is said that by this process all impurities are brought out through the pores of the skin, and what are called crises are superinduced; and we have heard more than one excellent person assert with exultation that after a tight course of packing and asperging they have brought forth as fine a crop of boils and blains as could have been exhibited in Egypt during the prevalence of the plague. Notwithstanding all this, we think that one cold bath in a morning is as much ablution as is good for a man. (*Meditations on Dyspepsia, in Blackwood for October.*)

CURIOUS CASE OF ALLEGED DEATH FROM POISON. On the 8th instant, an inquiry relative to the death o Caroline Barratt was resumed before the coroner, at the Bricklayers' Arms Tavern. The inquest had been adjourned for six weeks; and the death of the deceased it was alleged, had been caused by the administration o poison. Dr. Godfrey of Finsbury Square had declare his opinion, when called in by the friends of the deceased, that she was being slowly poisoned. She die on the 1st November last. Dr. Letheby detected a smal portion of lead in the intestines, but not sufficient t cause death. Mr. Wallace, who attended the examination of the body, said that lead was not an irritant poison; and Mr. Halford, another medical gentleman, sai the deceased died from the effects of typhoid fever, an his opinion was supported by Dr. Gray, for many year engaged at a fever hospital at Corfu. Mr. Barratt hande in a written statement of the case. It contained ful contradictions to the allegations set forth in the first evidence, and declared that the rumours were gross fabrications. After the production of other evidence, th coroner summed up, observing that the case wa shrouded in great mystery. The summoning officer had, however, failed to obtain further evidence. Afte consulting about twenty minutes, the jury returned th following verdict:—"That the deceased died from th mortal effects of an irritant poison, but whether taken b erself, or administered to her by any other person, there as no evidence before them to prove."

Clothing of the Police. Mr. Borlase Child, the urgeon to the City police force, has just issued a report, ddressed to the Police Committee, upon the subject of e clothing of that body, which contains some very in-eresting details. After a few introductory remarks, Mr. hild says:—The hat now worn by the police force ful-ls no indication for the covering of the head of men so xposed requires. It affords no protection in a struggle, r it either immediately falls, or is struck off; and the an, becoming conscious that his head is exposed to reat danger, hesitates, and begins to think only of self-efence. It is, moreover, heavy, weighing fourteen unces, even when dry; offers no protection to the eyes, ce, ears, or neck; causes headaches, etc.; not being rched, it does not sufficiently, even if kept on, protect e head from a blow, no matter what may be its rength; while, as to appearance, it presents the addi-onal absurdity of superadding a civilian's hat (the orst covering for the head ever invented) to a semi-ilitary dress. "The coatee worn at presnt by the force the relic of a past age; it affords no protection from et or cold to the vital organs contained within the ca-ties of the abdomen or pelvis, nor does it afford cover-g or warmth to the haunches and limbs. In its place ght to be substituted a tunic, full, handsome, and rovided with ventilation in the armpits, and sufficiently arm to protect the wearer in our cold, damp, variable imate. The modern trousers, when made of good aterial, and sufficiently elastic have been proved the est; but the trousers as generally made do not give full rotection to the joints. Cold and damp aid in the pro-uction of rheumatism and other diseases in these rts; to remedy which it might be advisable to rengthen the trousers on the inside over the knee, in ose especially who may be liable to rheumatism, and afford the shins and ankles additional protection from et by the use of waterproof leggings, worn over the ousers. But, whatever plan may be adopted, care must taken so as not to interfere with the circulation in e superficial veins of the limbs.

Varieties.

Modern Medical Scepticism. "We are going back that old culture, and medical education must become oader and deeper. We can see this in the almost uni-rsal scepticism that prevails regarding the power of edicine. Sir Benjamin Brodie tells us that the success homœopathy is due to leaving nature alone; Sir John orbes writes a book showing that the art of medicine to trust in nature, and among our most experienced ysicians a strong current of feeling, sometimes un-knowledged by themselves, has set in which would ex-ess itself in the saying—'Throw physic to the dogs; l none of it.' In how many maladies does it not hold ue that the sight of the medical man with his cheery ce and kindly words does more good than all his pre-riptions? 'Let me tell my young doctor friends,' says r. Brown, 'that a cheerful face, and step, and neckcloth, d buttonhole, and an occasional hearty and kindly ke, a power of executing and setting agoing a good ugh, are stock in our trade not to be despised. The erry heart does good like a medicine.'"

Intercourse with the Insane. Dr. Conolly speaks follows of the effects of intercouse with the insane: The great authors on insanity, Pinel and Esquirol, are favour of having the physician non-resident with a sident assistant. This is reasonable; for being con-ntly confined with the insane has a very depressing fect. 'I am at length rewarded,' says Muller, 'since after twenty-six years intercourse with the insane, I have not become mad myself.' Besides the fact of the resident-physician being obliged to devote all his time to the duties of the asylum, will more or less incapacitate him from having that general knowledge of disease that is frequently so requisite, and which is acquired by out-door practice. Some doubt that insanity is curable and deny that medicine and medical treatment is of any avail; but this from personal experience I am happy to be able to disprove by means of the many patients who have left our asylum perfectly recovered."

Artesian Wells. A communication has been received on this subject by the Academy of Sciences from M. Gaudin, in which he replies to the question, often asked, whether the supply of the Artesian wells, bored in the neighbourhood of Paris, can ever be exhausted? The stratum of green sandstone interposed between the strata of chalk and Jurassic limestone is of the average thickness of 50 metres; consequently, taking the depth of 577 metres of the Artesian well at Passy as a criterion, there remains a depth of 25 metres of sand. A cubic metre of sand, closely rammed, weighs 1,600 kilogrammes, while compact quartz weighs 2,500 kilogrammes; hence the stratum of sand, even supposing it to be closely packed, has interstices amounting to one-third of its bulk in the aggregate, so that every cubic metre of sand under water contains 333 litres of water. Now, the layer of sand existing under the chalk may be represented by a disk of 160 kilometres' radius, its surface amounting to 80,000 square millimetres, and its thickness to 8 metres. The cubit contents of this disk are, therefore, 640,000,000,000 metres, which, divided by 10,000,000, then by 365, gives the quotient 175, being the number of years requisite to exhaust the supply of water at the rate of 10,000,000 cubic metres per day! This would be correct, supposing the quantity of water to remain stationary, and never to receive any increment by the infiltration of rain-water and that of rivers. This our author calculates at half a metre per annum, and thence arrives at the conclusion that the annual increase of the water is double the quantity expended, so that the Artesian wells in or about Paris are, and must ever be, inexhaustible.

Quacks a Hundred Years Ago. If our forefathers a hundred years ago could not boast of their mesmeric influences, or of table-turning, or of spirit-rapping, they were the victims of a marvellous list of quackeries of other descriptions, which were, perhaps, more injurious in their effects. It was literally the age of quack medicines, and every possible disease was fitted with its nostrum, all duly qualified by his Majesty's letters patent. There were "The Original Balsam of Health," otherwise called "The Balsam of Life," which is described as "the most admirable vulnerary in nature;" the "Golden Nervous Cordial, or Paralytic Drops," which was "the greatest preservative and restorer of health ever yet published," and had been "sent many years ago by her Catholic Majesty to King James the First's consort;" the "Famous Sugar-plums for Worms;" the "Grand Elixir of Ease," which was a certain cure for the colic; and "The Much-famed Hypo Drops," which "infallibly cure melancholy in men or vapours in women." One "Doctor Toscano" declares himself able to find out and cure all diseases to which humanity is liable, adding, in conclusion, "I will forfeit one hundred guineas if anybody can prove to the contrary." Some of these medicines are put forward under the name of the celebrated Doctor John Hill, the great medical and literary quack of the age; such as "Essence of Water Dock," a safe remedy for scurvy; and the "Elixir of Baridana," which was infallible against gout and rheumatism. Those who needed the latter were encouraged by the information added to the advertisement, that "The baridana (burdock) is a common innocent British plant." Dr. Hill's "elixir" met with a rival in a medicine against the same diseases, by one Dr. Colley, who announced as "an effectual remedy," his "Antiarthritick Wine," supposing, perhaps, that the very name of wine was enough to cure a gouty patient. But all these inventions are thrown into the shade by the "Medicinal Arabian Quilt," wherein, we are told, "is infused salutary composition," consisting chiefly of "Eastern vegetables," and by "wrapping up in this quilt," sufferers under all sorts of diseases were to find quick relief. We learn from the same advertisement that "the author also has invented a medicinal paper cap, for the constant wear of those who are vaporous, or subject to catch cold;" and of this it is further stated, "likewise it refreshes the memory of the studious, particularly those who apply constantly to their pen, and is so curiously contrived that gentlemen (*sic*) may constantly wear them under their wigs, or even ladies under their caps." (*London Review.*)

SYDNEY SMITH ON FASHIONABLE PHYSICIANS. "There is always some man of whom the human viscera stand in greater dread than of any other person, who is supposed, for the time being, to be the only person who can dart his pill into their inmost recesses; and bind them over, in medical recognizance, to assimilate and digest. In the Trojan War, Podalirius and Machaon were what Dr. Baillie and Sir Henry Halford now (1818) are,—they had the fashionable practice in the Greek camp; and, in all probability, received many a guinea from Agamemnon dear to Jove, and Nestor the tamer of horses."

THE AGE OF UTERINE DISEASE. It has been remarked by a popular writer that this is "the age of uterine disease." In the medical profession, and with the other sex, the assertion certainly is not wide of the truth. Uterine diseases have been the all-engrossing theme of a large class of practitioners for many years. Volumes have been written upon these affections, with chaste or unchaste illustrations of every grade, from the secret and undetermined forms of sterility, to the gravest forms of cancer; interminable discussions have been held upon the ever-varying phases of the diseases of this organ; and students of uterine pathology have always been rewarded with rich discoveries in this fecund placer. If we were to believe all that is written of the inherent and acquired diseases of the organ, on the integrity of which depends the perpetuation of our species, how surely fated to early extinction would seem the human race? If it be perpetuated, it would be through decaying germs that must give origin to imperfect forms and decrepid generations. (*Amer. Med. Times.*)

CHLOROFORM IN OPHTHALMIC SURGERY. As regards the use of chloroform in the special department of ophthalmic surgery, most unquestionably in infancy it does afford very great assistance; for, without it, resistance on the part of the little patient is certain. The very diminutiveness of the organ, whereby there is much less room for the use of the fingers and for instruments, together with the great delicacy of the parts, demand the utmost exposure of the surface of the eyeball, with the greatest steadiness. . . . With children and young persons in general, even when an operation is painless, there is an expectation of something worse than what is actually felt, and generally a deficiency of resolution that renders it impossible for them to be sufficiently quiet without violent resistance, or the employment of mechanical restraint; and failures and mishaps are more commonly due than could be supposed to the unsteadiness of the eye. If I had noted down all the instances that I have witnessed of foiled endeavours, they would form a large page in my note-book. (*Mr. Haynes Walton.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.

FRIDAY....... Westminster Ophthalmic, 1·30 P.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical, 7.30 P.M.: Special General Meeting. 8.30 P.M.: Dr. S. Fenwick, "Desquamative Gastritis in Scarlatina."—Geographical, 8.30 P.M.

TUESDAY. Royal Medical and Chirurgical, 8.30 P.M.: Dr. F. G. Reed, "On Affections of the Cæcum"; Dr. Aldis, "On the Poisonous Effects of Coal-Gas."—Civil Engineers, 8 P.M.—Zoological, 9 P.M.—Syro-Egyptian, 7.30 P.M.—Ethnological, 8 P.M.

WEDNESDAY. Meteorological, 7 P.M.—Society of Arts, 8 P.M.—London Institution, 7 P.M.

THURSDAY. Harveian, 8 P.M.: Mr. W. Adams, "On the Treatment of Lateral Curvature of the Spine."—Zoological, 4 P.M.—Royal, 8.30 P.M.—Antiquaries, 8.30 P.M.—Linnæan, 8 P.M.—Chemical, 8 P.M.—Numismatic, 7 P.M.

FRIDAY. Western Medical, 8 P.M.—Royal Institution, 8 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—JANUARY 4, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week......................	Boys..1104 Girls..1069	2173	1367
Average of corresponding weeks 1851-60		1848	1425

Barometer:
Highest (Sun.) 30.291; lowest (Sat.) 29.702; mean 30.126.

Thermometer:
Highest in sun—extremes (Th.) 69 degs.; (Mon.) 36.1 degs.
In shade—highest (Sat.) 41.8 degrees; lowest (Mon.) 23.5 degs.
Mean—34.1 degrees; difference from mean of 43 yrs.—2.7 degs.
Range—during week, 18.3 degrees; mean daily, 8.6 degrees.

Mean humidity of air (*saturation*=100), 88.
Mean direction of wind, N.E.—Rain in inches, 0.05.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, January 1862.

COMMUNICATIONS have been received from:—Dr. THOMAS SKINNER; Mr. C. H. ROPER; Mr. P. MARTIN; Mr. M. PERRY Dr. TANNER; Dr. P. M. LATHAM; Mr. A. B. STEELE; Dr. GRAILY HEWITT; Dr. G. E. DAY; Dr. W. H. RANKING; Dr. E. COPEMAN Mrs. GODFREY: Mr. HENRY LEE; Mr. RAWLINSON; Mr. LANGSTON PARKER; Dr. F. T. BOND; Mr. D. PITCAIRN; Mr. R. S. FOWLER Dr. ODY; Mr. E. DANIELL; Rev. J. MCBEAN; Dr. JAMES RUSSELL; Dr. J. R. BENNETT; and Dr. A. P. STEWART.

Records
OF
THE LOCK HOSPITAL.

BY

HENRY LEE, Esq., F.R.C.S.,

SURGEON TO THE HOSPITAL.

V.—The Calomel Vapour Bath.

For many years past, I have discontinued the use of mercury internally in the treatment of syphilis at the Lock Hospital. The class of patients which there present themselves have their constitutions often impaired by excesses of various kinds; and I became very early deeply impressed with the belief that such patients would ill bear long and protracted courses of mercury administered internally.

Mr. Pearson's experience led him to the conclusion that, when mercury is given under the direction of an unskilful man, it will often fail in effecting the cure of syphilis; and that then the complaint will be exasperated by it, and rendered more intractable than if no mercury had been given.* Mr. Pearson says, "a long course of observation has convinced me that, if this alarming truth were as closely understood, and as deeply impressed upon men's minds, as it deserves to be, the great number of mutilated victims, whose sad condition excites horror, while it calls for commiseration, would be reduced within much narrower limits than I can venture to express." It is true that in the present day there is little danger of mercury being used in the way it was in Mr. Pearson's time; and, consequently, the very severe results of the medicine to which he alludes are seldom witnessed. But there are other effects consequent upon the internal administration of mercury, which require the most thoughtful consideration on the part of the surgeon.

In Sir Ranald Martin's admirable work, *On the Influence of Tropical Climates*, we read that "more than sixty years ago, Dr. Dick, an intelligent physician of Calcutta, noted that 'liver-attacks very often succeeded long courses of mercury.' Dr. Girdlestone made the same observation in Madras in 1781-83. He ascribes hepatic disease to the abuse of calomel, even when used 'as a prophylactic'; but not so to mercurial frictions, which, however long continued, did not, he thought, produce the same results." Sir Ranald Martin relates the following case: "Dr. —— had never been in a hot climate; and he stated that his case had originally been one of syphilitic ulceration treated without mercury. Secondary and tertiary forms of syphilis followed; and for these, three protracted courses of mercury were had recourse to, with no benefit. When I saw him, his consitution was entirely destroyed, and his iver was of enormous size, having become so after he last mercurial course."

Again, with regard to the internal administration f mercury in the treatment of syphilis, Sir Benjamin Brodie says: "You may patch up the disease by giving the remedy internally, but it will return over and over again."

It will, indeed, seldom happen that in private practice the surgeon can induce his patient to continue the internal use of mercury sufficiently long to cure real syphilis. The patient either "catches cold," or has an attack of diarrhœa, or finds that he is losing flesh, or feels languid and uncomfortable, and incapable of much bodily or mental exertion; and then he discontinues his medicine, and, feeling subsequently better, is convinced that he acted properly. But, as observed by Sir Benjamin Brodie, if, in a case of well marked syphilis, a short course of mercury only be given, "the disease is sure to return; you have then to repeat it; and again the disease reappears. Thus, you have repeated courses; and not only is the system weakened by the mercury, but the disease, when it does return, assumes a more formidable character than before." (*Lectures on Pathology and Surgery*, pp. 248-9.)

To remedy the evils attending the prolonged internal use of mercury, the plan of introducing the medicine into the system through the skin by means of mercurial frictions was introduced; and although this plan, like other modes of administering mercury, was carried to a great excess, and much abused, yet, as practised by the late Mr. Pearson, when, by mature experience, he had learned the proper use of the remedy, it proved by far more successful than any other plan previously employed.

By introducing mercury into a patient's constitution in this way, by inunction, its deleterious action upon internal organs is avoided. The amount absorbed into the blood produces its influence equally throughout the system, and is not conveyed direct to the liver, as when the medicine is administered internally.

But, great as the advantages of the inunction of mercury are as compared with its internal administration, it, nevertheless, is attended with certain inconveniences which prevent its very general use. The inunction of mercurial ointment, so as to ensure the proper effect of the remedy, requires considerable labour and perseverance on the part of the patients; and it is with difficulty that they can be induced to continue its use for any length of time. It sometimes produces a pustular eruption on the skin, which proves troublesome. It is a dirty remedy, and patients in the upper class will avail themselves of any excuse to avoid its use.

Fumigation of the surface of the body by means of certain mercurial preparations, possesses the advantages of inunction without some of the objections to which this is liable. But, like other modes of using mercury, it was tried in a variety of ways before a safe and efficient mode of administration was adopted.

In the years 1786-7, Mr. Pearson had a fumigating machine constructed according to the directions given by M. Lalonette. This apparatus, although it was thought to be new at the time, differed in no material respect from that described by Nicholas de Blegny in the year 1683.

Mr. Pearson made a considerable number of experiments with this fumigating machine, and found that the gums became turgid and tender very quickly, and that the local appearances were sooner removed than by the other modes of introducing mercury into the system. But, to counterbalance these advantages, it was found that the mode of treatment adopted induced debility, and that ptyalism was often excited rapidly, and at an early period. Mr. Pearson found that he was, consequently, obliged often to discontinue his course of treatment.

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* A similar remark may be made with regard to the prolonged ternal administration of mercury in any form to those whose con-itutions have become impaired.

Sir Benjamin Brodie's experience coincided with that of Mr. Pearson. He found that it was difficult to regulate the mercurial action; and he observes that by using mercurial fumigation "you may affect the system too much or too little; and you may be taken unawares by the patient's gums becoming all at once excessively sore." (*Lectures on Pathology and Surgery*, p. 246.)

From observations and comparative experiments which I made at the Lock Hospital during the years 1855-6, I feel satisfied that the irregular results noticed by Mr. Pearson and by Sir Benjamin Brodie, depended upon the difference in the chemical composition of the powder used for the purposes of fumigation, both before and after it was raised into a state of vapour. The gray oxide of mercury (the preparation generally used) varies much in colour as obtained at different shops. Some specimens will not volatilise at all at the temperature produced by an ordinary spirit-lamp under a metallic plate. Other specimens of a lighter colour volatilise quickly enough. When the darker specimens are sublimed, they are decomposed in a greater or less degree. A deutoxide of mercury is formed by the addition of an equivalent of oxygen from the air; and if the temperature be much increased, then the oxygen is driven off altogether, and metallic mercury is sublimed. Under these circumstances, with a mercurial preparation of uncertain composition, and undergoing different changes according to the degree of heat applied, there is no wonder that very different effects should have been produced in different cases. With some samples of the gray oxide it is necessary to use a considerable quantity of the powder in order ensure any effect; with other samples, the same quantity produces much more action than is desirable. The gray colour of the powder depends upon the admixture of a certain proportion of calomel with the protoxide, and the temperature at which any particular specimen will volatilise will depend upon the relative proportions of the two. The bisulphuret of mercury, again, which has been extensively used for the purposes of fumigation, gives off, when exposed to heat, a vapour, probably the sulphurous acid gas, which has sometimes caused very considerable irritation of the lungs; and all forms of mercurial fumigation have, in consequence, been condemned. Now, all the inconveniences above-mentioned may be avoided with certainty, by using a mercurial preparation which is always of the same chemical composition, which does not irritate the lungs, and which is not liable to be altered by an increase of temperature. Such a preparation is calomel. We have here a definite chemical compound. It is altered in composition, neither by heat, nor by moisture, and may be relied upon when used for the purposes of general fumigation, for producing its action, as certainly as any medicine administered internally. A very small quantity (as compared with the other mercurial preparations) will ensure the required effect, and this may be regulated and controlled with great precision.

[*To be continued.*]

Lectures
ON THE
DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY
GRAILY HEWITT, M.D.LOND., M.R.C.P.,
PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL; LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

DISCHARGES FROM THE GENERATIVE ORGANS OF NON-SANGUINEOUS CHARACTER. (*Continued.*)

GENTLEMEN,—The diagnostic significance of certain other qualities of these non-sanguineous discharges remains to be considered.

Sanious Discharges from the generative passages are not unfrequently the subject of observation; that is to say, there is a discharge of a reddish tinge, not hæmorrhage, but evidently containing a certain admixture of blood-elements. In women the subjects of profuse menstruation, as the discharge of blood is becoming less, there is generally to be observed a period when there is sanious discharge. The most ordinary causes of that kind of sanious discharge to which our attention is most commonly directed are, the presence of morbid growths within, or organic disease of, the uterus, malignant ulceration of the os uteri, etc.; and we find combined, leucorrhœa, and very slight but continuous hæmorrhage. In polypus of the uterus, such sanious discharge, alternating with hæmorrhages or with colourless leucorrhœal discharge, is observed. Whatever, in fact, is capable of giving rise to hæmorrhage may occasion discharge of a sanious character. It is important to be aware of the fact that the presence of a more or less continuous sanious discharge is a condition of things requiring careful examination.

Offensive Discharge. This quality of the discharge is important in reference to the determination of the disease present in certain cases; but it is one on which too much reliance must not be placed, or serious mistakes may be made. Discharges of an *offensive character* have been usually considered as absolutely indicative of the existence of cancer. Now, it is true that, in almost all cases of cancer of the uterus, there is to be remarked a particularly offensive odour of the discharge proceeding from the vagina; but it is also true that it may be absent. In cases of profuse purulent leucorrhœa accompanied by hectic and a generally low state of the constitutional powers, the discharge, when retained in the vagina for any time, is apt to be offensive, particularly if the retention of the discharge be favoured by a contracted state of the ostium vaginæ. (Tyler Smith, *op. cit.*, p. 93.) The offensive nature of the discharge is so often looked upon as a material point in the diagnosis of cancer uteri, that a good deal of practical importance attaches to this observation. The smell of cancerous discharge is peculiar; there is not simply fœtor, but fœtor of a peculiar quality. In fact, the smell is so peculiar that it can hardly be mistaken for anything else, according to some authorities. It is certain, however, that the peculiarity is not equally appreciable by different observers; and the absence of this peculiar fœtid odour, or indeed the absence of fœtor of any kind, does not shut out the possibility of the presence of cancer. The later the stage of the cancerous discharge, the more constant is the fœtor; the ulcerative process appearing to be generally associated with it. There may be fœtor, it must not be forgotten, in any of the diseases of the uterine organs in which hæmorrhage is present, if cleanliness be not observed; the clots of blood retained and decomposing may give rise to it. The presence of a dirty brownish or bloody-looking discharge in a patient previously the subject of hæmorrhages, and within the "cancerous" age, would make us suspicious of the existence of cancer; add to this an offensive character of the discharge, as just described, and the suspicion would be still stronger. The actual decision could not, however, be arrived at without a physical examination.

Another cause of offensive discharge from the vagina is the presence of a dead ovum, or portions of the fœtal membranes, etc., in the uterus. It is more generally connected with retention of the whole or portions of the placenta. The previous existence of pregnancy and the occurrence of delivery would point out the nature of the case. In a case which fell under my own observation, the presence of a fœtid discharge was connected with retroversion of the gravid uterus, and consequent (apparently so, at least) sloughing of the decidua uterina. Offensive discharges in women during the *puerperal state* are so obviously connected therewith, that the connexion of the two as cause and effect could hardly escape notice.

It sometimes happens that the discharges from the vagina are offensive without any obvious cause. Thus cases have been known in which the menstrual discharge was offensive, and preceded or followed by leucorrhœa having the same character. In such cases, a careful examination of the condition of the uterus would be necessary in order to discover the hidden source of the mischief.

Want of cleanliness is occasionally connected with the presence of an unpleasant odour of the discharges from the generative organs. When the sebaceous follicles situated at the entrance of the vagina secrete copiously, this phenomenon may be observed.

Amongst the physical qualities of discharges from the vagina, *their effects on the surface of the body with which they come into contact* have to be considered. Some discharges from the vagina are quite devoid of irritating properties; but the reverse is often observed. Irritating effects, such as redness, excoriation attended with smarting pain of the skin of the inner side of the thighs and the external genitals, are common in connexion with excessive vaginal secretion, however produced; the constant contact with the vaginal secretion, often in a state of hyperacidity, produces this result. Another class of cases in which excoriations of the same parts are frequently seen, are those attended with a caustic irritating discharge from the ulcerating surface of a cancerous disease of the cervix uteri. Again, *syphilitic* sores may spread and produce others in the immediate neighbourhood; and we take advantage of the knowledge of this fact for purposes of diagnosis, when we inoculate the skin of the thigh with discharge from a suspected sore on the labia, or higher up in the vagina.

CAUSES OF NON-SANGUINEOUS DISCHARGES ("LEUCORRHŒA".)

The conditions giving rise to the occurrence of "watery" discharges, which form a class by themselves, have been already considered. The observations to be now made apply to the more ordinary cases in which the discharge is mucous, muco-puriform, purulent, sanious, etc.

Now, it is important to bear in mind that "leucorrhœa", as used to distinguish the kind of discharges just mentioned, is to be regarded as symptomatic of disease or derangement of the generative organs, just as cough and expectoration are symptomatic of affections of the respiratory apparatus. It is necessary, then, to look beyond the mere symptom, and endeavour to detect the condition which gives rise to it.

The causes of leucorrhœa, between which we have in a given case to distinguish, may be divided into two classes—*constitutional* and *local*—not always easily separable, for the reason that both kinds of causes are often present in the same case. The chief causes of leucorrhœa will be now briefly considered under these two heads.

Constitutional or General Causes. The first of these is *climate*. In warm countries, leucorrhœa is more common than elsewhere, and coexists with a great tendency to menorrhagia, which indeed, in common with the leucorrhœa, arises in great measure from deficient tonicity of the uterine vessels, frequently the forerunner of serious uterine disease. Moist and damp situations appear to have a similar effect: thus the inhabitants of Holland, Belgium, and the fenny districts of England, are said to be peculiarly liable to leucorrhœa. A state of *plethora* is capable of giving rise to leucorrhœa, the discharge being in such a case a kind of relief to the overcharged system. Women who live too well and take but little exercise suffer in this way. When the opposite state of things is present, and the system is reduced, by losses of blood or defective nutrition, to a condition of *anœmia*, leucorrhœa may be one of the results observed. Whether in the case of a plethoric or an anæmic patient, leucorrhœa may occur irrespective of child-bearing. It very frequently happens, however, that the influence of child-bearing is very considerable in causing leucorrhœa, particularly in anæmic individuals. The effect of child-bearing is twofold. Women of weakly constitution, whose blood is thin and watery, frequently suffer from leucorrhœa during the period of pregnancy; and, after pregnancy has ended, the increased action of the various glands connected with the generative organs continues, the effect of which is persistence of the leucorrhœa. The congested condition of the generative organs left behind after pregnancy is the cause of the leucorrhœa in many cases. Many cases of leucorrhœa have their origin in a congestive or subinflammatory condition of the uterus, the consequence of abortions, as well as following delivery at the full time. In such cases, leucorrhœa is associated with profuse menstruation and other sexual disturbances; and in the end the patient becomes the subject of a nearly constant discharge from the vagina. In women who have borne children in quick succession, or who never had abortions, and who have been for some time the subjects of leucorrhœa, the uterus becomes seriously altered in texture, in size, and in shape; and this may be associated with an anæmic condition generally. Here, as in most cases, we perceive the difficulty of drawing fine distinctions, the constitutional merges into the local cause, and *vice versâ*. In individuals of *phthisical tendency*, leucorrhœa is more apt to arise in connexion with child-bearing; and in such persons, indeed, very frequently independently of it. In some cases, *over-lactation*, by inducing a state of extreme debility, appears to produce leucorrhœa, often in a very extreme degree of profuseness.

The relations of *menstrual disorder* and *leucorrhœa* as cause and effect require a word or two. Leucorrhœa is often present in individuals in whom menstruation is absent; and the leucorrhœa is often spoken of as vicarious of the menstrual secretion in such cases. It is questionable how far this view of the case is correct. It is far more rational to suppose that both the leucorrhœa and the menstrual deficiency are due to morbid derangement of some other of the vital processes. Thus the individual is rendered weak by over-lactation or some other debilitating agency; the menstrual secretion becomes less and less healthy, and less sanguineous in character; she becomes affected with leucorrhœa; the leucorrhœa is naturally more profuse at the menstrual period, when the generative organs are in a state of engorgement, than at other times; and the condition of things arises described as "leucorrhœa vicarious of menstruation". The view taken of the case naturally influences the decision as to treatment; the indication is considered to be to cure the leucorrhœa, and the treatment is consequently imperfect or erroneous.

Chronic disease of the lungs, especially *emphysema*, and *valvular affections of the heart*, are often attended with a good deal of leucorrhœa.

There is one general observation which applies to all these cases in which leucorrhœal discharge arises from a constitutional or general cause—that, as a rule, the symptoms, pain, tenderness, etc., which are usually associated more particularly with actual pathological changes in the uterus, are, at all events at first, absent. Further, the quantity of the discharge is not very considerable, unless there be some local reason for it; and lastly, the discharge itself, when produced by purely constitutional causes, is less liable to become offensive or sanious than in cases where there is some actual lesion of the generative organs present.

When leucorrhœa is present, associated with any general defective condition of the bodily health, it may be taken for granted that, if the leucorrhœa be not absolutely dependent thereon (a relation which is found to subsist in many cases), it is, at all events, aggravated and rendered persistent thereby; the proof of which is found in the beneficial results of purely constitutional treatment in leucorrhœa dependent not only on constitutional, but also on purely local causes.

The *Local Causes* of leucorrhœa are very numerous. Any irritation and almost any disease of the generative organs may be associated therewith.

Concerning the distinction between the very numerous local conditions causing leucorrhœal discharge, it is to be observed that the diagnosis is generally impossible without a vaginal examination. When the cause of the discharge is not evidently a constitutional one, this examination should be made. The deductions to be drawn from such a vaginal examination will be described in their proper place.

It may, however, be well to enumerate the chief of these local causes of leucorrhœa: chronic congestion, or, as it is considered by some uterine pathologists, "inflammation", of the cervix uteri; irritation produced by excessive sexual intercourse; masturbation; general catarrhal inflammation of the vaginal canal; growths in the generative passages, or exercising an irritating influence external to them, such as polypus uteri, fibroid tumours of the uterus, hypertrophy of the cervix or of the uterus itself, cancer of the uterus; dislocations or distortions of the uterus, as flexions, retro- and ante-version, prolapsus (usually associated with hypertrophy) and inversion of the uterus, prolapsus of the bladder or vagina.

But it is not necessary that the actual irritating cause be situate in the generative canal; we find many cases in which irritation or disease in the neighbouring organs is the cause of the leucorrhœa. Ascarides in the rectum produce leucorrhœa—are often, indeed, the cause thereof in young children. In such cases, the ascarides may travel from the rectum to the vagina. Hæmorrhoids have often a like result. What is true of the rectum is also true of the urinary bladder, disease of which (as calculus, catarrh, etc.) does not generally fail in giving rise to leucorrhœal discharges. Vascular tumour of the meatus urinarius may also produce leucorrhœa.

There are certain *special* irritating agents which, applied locally, are capable of producing a discharge of a leucorrhœal nature; viz., the virus of syphilis and of gonorrhœa. Concerning the discharges produced by these agents, some special remarks must be made presently.

The exact relations of the symptom "leucorrhœa" to the various local conditions and derangements here cursorily mentioned cannot, as before remarked, be dwelt upon at any length. The symptom is one which is indicative of some disturbance of the natural balance; but neither the degree of intensity of the leucorrhœa, its quantity, or its physical qualities, give us definite information as to the particular cause. Many women suffer from leucorrhœa for years, without thinking it necessary to consult their medical advisers in reference thereto; and practitioners themselves differ in respect to the importance they attach to it, some satisfying themselves with a knowledge of the fact that there is "leucorrhœa", others pursuing the investigation further. It is necessary, in attempting to arrive at the diagnosis of the cause, to consider the attendant circumstances. If the discharge be trifling in amount, and there be no particular disturbance of the general health, a minute investigation of the case, to the extent at least of actual manual or other examination, seems hardly necessary. Particular cases, however, unquestionably require particular decisions as to this point. Some cases require rather care in the investigation of the general facts and attendant circumstances; others demand more imperatively careful manual or visual examination.

The diagnosis of *syphilitic* and of *gonorrhœal leucorrhœa* possesses so great an amount of interest practically, and the difficulty encountered in resolving questions involving the determination of the presence or absence of these conditions is often so considerable, that it is necessary to devote a short space to the separate consideration of this subject. The difficulty is increased by the fact that the pathology of these affections is still in so unsettled a condition, observers being by no means agreed as to what is to be called gonorrhœa, and what syphilis. Thus Whitehead considers that the uterus, in cases of gonorrhœa, is more affected than the vagina; and Ashwell and Tyler Smith, that the vagina is the proper seat of the affection. Dr. Tyler Smith believes that many of the cases set down by Whitehead as cases of gonorrhœal leucorrhœa are cases in which the leucorrhœa is of syphilitic origin; and so on.

There appears unquestionably to be a *syphilitic leucorrhœa;* but the difficulty is to distinguish it from the more simple form. It may be considered as probable that it is present when the leucorrhœa has been present for some time, associated with frequent previous abortions or birth of dead children; when secondary syphilitic affections of the throat, skin, bones, etc., are present; but, above all, when it appears to be influenced by the administration of antisyphilitic remedies. Further, the state of the glands in the groin is important. These become enlarged and indurated when syphilitic leucorrhœa is present, but do not suppurate; when there is suppuration, it must be considered as indicating the improbability that the individual is the subject of syphilis, or that she is likely to present secondary symptoms. It must not be forgotten that the glands in the groin may suppurate in scrofulous individuals who, it may be, are also affected with genuine syphilis. On external or internal examination, condylomata, ulcerations, or other characteristic evidences of syphilis, may be observed. The discharge from the vagina is said to be often very great in quantity in these cases, to be yellowish in colour, and to contain much mucus. On these latter characters little reliance can be placed for purposes of diagnosis.

In reference to the diagnosis of supposed *gonorrhœa,* it is very difficult to substantiate the presence of the virus in the female subject, for the reason that the discharge arising from gonorrhœa and that of ordinary leucorrhœa are very much alike. Gonorrhœa in the female is an intense vaginitis, the discharge being made up of epithelial plasma and purulent matter. The meatus urinarius very frequently participates in the discharge and irritation in cases of gonorrhœa. The collateral facts relating to the coming on of the attack are characteristic; the attack begins somewhat suddenly; there are heat, pain, and burning in micturition, etc.; there is usually also a discharge from the urethra. When the gonorrhœal discharge has become chronic, the urinary irritation may have become so much lessened in degree as not to attract attention, unless inquired after. If the presence of a discharge from the urethra can be made out, it will assist the diagnosis. Sir C. M. Clarke thought the diagnosis of gonorrhœa impossible; and it must be confessed that this is very often found to be the case. A method of observation by which the diagnosis is often much assisted, consists in ascertaining the effect of sexual intercourse in suspected cases; only it is liable to this source of fallacy, that a discharge in one sex producing a discharge in the other does not prove that the infecting individual is the subject of gonorrhœa; for it is a pretty well authenticated fact that an apparently simple discharge in the male may give rise to a discharge in the female, and *vice versâ.* Cases in which these points rise up for determination require the exercise of great caution and careful investigation before an opinion is given. A case of spurious balanitis in the male, contracted by intercourse, may, it is said, be distinguished from a case of gonorrhœa by the fact that the symptoms come on a few hours only after intercourse, whereas in gonorrhœa there is a period of incubation of four to fourteen days, attended with chordee. (See case of Mr. Nunn's, quoted by Tyler Smith, *op. cit.,* p. 129.)

Lastly, let it be remembered that it is impossible for the practitioner to exercise too great caution in pronouncing an opinion for or against the specific nature of a discharge from the female generative organs. In the words of the late Dr. Ashwell, "it is always his duty to cure the disease, but rarely to venture upon an exposition of its nature. If he can positively affirm that it is of simple origin, let him do so, if suspicion has been aroused; if not, it is better to avoid any distinct allusion to the matter." (*Diseases of Women*, p. 175.)

St. Thomas's Hospital. We know not any way in which a part of the Parliamentary Grant to the Dublin Hospitals could be better expended than in sending patients, otherwise incurable, to country quarters. In the case of St. Thomas's Hospital in London, it is evident that the patients are not so much the subject of consideration as the pupils and their teachers, yet the founders of that institution never dreamed of such an application of its funds to educational instead of charitable objects as now exists. That clinical instruction is one of the most important requisites for the preparation of young men for medical and surgical practice all agree, but that the health and lives of the sick poor are to be sacrificed to attain that object is not so unanimously admitted. If both objects can be attained by the same means, well and good; but if not, the interests of humanity are to be first consulted, and next the interests of science and those who require its aid. Great Hospitals in great cities, like London and Paris, must exist for present necessities; but great hospitals in more healthy places may with advantage be provided to relieve them from time to time from the pressure of accumulated inmates. Perhaps, too, great hospitals, which may be great evils in some places, might be made great blessings by judicious division and classification, such as the addition of rural establishments for convalescents, or even auxiliary branches for cases which must manifestly terminate fatally if treated in the confined wards of some of our metropolitan institutions. (*Dublin Med. Press.*)

The Population of Rome. The census of the present population of Rome shows an increase of 10,500 inhabitants over the preceding year. The number amounts to 194,587. In 1852 it was only 175,000, being an augmentation of 20,000 in less than ten years. There are in Rome nearly 40,000 families, 40 bishops, 1,385 priests, 2,474 monks, 1,657 pupils at the schools for young men destined for the priesthood, 2,032 nuns, and 2,613 pupils in convents and orphan asylums. Rome possesses 72 nunneries, of which about 40 have solemn vows.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

FOUR CASES OF DIPHTHERIA, FATAL: WITH SYMPTOMS OF LARYNGEAL OBSTRUCTION.

Under the care of JAMES RUSSELL, M.D.

CASE I. E. C., aged 4½ years, had always been delicate, but was in her usual health until a fortnight ago, when she was attacked with diarrhœa. She complained frequently of her throat, but had no difficulty of swallowing until two days ago, when also her voice changed. She had attended as an out-patient at the hospital; and the diphtheritic exudation was first discovered by Dr. Maxwell five days before her admission. On the following day, her urine was examined, and found to be highly albuminous. The quantity of urine had been scanty during the past week, and the secretion had been almost suspended for twenty hours. The urine had been free from blood. She had emaciated rapidly. There had not been any anasarca.

When admitted, she was very feeble and irritable. Pulse 136, very weak. She could hardly be induced to swallow. Her voice was distinct; but expiration and inspiration were laryngeal, and especially stridulous during sleep. A very copious exudation covered both pillars of the fauces, together with the uvula. A single gland behind the right angle of the jaw was somewhat enlarged. During the remaining three days of her life, she did not present any important change of symptoms. Her urine was very scanty; she took little nourishment; the laryngeal symptoms did not increase in severity, excepting that the voice became hoarse. She died from asthenia. No anasarca was present at any period.

Three specimens of urine agreed in the same result. They were loaded with pale lithates; specific gravity 1028-31. Albumen and lithates combined formed one-fourth of the bulk of the fluid. The microscope exhibited a large number of casts, of small size, composed of exudation-globules; with a few waxy casts intermixed, and also an abundance of free exudation-globules.

POST MORTEM EXAMINATION. A dense exudation of firm consistence coated the edge of the soft palate, one side of the uvula, the tonsils, and the interior of the pharynx, abruptly ceasing at the level of the epiglottis. A thinner layer covered the epiglottis and the whole interior of the larynx, extending into the trachea about half an inch, and there ending. The mucous membrane of the affected parts was pale, and no sign of ulceration could be discovered beneath the edges of the exudation. (The inquiry was not prosecuted further, as the specimen was kept for preparation.) Ribands of false membrane, loosely attached, appeared in the primary bronchi, extending into some of the small ramifications, especially of the upper lobe. The lungs were distended; the upper lobes especially were emphysematous on their surface. Their tissue was somewhat infiltrated with serum. The mucous membrane was free from injection. The liver and spleen were healthy. The kidneys were decidedly anæmic, and the venous radicles on the surface indistinct, and in parts invisible; a line of livid injection remained along the root of the cones. The renal cells were generally loaded with fine granular matter, and contained a few small oil-globules. The tubules were consequently opaque, the nuclei of their contained cells indistinct, and, in the body of the specimens, in parts invisible. Minute oil-globules were also visible within them. The intertubular capillaries were empty of blood. The mesenteric glands were free from injection, but were large.

The preceding case occurred a year and a half ago. The three succeeding ones were admitted within three days of each other, in last month.

CASE II. T. B. B., aged 2 years. He had had a cough for the last five days, and four days since became hoarse. He was, however, allowed to run about as usual; but last night the mother, on returning from work, found him "burning like a fire". He had been much purged during the day. He had taken his tea without trouble, but afterwards swallowing became difficult, and this morning excited choking, with rejection of the fluid through his nose. Through last night the child's cough became worse, and his breathing more difficult.

When first seen, three hours after his admission, his pulse was 152, and feeble; respiration about 30; inspiration very stridulous; and at times, when the breathing became more difficult, expiration was noisy also, and both expiration and inspiration occupied a longer period. Occasionally a hoarse croupy cough occurred, which became much more severe and noisy after an attempt to swallow. His face was neither particularly pale nor flushed; pupils natural; skin perspiring. There was no œdema. On examining the interior of the throat, no exudation was visible; but a broad superficial ulcer covered each tonsil. An emetic had been given, which had produced only partial relief to the breathing.

He gradually grew worse, became unable to swallow, and died on the morning of the third day after admission. Neither in this nor in either of the succeeding cases could a single specimen of urine be obtained for examination.

POST MORTEM EXAMINATION. He was a fine, plump, well-made child. A rather thick and consistent layer of exudation covered each tonsil, beneath which the mucous membrane was superficially ulcerated over an extent rather larger than that covered by the false membrane. One or two small patches of exudation existed on the back of the tongue, where the papillæ were unusually prominent. The soft palate and pharynx were free, and their mucous lining perfectly natural. A thick coating of exudation covered the laryngeal surface of the epiglottis, and extended over the entire interior of the larynx and of the upper half of the trachea, where it terminated abruptly. In the trachea, the exuded matter presented the character of a strong consistent membrane, as thick as writing-paper; but within the larynx it was thinner and less consistent. The mucous membrane was healthy. The large bronchi contained mucus; the entire lining membrane was healthy. The lower lobes of the lungs were loaded with dark blood; the general surface of each lung presented abundance of emphysema, and was very anæmic. The liver and spleen were healthy. The solitary glands of the ileum were very prominent throughout. The patches of Peyer were also much swollen, and presented superficial ulcerations over their surface. The mucous membrane and mesenteric glands were free from injection. The kidneys were decidedly pale, especially the cones, which were almost anæmic; some livid injection followed the broad extremity of each cone. The renal cells were loaded with granular matter, and abundance of exudation-globules floated around among the free cells. The tubules and the Malpighian tufts were very opaque, but were partially cleared by the action of acetic acid. The intertubular capillaries contained only a little blood. One group of tubules was filled with effused blood.

CASE III. C. B., aged 2 years 9 months, a fine looking boy, was admitted at the same time with the succeeding patient. During the preceding week, the brother had died of diphtheria. The child had been ill for a week with symptoms which were reported to have been those of congestion of the brain. No cough had manifested itself until the day preceding his admission, and his breathing was not affected until the morning.

When admitted, he was in the first stage of the croupy symptoms; the soft palate was coated with exudation. The action of an emetic produced considerable relief to the laryngeal symptoms; but was attended with much depression, although the patient was vigorous, and had presented no indication of failure of strength. The laryngeal symptoms, however, soon returned; they steadily increased in severity; and the child died on the following day.

Post Mortem Examination. A thick coating of false membrane of considerable consistence, and adhering closely, covered each tonsil, and the edges of the velum, and existed in patches on the posterior surface of the soft palate. The posterior surface of the velum was quite free from ulceration; nor did any ulceration appear beneath the edge of the false membrane in the other part first mentioned; but the investigation was not pursued further, as it was desired to preserve the specimen. The surrounding mucous membrane was somewhat livid. From the fauces the false membrane extended in one continuous and perfectly consistent membrane down the entire œsophagus, becoming thinner as it descended, and ending abruptly at the cardia. It peeled off easily, leaving the mucous membrane, where exposed, perfectly healthy. The interior of the stomach was covered with transparent mucus; but its lining membrane was healthy, excepting that it presented some stellate patches of injected vessels. The lingual surface of the epiglottis was healthy; the laryngeal surface was coated with a dense exuded membrane, and a thinner membrane, of the same nature, covered the interior of the larynx and the entire trachea, gradually fringing off at the bifurcation, and extending only for a short distance into the right bronchus. The bronchial tubes contained only mucus. The surface of the lungs was anæmic and emphysematous; their bases were somewhat loaded with blood. The kidneys appeared healthy, but from necessity were not examined microscopically.

Case iv. C. M., aged 3 years, was admitted in the last stage of laryngeal obstruction. No history of his case was preserved. Mr. Bolton consented to give the child the small chance afforded by tracheotomy; but the patient died before the larynx was opened, and artificial respiration entirely failed to revive him. Permission was only given to remove the trachea, so far as could be accomplished without opening the chest. A thin coating of false membrane covered the interior of the larynx, and the upper inch of the trachea, where it appeared to terminate. The soft palate had been seen to be coated with exudation during life.

The Waters of Vichy. The little town of Vichy, made notorious by the healing of its waters, is situated in the department of the Allier, France. Within its compass it has seven mineral acidulated springs, three of which are allowed to have extraordinary properties and qualifications; they are the Grande Grille, l'Hôpital and the Celestine Springs. They are proved to contain, in addition to a number of minor ingredients, carbonate of soda, carbonate of lime, carbonate of magnesia, chloride of sodium, sulphate of soda, protoxide of iron, carbonic acid, etc. The waters of Vichy undoubtedly deserve the first rank amongst the beneficial waters of France. The great preponderance of carbonate of soda which enters into their composition renders them very efficacious in cases of gravel and stone. Their action is marked and rapid upon the urinary organs, causing perspiration by rendering them alkaline, at the same time giving promotion to the general circulation. (*The Chemist and Druggist.*)

Original Communications.

ON THE EXTERNAL USE OF THE SOLUTION OF THE PERNITRATE OF MERCURY IN EPITHELIAL CANCER, LUPUS EXEDENS, AND THE INDURATION OF CHANCRE.

By John Gay, F.R.C.S., Surgeon to the Great Northern Hospital, etc.

This preparation is, I believe, a concentrated solution of the red oxide of mercury in hot nitric acid, and is said by chemists to have a very strong affinity for ammonia. It is on this account, perhaps, that it exerts so powerful an influence over some of those abnormal tissues of the body which are rich in the elements of that alkali, but comparatively poor in respect of vital power. To this influence I will now especially direct attention, but without claiming any originality either in the practice of employing it, or in the observations which my experience of its power has enabled me to make.

Perhaps the most striking effect of this agent is that produced by its application to *epithelial cancer*. I have now tried it in a considerable number of cases, and can affirm that, so far as this affection is curable by its perfect local eradication, the solution of the pernitrate of mercury can effect a cure. I will give two cases which will serve to illustrate its value and *modus operandi*. I might give many more, but they would be only repetitions of the same account.

Mr. A., aged 52, a farmer, in other respects a most healthy and robust man, asked my advice for a cancerous growth (epithelial) on his lower lip. It seemed to occupy the whole of the edge, but had not extended to the junction of its mucous membrane with that of the jaw. Towards the left corner, it had grown to the size of a very large walnut; and the surface had ulcerated, exuding a thin and slightly offensive discharge. There was an apparent absence of glandular contamination. It was uneasy, and growing steadily, but perhaps not rapidly; the whole having been in existence for about a year and a half. I advised either excision or caustic. The latter was preferred. I need not follow the details beyond stating that I applied the solution of the pernitrate abundantly over the whole of the ulcerated surface, not at all careful to keep the application within its limits. It gave great pain, but only for an hour or two. It had the effect of destroying a layer of the diseased growth, which came away as a slough on the third day. The remedy was applied, or rather, the surface was soaked with the solution, twice a a week for a period of six weeks, with the same result after each application. As it destroyed layer after layer of the cancer, so the wound deepened; but at the same time the adjoining tissues closed in by granulation from every point of healthy tissue, as this was stealthily reclaimed from the invasion of the cancerous growth, until at length, *even under the continued application of the agent*, the whole surface threw out healthy granulations, and the wound healed with scarcely a mark, and without loss of healthy structure.

B. V., aged 36, was admitted into the Great Northern Hospital for an affection of the under lip, supposed to be an erectile tumour. It consisted of a large swelling occupying the whole of the lip, of a deep purple colour, elastic, and without any abrasion of surface. The coronary arteries had been tied when the tumour was much smaller, but without any apparent results; for it continued to grow, until at length it became both so unsightly and inconvenient that the patient desired its removal. I removed it in the usual manner, taking care to include the whole of the diseased in the resected tissue. The hæmorrhage was unusually great; the blood flowing from many small, as well as from the usual larger arteries. The edges of the wound were brought together by pins.

The growth was, to outward appearance, simple erectile tissue;* but, from the sequel, it will be found to have been also the seat of cancerous elements. On the third day, the two portions of lip had only united at the edge; whilst the remainder of the wound, even the wounds made by the needles, and its alveolar base, had become covered by a fungoid excrescence, which discharged blood and a thin pus; grew rapidly; and left no doubt of its malignant character.

Further cutting was out of the question. I at once applied the solution of the pernitrate of mercury. It was attended with great pain. A considerable slough came away. The application was repeated daily, and with the same results.

Although the growth was rapid, the destructive powers of the agent were still more so; and to my surprise, as well as that of my colleagues, the wound (which now assumed the appearance of a large ulcer) began to contract in size; the healing edge keeping close up to the limits of the diseased growth, and following it as this gave way to the action of the caustic, until cicatrisation became complete, and the patient was discharged well.

The obvious value of this agent lies in its being fatal to the disease, and powerless over the healthy tissues. The one it destroys, whilst it spares the other; and not only so, but it appears to quicken the healing energies of the latter; for the repairing process keeps pace with the speed with which the former comes under its exterminating influence; so that no sooner is the last vestige of the disease gone, but the wound is almost cicatrised.

In the *Guy's Hospital Reports*, Mr. Bryant speaks most favourably of excision in these cases; and I can have no doubt whatever of the conclusion to which that very able and observant surgeon has come on this point; but there are circumstances which give to the caustic method a value which excision does not possess, although I do not claim for it greatly preponderating advantages. There is no loss of tissue by this mode; whereas the whole lip is lost by excision. This might be an advantage; for it may relieve the patient of a part of the face very prone to become the seat of cancer; and to which it may return if the diseased growth alone be removed. On the other hand, the advocates of conservative surgery who with the knife very nearly imitate the caustic, aver that this liability is by no means so great as to constitute an argument in favour of the wholesale, against the limited, removal of the lip-structures.

Again, patients often prefer caustic to the knife; although, as far as pain is concerned, it is, I think, saved by excision.

From epithelial cancer, I go to *lupus exedens*.

Although this affection has been too much looked upon as constitutional, and not admitting of cure but through internal remedies, I can affirm, from repeated experience, that it is curable by means of the solution of the pernitrate of mercury.

The first case in which I tested its powers was that of a lad, aged 18, from Walthamstow, the whole side of whose face had become exceedingly unsightly by this affection in a very severe form. I at first limited the application to a small segment of the ulcer, after carefully freeing the surface of scab and moisture. The effect of the first application encouraged me to bring the whole surface as rapidly as possible under its influence. A few dressings, three days apart from each other, and the intermediate use of a weak solution composed of Condy's disinfectant and opium, were sufficient to bring about reparative action in the sore, and ultimately its complete cicatrisation.

A young woman, aged 24, suffered for years from lupus exedens affecting the skin of the face, over the angle of the lower jaw. I first applied the solution about six weeks since; and have repeated it since about once a week. The sore has cicatrised.

I might give several other cases; but they would be merely repetitions. Suffice it to remark that the remedy does not appear to act in the same manner that it does on epithelial cancer; for it does not destroy the textures with which it comes into contact so suddenly as to produce an eschar. This may, perhaps, be due either to the fact that I have not applied it so vigorously in these, as in the former class of cases; not having found it necessary to do so; or to the greater resistance shown by lupous tissue to the agent; for this tissue differs radically from cancer, in consisting principally of newly formed connective tissue with nucleated cells.

The third form of disease in which I have been in the habit of using this remedy, and that, to a certain extent, satisfactorily, is the *induration of chancre*. I cannot help thinking that the tissue which forms the indurating element differs entirely from that in which it is imbedded. The unaided eye will soon learn to distinguish it by its colour and texture; and sometimes by its slightly overlapping the contiguous healthy tissue; but whether it is altogether a new *quasi*-parasitical growth, or is a vitiation of the natural tissues by which these take on new characters and action, it is difficult to say. At all events, there is diseased structure, and its elements have powers of increase and induration.

There is, unquestionably, much difficulty in ridding parts of this tissue. It will sometimes disappear under a course of mercury, whilst at others it will not. Occasionally, it yields without mercury; whilst, again, it will resist a long course of this remedy, remain for months after it has been given up (the ulcer having healed), and then melt away as though spontaneously. I have seen one of two indurated masses disappear, as well as syphilitic tubercles, on one side of the face, under treatment, whilst the other nodule and the tubercles on the opposite side have remained without any change. There is scarcely anything more embarrassing in practice than the seeming caprices of this morbid element. The question is how best to get rid of it, *i. e.*, most speedily and most effectually. I have found the pernitrate of mercury of the greatest value towards attaining this end. And I cannot but think that at least a plausible inference of some practical value may be drawn from comparing the processes by which epithelial cancer and the induration of chancre are made to disappear before the pernitrate topically applied in the one case, and mercury systematically administered in the other.

In both the effects are, to outward appearance, the same, with the exception of the removal of the chancrous tissue, which is not by masses, as in the case of the cancerous. But this difference does not injuriously affect the analogy; for it may consist simply in that which exists between ulceration and sphacelus; and in this respect the effect of the pernitrate on the chancrous tissue may closely assimilate that which it has upon the tissue of lupus. But, returning from this necessary digression, it may be observed that the effects of the two remedies on the two diseases respectively resemble each other, inasmuch as in both, as the disease yields, so the contiguous tissues make themselves obvious by a ring of healthy redness, which follows close upon the retiring base of the disease, until the latter entirely disappears, and granulation closes up the sore. Does not, then, the mercury, as it is brought by the nutritive juices to the comparatively feebly resisting chancre-tissue, act upon it simply as a poisonous agent, destroying it histologically by setting up a species of molecular gangrene; and thus represent the same kind of action as that which is exerted by the pernitrate upon cancerous tissue, only upon a larger scale? And, if so, is not the pernitrate a more ready means of getting rid of the induration than ptyalism? I grant the use of the mercury, both in its curative character, as an adjunct, and as a preventive, so far as constitutional syphilis is concerned, to be most important; but would it not be better, in all cases admitting it, to combine the two? I have repeatedly done so, and with the best effect. But it must be remembered, as the destructive powers of the caustic are made to penetrate deeper and deeper into the chancrous mass, it is not necessary, were it possible, to continue it until the whole of the induration is gone, but only until the wound shews unmistakeable evidence of healing in; for the cicatrix, in these cases, has a peculiar induration which, at least, resembles that of the diseased tissue, and cannot be got rid of.

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* My colleague, Mr. Price, took it for more minute examination, the results of which I am not yet possessed of.

SOME OBSERVATIONS ON THE TREATMENT OF THE IDIOPATHIC INFLAMMATIONS OF THE EYE.

By J. Zachariah Laurence, F.R.C.S., M.B.Lond.,
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Hospital.

The idiopathic inflammations of the eye may, generally speaking, for the purposes of treatment, be divided into three principal groups: those in which the conjunctiva, those in which the cornea, and those in which the deeper structures—sclerotic and iris—are the chief foci of the inflammation. In accordance with this view of the subject, the following will be found the most practical classification of the more ordinary forms of ophthalmia.

I.—Inflammations of the Conjunctiva.

These are characterised by vascularity of the membrane, either general (*e. g.*, in catarrhal and purulent ophthalmia) or local (*e. g.*, in pustular ophthalmia). The vascularity mostly commences in, and is principally situated in, the eye-*lids*. Conjunctivitis is almost invariably attended with a discharge from the mucous membrane, varying from a simple aqueous (as in the conjunctivitis accompanying sclerotitis and iritis) to an intensely purulent discharge (as in the purulent ophthalmia of infants). The patient's sensations afford very valuable therapeutic indications. The pain is situate in the eyelids, and is mostly compared to that of grit or sand in the eye, accompanied by a general feeling of heaviness and stiffness about the lids.

The principal forms of conjunctivitis may be distinguished by the nature of the discharge.

(1). *Simple conjunctivitis:* discharge aqueous. (2). *Catarrhal ophthalmia*: discharge muco-purulent, slight or moderate in amount. (3). *Purulent ophthalmia* (including the "ophthalmia of new-born infants" and "gonorrhœal ophthalmia"): discharge purulent, copious, and thick. In all the preceding forms, the discharge appears to proceed from the general surface of the conjunctiva (chiefly its palpebral surface); in (4) *pustular ophthalmia*, the discharge is localised to small pustules, which are generally met with around the margin of the cornea, and are in connexion with a leash of injected vessels.

All the preceding forms of ophthalmia I have now for the last year treated by a method which I first learned at Utrecht, and which, I have no hesitation in saying, is greatly superior to the ordinary mode of treatment adopted in this country.

"If we take the trouble to evert both eyelids in the general run of ophthalmiæ met with in practice, we shall feel surprised at the large proportion of cases in which the *palpebral conjunctiva* is the chief seat of the inflammation. Having satisfied ourselves of this fact, the necessary inference is that, if we wish to cure the inflammation, our applications should be directed to the structure primarily affected. Patients are generally told to let the drops 'run into the eye'; that 'if they merely go outside the eye, they will do no good'. To this latter statement might very reasonably be added, 'and will do no harm'—a qualification which does not apply to the former direction. In truth the contact of irritant eye-waters with the sclerotic and cornea is more frequently calculated to do harm than good. *The surgeon should always apply his eye-waters himself;* evert both eyelids, taking care not to separate their edges too widely (otherwise the sclerotic and cornea will be injuriously exposed); then allow a drop or two of the collyrium to flow along the thumb-nail, from a camel-hair brush, down on to the palpebral conjunctiva. Thus all chance of contagion is avoided. After a few seconds, wash the residue of the eye-water carefully off with a second large brush dipped into warm water. The eye-waters I employ are nitrate of silver (grs. x and iv to ℥j), with or without atropine (grs. iv to ℥j). This latter collyrium will be found of signal service in the inflammations associated with irritability of the eye and photophobia." (*Medical Times and Gazette* for Jan. 26th, 1861.)

Most persons will take an exception to all that has hitherto been advanced in the case of the so-called "scrofulous ophthalmia". All I will here observe is, that I do not regard this affection as primarily an inflammation, in the ordinary acceptation of the word; nor do my remarks on treatment apply to these cases, unless associated with conjunctivitis. I regard pure scrofulous "ophthalmia" rather as an hyperæsthetic condition of the retina, as evinced by the photophobia, and consequent spasm of the eyelids. This view is borne out by the nature of the remedies which we find most efficient in its cure: tonics (especially quinine in sufficient doses, and cod-liver oil), alteratives, and certain specific remedies, of which I consider tincture of belladonna as the most certain. The following combination I generally find answer well.

℞ Tincturæ belladonnæ, chloroform., āā ♏iv; mucilaginis, misturæ ferri comp., āā ℥j.

Scrofulous "ophthalmia" is then, according to my views, but the local manifestation of a constitutional disease; whereas the ophthalmiæ described above are strictly local affections. That scrofulous "ophthalmia" predisposes to real inflammations of the conjunctiva, I believe; but then this true ophthalmia is a superadded disease, and requires to be treated on the principles before advocated.

II.—Inflammations of the Cornea.

The inflammations of the cornea are characterised by greater or less *opacity* of that structure. This opacity is, as a rule, out of all proportion to the vascularity, which an attentive examination will show to precede it. In many cases, the only pathological vessels seen are those which form a sort of fine-toothed-comb corona round the margin of the cornea, on which they encroach about half a line. It is not difficult to understand how a limited degree of vascularity may lead to an extensive opacity, spreading by an infiltrating action through the laminated spongy structure of the cornea. This is often well observed in the opacity of the cornea resulting from granular lids, where a few isolated, straggling vessels are often associated with the highest degree of opacity of that membrane. This "granular corneitis" invades most commonly the upper half of the cornea, on account of the granulations ("trachoma" of Arlt), in which it has taken its origin, being most developed in the upper lid, which, moreover, from the act of winking, under any circumstances, exercises greater friction on the cornea than the under-lid. After a time, secondary changes occur in the granulations, leading to atrophy of the conjunctiva, entropion, and consequent increased friction of the cornea by the lashes, terminating ultimately in its complete obscuration, a most distressing state of irritation of the eye, and, in extreme cases, blindness. The most efficient treatment of this form of corneitis is the application of solid nitrate of silver to the granulations of the upper lid, which it is necessary to evert for the purpose, taking care to wash the nitrate afterwards well off with warm water with a camel-hair brush. In the entropic stage of the disease, it is generally necessary to resort to operative measures, which it is not within the scope of the present remarks to enter into further. All I will finally add under this head is, that in all cases of corneitis, *but more particularly in those in which the upper half of the cornea is affected*, it is our imperative duty to evert and examine the upper lid, lest we may (what over and over again occurs), be treating the result for the cause.

An important form of corneitis (from its chronic nature and its deleterious influence on vision) is often met with, especially in early life. The cornea presents the aspect of glass which has been breathed upon—a uniform ground-glass-like opacity of its whole thickness. After a time, the opacity often acquires a still graver form, that might be compared to that of fine white porcelain, and is in some cases accompanied by a bulging of the cornea. I have very often seen the first stage of this *interstitial corneitis* preceded by dense meshes of minute florid vessels on the surface of the cornea. This form of corneitis has been regarded by Mr. Hutchinson (and is so by my friend Mr. Critchett and other able ophthalmic surgeons) as of a specific nature, having a remote origin in hereditary syphilis. I must, however, say that, from the recorded histories which I possess of many such cases that have come under my observation, I am far from convinced of the general correctness of this conjecture. That the general malnutrition often met with in the children of syphilitic patients may (as in the experiments of Chossat and Magendie on the starvation of animals) evince itself in the non-vascular structure of the cornea, need not surprise us; but I think the vast amount of syphilis that exists (multiplied, it must be remembered, in the children of the subjects of the disease) in comparison with the number of cases of this so-called specific corneitis, is of itself a strong argument against any such causal relation. The best mode of treating this form of corneitis is, in my experience, the local application of oil of turpentine (first introduced into ophthalmic practice by my friend Dr. Snellen of Utrecht) variously diluted with olive oil, warm fomentations and generally tonics, more especially chalybeates, the disease being very often associated with anæmia.

III.—Inflammation of the Sclerotic and Iris.

In both forms of inflammation, one of the most important characteristics is the nature of the pain. It is deep-seated; and at the commencement of the disease, as I think I have remarked, generally referred to the eyeball, but soon after to the supraorbital, temporal and malar regions, and most commonly localised by the patients themselves "to the bones," as it were—in a word, to the branches of the fifth nerve. It is always severe, sometimes rising to an intensity, such as to deprive the patient of sleep; often of a pulsatile, throbbing character; although, in comparison with the commonness of its origin, excessively rarely associated with the formation of pus. The vascularity is of a dull, venous, fasciculated character. and generally most marked around the cornea ("cyclitis" of the German authors). If the iris is implicated, the pupil is sluggish or altogether incontractile, and often irregular. Synechia is often detected, and the diagnosis of iritis completed by the instillation of atropine—a measure, which I must strongly insist upon should never be omitted in a suspected case of iritis. Under any circumstances, the atropine can do no harm, and may reveal the true nature of the inflammation, which without this agent might be altogether masked. This applies especially to those cases of iritis in which the exudation of lymph is out of all proportion to the apparent changes in the texture of the iris itself.

The treatment which I pursue in these cases originated, as far as I know, with myself. It consists in the administration of small doses of morphia. At the time of my publishing the first cases treated in this manner,* my experience of it was too limited to enable me to speak very authoritatively on the subject. But during the last two years I have adopted it, with few exceptions, as my only plan of treatment. I generally commence with a quarter grain of morphia every third or fourth hour, directing the patient to increase the intervals of the doses in proportion to their effect on the pain. In some patients, one-third, or even half a grain, will be found the more appropriate dose. The only local applications I employ are warm fomentations; and, if it be a case of iritis, belladonna ointment above the brow to counteract the effects of the disease and the morphia on the size of the pupil. I have now treated a very great number of cases of sclerotitis and iritis by morphia, and can therefore with great confidence speak to its efficiency in controlling and curing these diseases, in which depletion and mercurialisation have hitherto and are even to the present moment largely employed. Indeed, I can say that, with some exceptions (traumatic inflammations, especially after extractions) I have for the last two years hardly used a leech or a blister in my ophthalmic practice—much less cupping or venesection. I find I can cure the vast majority of the ophthalmic without, more quickly, and with far less distress and annoyance to my patients.

Reviews and Notices.

A System of Surgery, Theoretical and Practical, in Treatises by Various Authors. Edited by T. Holmes, M.A.Cantab., Assistant-Surgeon to St. George's Hospital, and Surgeon to the Hospital for Sick Children. In Four Volumes. Vol. II. Local Injuries: Diseases of the Eye. Pp. 895. London: 1861.

A volume consisting of nearly 900 pages, which is devoted to a thorough examination of the nature of Gun-shot Wounds; of Injuries of the Head; of Injuries of the Back; of the Face; and of the Neck; of Injuries of the Chest; of the Abdomen; and of the Pelvis; of Injuries of the Upper and of the Lower Extremities; and which concludes with a very full account of the Diseases and Injuries of the Eye; merits more attention than our space enables us to afford it here. Nor is the space allotted in our Journal for a notice of such a work sufficient to enable us to do justice to the various contributors for the manner in which their share in the undertaking has been carried out.

The enumeration of the articles which form the materials of this volume, will alone satisfy the reader that the work is essentially practical; and a glance at the names of the contributors will show that experience is not wanting among them—experience such as can only be acquired in the wards of hospitals, civil or military. With such assurances before them, the profession may feel satisfied that the editor has seized upon capable workmen; and that the service has been thoroughly performed, a perusal of the work has well satisfied us.

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* "The Antiphlogistic Powers of Morphia" (*Medical Times and Gazette* for December 31st, 1859), where the *modus operandi* of the treatment is fully entered into. At some future period, I hope to publish an extended series of cases, which I have treated by this method.

The subjects treated of are practical and interesting, and all are ably handled; it would, therefore, appear invidious to select any one for particular notice. Speaking generally of the work, we may observe, that each article is a complete monograph on the question considered; and the editor has done well in so arranging the subjects that this second volume is independent of the first, and is complete, without reference to those which are to follow.

As an example of our statement, let the reader open the volume and dip into the examination of the subject of Gun-shot Wounds, by Mr. Longmore; or into the able treatise by Mr. Dixon, on the Diseases and Injuries of the Eye; let the reader look through the pages on the injuries of the various regions of the body, and he will certainly rise satisfied with the work of the various contributors; and will feel with us that the thanks of the profession are due to the editor for bringing forward a work so useful, practical, and so entirely up to the standard of the surgery of our own time.

We have said that it would be invidious to select any one of the subjects for individual criticism; but there are some points in reference to the subject of gun-shot wounds which, we believe, are not generally known, and worthy of note at the present moment.

The alterations and improvements made in the manufacture and forms of fire-arms have caused an alteration in the character of gun-shot wounds.

In the days of the Peninsular war, and up to a recent period, "Brown Bess," carrying a round bullet, was the implement of destruction which furnished to the surgeon the greater number of wounds in battle. This musket was in itself a very imperfect instrument of warfare, insomuch that the bullet fired from it was carried but a short distance, compared with the distance to which the Enfield rifle will carry with precision. Partly in consequence of the shape of the bullet, partly as the result of a much lower rate of velocity, the round bullet fired from the musket produced a very different, and, in a very large number of cases, a very much less dangerous wound, than is now the result of the Enfield or other rifle now used by the infantry of most European armies.

In discussing the subject of musket-shot wounds, Mr. Longmore very justly observes that we must recollect "that we have no experience of the effects of round musket-balls propelled with the same amount of force as recent improvements in fire-arms have given to balls furnished with a conical vertex"; but he adds,

> "The change in form from the round to the prolonged cylindro-conoidal ball seems to derive its chief importance in surgery from the conical end possessing the mechanical characteristic of a wedge, while the former acted simply as an obtuse body. From this quality the power of penetration of conical bullets is greater, independent of the increased momentum communicated to them by the construction of the weapons from which they are discharged. Thus, supposing one of the old musket-bullets to strike a limb at 80 yards, and an Enfield rifle conical bullet of the same weight at 800 yards, the rate of velocity being similar in each case, the injury from the latter may be expected to be considerably greater than that from the former, on account of its shape." (Pp. 6-7.)

Again, the change in the construction of the instrument will hereafter, as it has already done in all recent battles, add greatly to the surgeon's work.

"Col. Wilford," says Mr. Longmore, "stated publicly, in a recent lecture, the fact that 80,000 rounds of ball-cartridge were fired from the old musket in one day in Caffraria, and only twenty-five Caffres were known to be hit; while at Cawnpore, one company of soldiers armed with the Enfield rifle, brought down sixty-nine out of a body of horsemen by whom they were attacked at one discharge. At the battle of Salamanca only one ball in 3000 fired by the British took effect." (P. 11.)

Nor is this all. The conical bullet has been often known to pass through the first man hit, and then inflict a mortal wound on one or two others who might be standing near. So that, while warfare becomes very much more deadly in proportion to the expenditure of powder and shot since the introduction of the rifle in the ranks of our army, the nature of the wounds produced thereby becomes more serious, and their character, in many respects, very different from that of those caused by the old musket-ball.

Mr. Longmore draws attention to this point, as having an important bearing on medico-legal questions. When, for instance, a wound has been caused by the passage of a cylindro-conoidal bullet right through the soft structures of the abdomen, or of an extremity, "it is usually very difficult to distinguish by its appearance the wound of entrance from that of exit." And he justly adds that, in investigating the character of certain gun-shot wounds, under circumstances of suspicious death for instance, it may often be a matter of very vital importance to decide this point: a point of great importance to the civil, but of no moment to the military surgeon.

In conclusion, we will add, that we can most conscientiously recommend the book to every medical practitioner. The late Mr. Liston once remarked to the writer of this article, "that a surgeon was a physician, *and something more.*" In recommending the *System of Surgery* to our friends who have to deal with surgical cases, we by no means wish to confine our recommendation to them alone. Every practitioner in medicine may cull something worthy of note from a perusal of this volume.

On the Parasitic Affections of the Skin. By T. M'Call Anderson, M.D., Fellow of the Faculty of Physicians and Surgeons of Glasgow; Physician to the Dispensary for Skin Diseases; Physician to the Deaf and Dumb Institution, Glasgow. London: 1861.

Next to a good original work, we value one which briefly and intelligently explains the views of authors not readily accessible to the majority of the profession; and on this account we are much satisfied with Dr. M'Call Anderson's work. It tells us in a few pleasantly written chapters all that the French and German specialists have made out as to the pathology, symptoms, and treatment of the parasitic diseases of the skin. It does not pretend to contain much information not to be found elsewhere. Its author has observed the practice of the leading dermatologists of Paris and Vienna, and has practised at home their plans of treatment.

He describes four distinct diseases dependent on the presence of vegetable parasites, viz., favus; ringworm in its three forms—herpes tonsurans, herpes circinatus, and sycosis; alopecia areata; and pityriasis versicolor. For the treatment of those occurring in hairy parts of the body, and originating in the hair or the hair follicles, he strongly recommends epilation; and it seems to us discreditable that a plan so highly praised on the continent should be so little tried in this country, especially in such a disease as favus, which has generally been reckoned incurable.

Having discussed the fungi, he treats us to a lively account of the animal parasites; giving a sketch of the habits of the pediculus capitis, pediculus pubis, and pediculus corporis or vestimentorum; and what we feel not the least important, describing the poisons best suited to their constitutions. He then describes scabies and its treatment.

His descriptions of disease are clear; his illustrations, some of them original, are very good; his treatment judicious, founded, as we have said, on observation abroad and practice at home; and, on the whole, we can heartily recommend this work to those members of the profession who are not already acquainted with the views of continental dermatologists.

We should be glad to see another work from Dr. Anderson on the other diseases of the skin, with which we do not doubt he is equally conversant.

Progress of Medical Science.

Plaster of Paris Splints. This kind of splints, writes Dr. Little of New York Hospital, was applied about three months ago for the first time in the New York Hospital in a way somewhat different from that of the French surgeon. It answered the purpose so admirably, that its use was followed up, until now it has almost entirely supplanted the starch bandage, and in many cases the side splints. Its advantages are, its facility of application, and its perfect adaptation to the limb, being borne by the patient better than any other form of apparatus. Although we have applied it more than twenty times, and in every case directly against the integument, yet in no instance has it given rise to any undue pressure over the malleoli or heel. Another interesting feature may be stated, that it has never produced any excoriations, but, on the contrary, in several instances where it has been applied over denuded surfaces, it has apparently exercised a healing effect. Its advantages over the starch bandage are its rapidity of drying and hardening, the plaster taking about five minutes to "set," *while being held by the surgeon in its proper position*; the starch apparatus requiring several days to dry unless artificial heat is applied. Another advantage is, that the limb can be inspected daily if necessary, without removing all the apparatus. The plaster of Paris casing allows the anterior surface of the limb to be exposed, and any displacement can consequently be readily detected. Its advantage over the gutta percha is its great *porosity*, keeping the limb perfectly dry without confining the perspiration, and thus doing away with one cause of irritation and excoriation. It does not require padding like the gutta percha, and it is much cheaper, an important item in hospital practice. The mode of application to the leg is as follows. The limb is first shaven or slightly oiled; a piece of old coarse washed muslin is next selected of a size so that when folded about four thicknesses it is wide enough to envelope more than half of the circumference of the limb, and long enough to extend from a little below the under surface of the knee to about five inches below the heel. The solution of plaster is then to be prepared. Fine, well dried, white plaster had better be selected, and before using, a small portion should be mixed with water in a spoon and allowed "to set," with a view of ascertaining the length of time requisite for that process. If it is over five minutes, a small quantity of common salt had better be dissolved in the water before adding the plaster. The more salt added, the sooner will the plaster "set." If delay be necessary, the addition of a few drops of carpenters' glue or mucilage will subserve that end. Equal parts of water and plaster are the best proportions. The plaster is sprinkled in the water and gradually mixed with it. The cloth unfolded, is then immersed in the solution and well saturated; it is then to be quickly folded as before arranged and laid on a flat surface, such as a board or a table, and smoothed once or twice with the hand in order to remove any irregularities of its surface, and then, with the help of an assistant, applied to the posterior surface of the limb. The portion extending below the heel is turned up on the sole of the foot, and the sides folded over the dorsum and a fold made at the ankle on either side, and a roller bandage applied pretty firmly over all. The limb is then to be held in a proper position (extension being made if necessary by the surgeon), until the plaster becomes hard. The time required in preparing the cloth, mixing the plaster, and applying the casing to the limb, need not take more than fifteen minutes. After the plaster is firm and the bandage removed, we will have a solid plaster of Paris case partially enveloping the limb, leaving a portion of its anterior surface exposed to view. If any swelling occurs, evaporating lotions can be applied to the exposed surface, and we can always easily determine the relation of the fractured ends. If necessary, an anterior splint, made of the same material, can be applied, and then both bound together with adhesive plaster, and if desirable a roller bandage over all. If the anterior splint is not used, two or three strips of adhesive plaster, one inch wide, or bands, of any kind, may be applied around the casing, and will serve to keep it firmly adjusted to the limb. Thus applied, we have a most beautiful splint, partially enveloping the limb, making equal pressure, light, and allowing the patient to change his position in bed, or to sit up in a chair, or go about on crutches; and a splint which can be easily made in any place where plaster is to be had. This mode of dressing may be applied with great advantage in most cases of fractures of the tibia and fibula. In oblique fractures of the tibia with the projection of the superior fragment, it is well known how difficult it is to overcome the deformity; with the plaster of Paris splint, however, the results have been all that could be desired. After extension of the limb on the part of an assistant for the sake of bringing the fragments into perfect apposition, and while thus held, the plaster splint should be applied and allowed to harden. The limb is thus perfectly immoveable. (*Amer. Med. Times.*)

Podophyllin. Professor Hargrave of Dublin writes as follows, on this substance:—"The podophyllin is a resinoid extract obtained by a not very elaborate process from the mandrake root. According to the manner in which it is prepared, it is either very dark or of a greenish or olive tinge. It is much used in America, and a substance of much comment in eclectic publications, being one of the most powerful medicines in use, acting in doses of two to four grains as a drastic purgative, and accompanied in its action with much nausea and griping. In smaller doses, from one quarter of a grain to a grain, it operates as an alterative and cholagogue. It is claimed for this medicine that it is a regulator of almost all the secretions, tending to restore them to normal activity, and that it supersedes mercury in all cases where it was formerly considered to be indicated even to the extent in some cases of producing ptyalism."

Nitric Acid in Intermittent Fever. The employment of nitric acid in the treatment of intermittent fever is recommended by Professor W. A. Hammond, in the *Maryland and Virginian Medical Journal*, for February 1861. He reports a number of cases treated by him at Fort Riley, Kansas Territory, about four years since. Thirty-two were treated with nitric acid, and nine with sulphate of quinine. Of those cured by nitric acid, three had previously used quinine without effect; and those in which quinine had proved successful nitric acid had been employed without benefit in two, and in one other had to be omitted on account of producing nausea, heart-burn, etc. The average period required to permanently arrest the disease was three days with either remedy. The nitric acid was given in doses of ten drops diluted with water, three times a day, and the quinine in doses of eight grains, three times a day. Since these cases were treated, he has frequently employed the nitric acid for the same purpose, and has met with such success that he now seldom resorts to any other treatment in simple uncomplicated intermittent fever; and considers the subject both in view of the successful employment and cheapness of the remedy, as one of sufficient importance to the physicians of malarious districts as to induce them to give the remedy a trial, and report for the information of others the results at which they may arrive. (*American Medical Times.*)

Bronzed Skin and Suprarenal Capsules. At the first meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Haldane showed the cancerous suprarenal capsules of an individual whose body he had examined, and in whom this change was not associated with any bronzing of the skin. He said that during the past few years he had examined many bodies in which various affections of the suprarenal capsules existed, but in none of them was there any bronzing; and, on the other hand, he had examined many bodies with bronzed skin, in which no disease of the suprarenal capsules existed. (*Dublin Medical Press.*)

Hæmorrhoids. After many unsuccessful attempts, M. T. Herpin has at last compounded a pommade which facilitates the reduction, retention, and resolution of dry hæmorrhoids. The following are its ingredients: tannin, 1 to 3 scruples; cold cream, ½ oz. The tumours smeared over with this ointment are reduced without delay. The patient is then required to rest for some time in a sitting, or preferably in a horizontal attitude. (*Dublin Hospital Gazette.*)

Actea Racemosa. Dr. MacDonald of Inverary, in an article published in the *Edinburgh Medical Journal*, says that he has employed the actea with equal benefit in all the acute forms of rheumatism. In the subacute variety, it acts with remarkable readiness. There are not a few persons to be met with, either of a favouring diathesis, or living in rainy districts, who, in consequence of such an exposure as would elsewhere or otherwise lead to no greater inconvenience than a slight cold, are suddenly seized with rheumatic pains. In these cases the actea is alike expeditious and satisfactory. But it is in the severest forms that its beneficial effects are best seen. Two well-developed cases came under his observation at the same time in last spring—one in a boy of nine, and the other in a man of forty. In neither case did the disorder yield until the actea had been given. The dose that he gives varies from twenty-five to forty drops, administered three times a day. (*Dublin Medical Press.*)

Treatment of Delirium Tremens. Surgeon-Major Ranking, of Her Majesty's 105th Regiment (Indian Army), has had great experience in the matter of drunkenness and its consequences, as observed in soldiers; and he has arrived at the following conclusions in reference to its treatment:—

1. In the very large majority of cases alcohol may not only be safely but advantageously dispensed with.
2. It, or other accustomed stimulus, cannot be entirely laid aside in old soldiers; men who have drank hard all their lives, and who have experienced prior attacks of the disease.
3. Opium is unnecessary in all cases, and positively injurious in many.

Or to express the propositions differently:—

1. The young soldier, whose eliminative powers are unimpaired, can be treated with safety and advantage without a drop of alcohol or a grain of opium.
2. The old soldier with organic visceral disease requires no opium; but does require some of his "accustomed stimulus", combined with eliminants and nutrients.
3. Opium is unnecessary in all cases; it often fails to induce sleep, which succeeds to its withdrawal.
4. If pushed to its full extent, opium may and sometimes does induce a sleep passing into coma and death. (*Madras Quarterly Journal.*)

Wounds from the Enfield Rifles. A surgeon, writing from the seat of war in Virginia, observes that he has always found wounds from the bullets of the Enfield rifle very serious, although they may appear slight at first. They produce a hideous destruction of tissue, tearing bones and all else to pieces, giving rise to severe shock and extensive sloughing, with great danger of secondary hæmorrhage. The wound resembles that produced by crushing machinery more than anything else without doing so exactly. The part is livid, both openings being ragged, that of exit generally presenting everted edges, with masses and shreds of various tissues protruding. "I have never seen a recovery from one of these Enfield rifle wounds involving a large bone, where amputation was not performed early—*i.e.*, was not a primary amputation. The bone is uniformly comminuted, and the fragments are very sharp, so that the patient will die almost to a certainty from irritation and the discharge, if he do not do so from gangrene, which is not uncommon, even if the large vessels escape injury." (*American Medical Times.*)

Pengawar-Djambi (Palea Cibotii.) This new hæmostatic is derived from the stipes of a fern of Java, and consists of very soft, delicate filaments, flexible, and so light as to float in the air for a long time. They vary in colour according to their thickness, from a golden, light brown to a dark grey or blackish. It is said that six grains form a mass sufficient to arrest bleeding from an artery one line in diameter. It absorbs water so readily as to sink in about half a minute. When subjected to heat it yields an empyreumatic odour, and detonates under combustion. Its styptic effects are supposed to depend upon its capillary attraction overcoming the force by which the water in the blood is held in combination, the immediate consequence of which is the coagulation of the remaining portion of the blood, by which, together with the elasticity of the filaments, now enlarged by the absorption of fluid, a firm adhesion of the coagulum to the surface of the wound takes place, causing a firm closure of the mouths of the bleeding vessels. The advantages claimed for it over other styptics is, that the effect is quicker, that it produces a coagulum where other agents have failed, as in carcinomatous or scorbutic ulcers, and it does not retard the healing process. When used, it should be crumbled, and a sufficient quantity (five grains to a scruple) pressed for a few minutes directly on the bleeding surface, afterwards applying a suitable compress. By this means it is made to penetrate into the finest apertures on the surface of the wound, causing instant coagulation of the blood oozing from the smaller vessels, and said to be reliable in all cases where the divided artery does not exceed a line and a half in diameter. Whether experience will substantiate what authors have told us concerning this much extolled styptic remains with us to be seen. (*American Medical Times.*)

British Medical Journal.

SATURDAY, JANUARY 18th, 1862.

THE FUTURE ST. THOMAS'S HOSPITAL: WHERE SHALL IT FIND REST?

It is hardly reasonable for us to expect that what are called vested rights will permit of St. Thomas's Hospital being turned to the very best use that can be made of it and its immense riches; but we may surely hope that the interests of the sick will be above all other interests considered in the selection of a new site for it. No living soul will be found to assert that fresh air and light are not most desirable—*sine quâ non*—aids to the satisfactory treatment of disease; and therefore, *cæteris paribus*, every one would prefer for a hospital a site out of town, to a site in the midst of "blacks", and fogs, and noise, and atmospheric impurities. The objections urged against the going out of town of the hospital are, that it would by the journey cease to render those benefits to the population of Southwark—to the people in its immediate vicinity—which it has hitherto rendered by being placed, as it were, at the very doors of the sick and the wounded. Now, we believe that statistics would give us conclusions not at all in accordance with this view of the case. We maintain that a very large percentage of the inhabitants of our hospitals—of Guy's, and St. Thomas's, and St. Bartholomew's, for instance—are not taken out of the population which lives in their immediate vicinity. A large number of these hospital inhabitants come from all quarters of London, and from all parts of the country. Now, we would suggest to those who argue on such grounds in favour of the hospital being left in its old neighbourhood, that they should give us statistics—actual facts—on this point. Let us know what number of the patients in St. Thomas's Hospital at this moment are drawn out of Southwark, and what number come from distant parts. Such statistics would, in our opinion, go a long way towards deciding the question.

Once again, also, we beg to remind those who argue in favour of the hospital being retained in its present neighbourhood, that our forefathers, who established and endowed the hospital, did actually place it outside the city, beyond the busy noise and hum of men, beyond the smoke and atmospheric impurities of the city of London. Arguments, therefore, founded upon the idea of carrying out the intentions of the benevolent founders, distinctly favour the proposition which would bring the hospital to migrate into the clear air and quiet of the very outskirts of the metropolis. Our forefathers, before the days of sanitary science, had the good sense not to subject their sick to those bad hygienic conditions of light and air, which the wisdom of some of our modern scientific preachers recommends as the thing to be desired in this present case.

CHLOROFORM OR ETHER?

A few weeks since, we called attention to an important Report issued by a Committee of Physicians at Boston, on the subject of the use of ether and chloroform as anæsthetics. Without expressing any opinion concerning the conclusions arrived at in that Report, we cannot but admit that enough has been shown, in connexion with the many deaths which have resulted from the use of chloroform, to demand from the profession a reconsideration of the whole question of the administration of chloroform. Ether is invariably used for anæsthetic purposes in Boston; and a death from it is, we are told, a thing unknown there. The Committee have carefully analysed the forty reported cases of death from ether, and they consider themselves justified in refusing to recognise any of them as being undoubted examples of death from the use of this anæsthetic.

The fact of the many deaths which have lately occurred through the use of chloroform certainly deserves our serious attention. That chloroform is a pleasanter anæsthetic, more easy of administration, and more rapid in producing its effects than ether, is undoubtedly true; but if it be a fact—if the large and long experience which we have now had of its use, indicate that it is an infinitely more dangerous anæsthetic than ether, it seems to us that we are bound to prefer the ether, notwithstanding the many serious inconveniences which attend its administration. Our American brethren have, at all events, set us an example in this matter; and we should do well to follow the course which they are now pursuing; viz., have the question brought before the profession for discussion—not in one of our many special societies, but in that society in which the whole profession is represented. The very conflicting opinions held by authorities respecting the dangers and innocence of chloroform, used as an anæsthetic, show that we have yet much to learn in the matter. Dr. Simpson has had an immense experience of its use, and has never, we believe, met with any fatal consequences from its use; and this fact is often used as an argument in favour of chloroform. But it is quite forgotten that the administration of chloroform for obstetric purposes, not necessarily involving absolute insensibility, is a very different thing from its administration for surgical purposes, in which such insensibility is required. Then, again, we are told that in some hospitals a fatal case of chloroform is a thing unknown, whilst in other hospitals several fatal cases have occurred. In different hospitals, again, different modes of its administration are employed. Which is the best? They surely cannot be all indifferently good.

Generally speaking, then, we have these points to discuss:—Is chloroform administered with all the care and caution, and under all the proper rules, which the use of so deadly an instrument requires? Are its dangerous properties sufficiently kept in view? Is its administration confided solely to those who have thoroughly mastered the large amount of knowledge which they who superintend its use are bound to possess? Have we decided as clearly as we might do the measures which should be *instantly* resorted o for the recovery of the poisoned by chloroform? Is there a distinct understanding on the part of the administrator of the one particular course which, above allo thers, he ought to resort to without hesiation, for the resuscitation of the patient?

We could ask more questions of a like kind; but hey will suggest themselves to the mind of every ne who has had much experience in the use of hloroform. We have, as we think, said enough to how that we ought now to take stock of our unforunately large experience of the fatal effects of chlooform used anæsthetically. So long as discordance f opinion prevails amongst men of experience and uthority amongst us as to the degree of danger, the iode of administration, and the killing qualities of hloroform, we may be very sure that there are some nportant facts in the history of the article which ill require elucidation.

A SCOTCH MIDDLE TERM.

HE *Cause célèbre* which is at present occupying so uch of public attention reminds us of a peculiar ractice, which characterises the laws affecting lunacs and imbeciles in Scotland. Our Scotch friends ive often a middle term, by which they satisfy nice stinctions, in cases where we are only satisfied with treme conclusions. For example, we make the an guilty or innocent; but they have a way of quitting the accused, and yet, at the same time, ving him by implication a guilty individual, by e well-known verdict of not-proven. After the me fashion, we learn, they have a way of managing men of weakened mental conditions; and the idea is perhaps not unworthy of the consideration of jurists and physiological physicians at the present moment. We beg, therefore, to call attention to some observations lately made by Dr. Webster in his *Remarks on the Lunacy Laws of Scotland and France.* He tells us that:—

> "There are various degrees of aberration of intellect, recognised by lawyers in North Briton. These may be divided into two classes. The first comprehends every person who is, in judicial language, '*fatuous*,' and naturally an idiot, or furious mad, and a lunatic; or whose external senses are so imperfectly organised, as to render the party implicated totally unfit to undertake and superintend the independent management of him or herself, or their affairs. The other division includes those persons who, although not so devoid of reason as to be absolutely incapable of acting for themselves in the minor duties of life, are yet, from imbecility or weakness of judgment, considered by the law fit subjects for a limited degree of restraint in matters of importance. The remedy in the former case, is to place the fatuous or furious person under permanent and unlimited 'curatory.' The proceedings in the latter example being "Interdiction," as it is denominated; by which, lavish and facile individuals are disabled from signing any deed to their prejudice, without the previous consent of their appointed interdictors.
>
> "Such procedure has many recommendatory reasons for its adoption, being applicable to individuals not certainly altogether sane, yet quite incompetent to manage their own business, without some efficient control. Interdiction here adverted to becomes truly a kind of *mezzo termine*, as it might also be called. And it is, in fact, something like that peculiar issue designated in the criminal law of Scotland, a 'non-proven verdict.' Upon the above legal proceeding, prevalent North of Tweed, in reference to imbecile persons, one or two observations seem advisable.
>
> "This system of interdiction, according to Scottish legal authorities, constitutes a species of restraint provided for those who, from weakness, facility, or profusion, are liable to imposition. It is directed at the option of the Judge, or Lord Ordinary at Edinburgh, on proper evidence proving the facility of the person arraigned: or is voluntarily imposed by the party applying for such protection. Hence the distinction into voluntary, and judicial interdiction. A sentence of judicial interdiction is pronounced, either in an action at the instance of the prodigal's heir, or his next of kin: or '*ex proprio motu*' of the judge, during a suit in court. This latter kind of interdiction can only be removed by the authority of the court. Voluntary interdiction, again, is the act of a party applying; but after bond has been once executed, individuals so interdicted cannot withdraw it by their own hand."

Although interdiction may be now more rarely adopted than formerly; the course usually pursued, of late years, being the appointment by the Court at Edinburgh, of a "*curator bonis*;" nevertheless, it has not fallen into desuetude, and might perhaps be imitated with much advantage in England, in certain cases where persons tried on a writ *de lunatico inquirendo* are declared either of sound mind or insane. In many such cases the finding becomes a great injustice. And we venture to suggest that the Scottish mode of judicial proceeding might perchance remedy the anomaly at present existing in the English laws of lunacy.

The subject thus briefly mooted deserves further investigation, particularly after the disclosures recently divulged before legal tribunals. It seems clear that many persons, although of unsound mind, might, advantageously for themselves as well as for society at large, be placed under "tutelage," whereby they would be prevented from either doing harm to others, or from injuring their own property. In short, imbecile individuals would then become like minors made wards in Chancery, whose minority was continued so long as their mental incapacity rendered them unable to act, in the ordinary business of life, as rational beings.

ARSENIC-EATING.

Arsenic-eating in Styria, which has been long a sort of mythical subject—now an accepted proceeding, and then a rejected one—seems at last to have arrived at the stage of being admitted into the land of actual facts. Dr. Schaefer, professor in the School of Medicine at Grätz, has lately given details on the subject. (*Journ. für Pract. Chem.*, 82, p. 101. 1861.)

The eaters of arsenic reside chiefly in the north and north-west parts of Styria. Forty are reckoned in the district of Hartburg; and many are known in Lamprecht, Leoben, and Oberzeiring. In the other districts, only isolated cases, sporadic, are met with. The poison-eaters are not found in the south.

The favourite sort of arsenic is the white; but yellow arsenic and orpiment are not refused. Like smokers, the eaters begin quietly with a bit of the size of a millet-seed, and gradually arrive at a lump of the size of a pea. Curious doctors, on weighing their doses, have seen them swallow two, four and a half, and five and a half grains at a time. This dose is taken daily, or every second or third day. In Hartburg, the moon (always supposed to have influence over lunatics) regulates the arsenic-taking. At the new moon the dose is small; but it is augmented when the moon is at the full. After this, the dose is again diminished; and aloes is taken to produce purgation. Fluids are not taken immediately after the arsenic. Some arsenic-eaters prefer farinaceous food to meat; others avoid all fatty matters; but most of them take any kind of aliment, and large quantities of spirituous drinks. Those who have been long habituated to the arsenic feel an agreeable sensation of warmth at the stomach, which lasts for a considerable time after it has been taken. They are not subject to vomiting, even when large doses have been taken; the only symptom which they suffer from being a slight headache.

Arsenic-eaters are robust persons, and usually of the lower class of society, wood-cutters, charcoal-burners, stablemen, foresters, etc. Few women indulge in the practice. Men who commence at 18 have been known to live to 76. They take arsenic because they wish to be "strong and healthy," and to preserve themselves against all kinds of diseases. Persons out of health rarely take arsenic.

Arsenic-eaters, it is evident, belong to a healthy class of individuals; and we may fairly believe, as Dr. Schaefer supposes, that their vigour of constition preserves them against the baneful influence of the practise. They also, it would seem, accustom their bodies to bear the poison well by commencing with the small doses. Dr. Schaefer, however, believes that many of them become in consequence weak and diseased, notwithstanding their original vigour of body.

It is suspected, and with much probability, that this practice of arsenic-eating by man in Styria has been derived from the apparently beneficial results which ensue from its administration to horses.

Dr. Knapp of Oberzeiring has given an analysis of the urine of an arsenic-eater; the urine having been carefully collected. The man, 30 years old, of robust health, had taken arsenic for twelve years. He began with small grains of it; and at length took large pieces twice a week. At first he felt faintness; but this gradually disappeared. On one occasion, after taking a large quantity of spirits, he swallowed a piece of white arsenic as large as a bean, and then felt much pain in the head.

On February 22, 1860, the man swallowed, in the presence of Dr. Knapp, a piece of white arseni weighing four grains and a half, breaking it up with his teeth. On the 23rd, he took another piece of fiv grains and a half. His appetite was good; he dran large quantities of spirits. He asserted that he wa accustomed to take the quantity of arsenic above mentioned three or four times a week. The presenc of arsenic was distinctly shown in this man's urine

It would appear that the farmers in Styria complai of the arsenic given to their horses by their servants and that it is also given to cattle. Poisoning by arsenic are also said to be very common i Styria.

The quantity which horses can be made to tal with impunity is very considerable. In an exper ment made by the Chevalier Koch, 555 grains we administered to a horse in twenty-three days, b ginning with 5 grains and ending with 100 grains day. During the first two-thirds of this period, th only effect noticed was that the animal became ve vivacious and excited. During the last period, wh the animal took 50, 60, and 100 grains a day, micturated frequently. On the last day, the e crements, the urine, the saliva, and the bloo were collected for analysis. Only a trace of arse was found in the saliva. In twenty-four hours t quantity of arsenious acid eliminated with the uri was 0·018 *grammes*; 287 *grammes* of blood gave 0·1 *gramme* of arsenious acid; 2,500 *grammes* of exc ment contained 6·32 *grammes* of arsenious acid. Hence, the largest quantity was, in this case, eliminated with the excrement.

THE WEEK.

ROFESSOR ANDERSON, in a lecture published in the ast number of the *Edinburgh Veterinary Review*, on he subject of Accessory Feeding Substances, lays own the following propositions.

"1. Common salt, the most important condiment, has o effect in promoting the assimilation of the food, and, hen used in large quantity, has rather a tendency to roduce a waste of nutritive matters. 2. Both it and hosphate of lime, and probably other mineral subtances, may exercise a beneficial effect on its health, hen the quantity existing in the food is less than the nimal requires. 3. There is not the slightest reason to ppose that the so-called condimental foods produce ny effect in the animal, as they consist only of ordinary rains mixed with small quantities of aromatic and itter substances, which, so far as our present knowledge oes, do not in any way affect the nutrition of animals."

s we last week told our readers, the *Medical Times nd Gazette* commences 1862 under a new editor's ile. The editor, at the first trial of his wings, sts his eyes both backwards and forwards. He gards the past with satisfaction, and the future ith the fullest hopes. We note down a few *memobilia* from his first leader. Speaking of the past, e says:

" The volumes of 1861 contained a far greater quanty of matter than any journal which can aspire to be a val."—" In style and power, the editorial articles (of 61) would stand their ground with those of any litery journal in the English language."—" Whenever the ofession was assailed by danger from within or witht, the best policy to be pursued was pointed out."— Quackery shall be systematically counteracted."—" The count which we begin to-day of embolism will reveal a st set of almost unexpected agencies in the producon of local disease."—" The peculiarities of the new *armacopœia*, and the subject of new remedies genelly, will be brought before our readers as they are set rth in lectures by one of the ablest teachers of the y."—" How many diseases there are (whoopingugh, for example) for which we anxiously demand me remedy with specific virtues! *The one solid acisition of which practical medicine can boast during last quarter of a century is iodide of potassium.*" urs are the italics, but to the *Medical Times and Gate* belongs the dictum.)—" The conditions which give e to disease, whether material, like the poison of hoid, or moral, like those of alcoholism or syphilis, sent an equally wide and promising field. Practical gery ever advances where skill in minute anatomy is nbined with manual dexterity."—" We offer our ders a journal fit for the educated professional man, taining both that which shall cheer and amuse him ring his short intervals of rest, and that which shall ply a solid body of facts for reference hereafter."

BOUCHUT has been lately engaged in the study of influence of growth over the diseases in chiln. He thus sums up respecting the treatment in h cases:—" When children do not grow (unless there be hereditary circumstances to explain the fact), we may infer the presence or the commencement of rickets, and should change their food and manner of life. They should be fed exclusively on milky foods, in all their varieties; meat, legumes, and wine should be withheld; and they should be placed in the country. If the rachitic condition be manifest, salt-baths and cod-liver oil should be used. If, on the contrary, the growth be too rapid, the quantity of milk and vegetable foods should be diminished, and the diet be chiefly animal. Daily cold affusions and frequent cold baths, regular walking exercise, with a weight on the head, should be had recourse to. The bed should be hard, and not too long indulged in. Gymnastics are of great consequence."

"It is to no purpose", writes M. Piorry to *La Presse Médicale*, "that we measure the organs of the body with mathematical precision; that we discover the seat and even the nature of many of its lesions; that *post mortem* examinations demonstrate the correctness of our diagnosis; etc. Medical science is still laughed at; it is regarded rather as an inspired art, regulated only by intuition and hazard; the jokes of Molière and Beaumarchais are repeated to satiety; people laugh instead of believing, and welcome from the street a stupid charlatan, a lying Docteur Noir, or a shameless somnambulist." This state of things M. Piorry attributes to the great number of doctors who have no faith in their profession, and who practise it as if they had no faith in it.

The following are the expressed sentiments of several French surgeons on ovariotomy. M. Velpeau says: "The extirpation of diseased ovaries is a frightful operation, which ought to be proscribed, even if all the cures reported were actually true." M. Jobert says: "Their extirpation is a dangerous operation, which should very rarely be resorted to." M. Huguier: "Spite of all statistics, we reject the operation almost absolutely." M. Moreau: "For myself, I consider that this operation should be classed amongst those which belong to the province of the executioner." M. Cruveilhier: "There is no cure for multilocular cysts, because none other than extirpation is possible. Although this operation has been practised in England and America with success, I consider that it should never be admitted here. Success does not always justify rash enterprises." M. Malgaigne: "The operation seems to me of too radical a nature, and of a kind to put the woman too surely beyond the chance of any relapse. Statistics prove nothing. We know what statistics are. All the successful cases collected, and the unsuccessful passed over."

"This deplorable event"—the death of Prince Albert—"gives those English journals a hard and cruel lesson who criticised so bitterly the Italian physicians in reference to the treatment and death of Count Cavour. The Prince indubitably received all the care and attention that the devotion and consummate skill of his medical attendants could bestow; no doubt there was no prodigality in bleeding; nor was the diet too restricted; and yet the Prince died! The truth is, Art is not infallible in England, any more than in Italy or elsewhere. Such misfortunes are not rare; and because for once the misfortune falls on a royal head or an illustrious personage, are we justified in laying it as a crime at the door of the doctor in attendance?" So says *L'Union Médicale.*

According to the *Savoy Gazette*, the two new departments are infected with 12,366 goîtreux and cretins; that is, about 21.32 per 1,000 inhabitants. This is the sore place of Savoy. The experiment tried by the Sardinian government in the valley of Aosta has shown the inefficacy of the treatment and methods of education of these unfortunate creatures. Their best tonic, says M. Hudry-Menos, is the exciting air of the mountains.

M. Flourens, in his eloge of Tiedemann, says: "Gall was an ingenious *inventor*, and possessed all the qualities necessary for success, especially with Frenchmen. He had infinite wit and charming manners, and his German accent and character of stranger were in his favour. Gall tells us in his works of the innocent tricks which he played. 'I use many expedients in learning the inclinations of those who consult me,' etc. Gall was right; and we may safely affirm that he rarely made a mistake when he relied upon his own wit; he only fell into error when he made use of his cranioscopy or bumps. When Pariset was physician of the Bicêtre, Gall expressed a wish to examine the heads of the condemned criminals who were at that time confined there. On the day of his visit, Pariset had a dozen of these criminals dressed up as *infirmiers* (attendants). Pariset proposed that Gall should visit the heads of these gentry whilst breakfast was being prepared. Gall did so, and declared that they offered nothing remarkable. After breakfast, Gall requested that they should go to work, whereupon Pariset informed him that he had already examined the crania of the criminals! Gall and Tiedemann, both great anatomists, were of most opposite characters. One was always before the world; the other lived in retreat. One published aloud his science; the other only exposed it to the eyes of the learned. The one was not particular in injuring the purity of science in order to render it more seductive; the other was scrupulous in the observance of its most severe forms. Both, however, have served science in their way; the one in giving it an impulse which genius alone can give; the other in giving an example much more noble, of determined study, and of great difficulties overcome.

Dr. Veradini, in a paper read before the Academ
of Sciences of Bologna, points out a method of arti
ficial labour practised by Professor Rizzoli ; an
which, as he asserts, ought to be generally adopte
instead of the much discussed *post mortem* Cæsarea
section. Its adoption would satisfy, he tells us, th
religious, scientific, and judicial sides of the ques
tion. Several cases are related in which, immedi
ately after the death of the mother, a living chil
was forcibly extracted by the natural passages, an
without injury to the female organs. This opera
tion, it is said, is more quickly and easily performe
than the Cæsarean ; the child is extracted alive ; an
no injury is done to the mother, should it so happe
that her death was only apparent ; and the medica
man is relieved from all painful doubt as to th
chance of his having opened the body of a sti
living woman. Of course, this method of procee
ing applies in all cases of sudden death of wome
enceintes.

We recommend the following remarks of M. Bo
net to the consideration of the governors of St. Th
mas's Hospital :—" It is now admitted that the be
way to increase the cures in our hospitals (Paris)
to reduce their size, and to place them in bett
positions. What necessity is there in Paris for ho
pitals of six hundred beds ? All that is required
a hospital large enough to receive cases of eme
gency, and to form a school for clinical instructio
The new Hôtel-Dieu is to be constructed for the
ception of only two hundred to two hundred a
fifty beds. All the hospitals not required for urge
cases and instruction should be placed at the B
rières, as far away as possible from the centre
Paris. There should be twenty-five to thirty
them, each containing one hundred to one hund
and fifty beds."

M. Nélaton has discovered how it is that gra
operations—ovariotomy, hip-joint resections, etc
succeed in England and not in France. They s
ceed because " the patients in England are pla
under fitting conditions. This is the whole sec
Indeed, from facts which I have collected, I f
that neither ovariotomy, nor capital opérations
general, succeed in London any more than in Pa
when performed in the large hospitals. It is in
maisons de santé, in small private hospitals, t
these operations are performed successfully.
private hospital of Mr. Baker Brown, called
London Surgical Home for Diseases of Women, i
some sort a type of this kind. Situated at on
the extremities of the town—it may be said alm
in the country—it contains only eight rooms, hold
twenty-one beds. These private hospitals are
merous in London and elsewhere in England, etc

L'Echo Médicale Suisse will no longer be hear
the medical world ; it passed away with the clo
year.

L' Union Médicale says that the London medical ess takes so much account of the future site of . Thomas's Hospital, because the medical men's terests are concerned in it, as well as those of the tients.

ROME MEDICAL.

IE following account of Rome Medical is con- nsed from an account given by Dr. Armieux in *izette des Hôpitaux.*

The University of Rome contains five faculties, fifty- e chairs, and eighty professors, of whom fifty-nine e laymen, and twenty-one ecclesiastics. In the Fa- lty of Medicine there are nineteen courses: Experi- ental Physics, by Professor Volpicelli; Chemistry, by ofessor Ratti; Botany, by Professor Sanguinetti; ology, by Professor Diorio; Anatomy, by Dr. Rudel; ysiology, by Dr. Cadet; Anatomy, by Dr. Ponzi; neral Pathology, by Dr. Celi; Medicine, by Dr. Ga- si (the successor of Valentini); Surgery, by Dr. Fras- ndo; Obstetrics, by Dr. Panunzi; Hygiene, by Dr. alzi; Legal Medicine, by Dr. Maggiorani; Pharmacy, Dr. Ratti; Clinical Surgery, by Dr. Constantini; nical Medicine, by Drs. Crollis and Viale Prela. As have already said (JOURNAL, 1861, vol. ii, p. 668), five ars of study are required of physicians, and four years surgeons. The total expenses for examinations and lomas amount to 642 *francs* (nearly £26) in the case physicians, and to 514 *francs* (rather more than £20) the case of surgeons.

There is no Academy of Medicine in Rome; but there a Medico-Chirurgical College, composed of eighteen mbers, who are called upon by the government to tle professional and hygienic matters, to investigate ret remedies, mineral waters, etc. There is also a ecial Commission of Health attached to the Ministry the Interior, to whom questions of epidemics, quaran- e, etc., are referred. Each of the fourteen quarters Rome has its sanitary deputation. The pontifical ny doctors are paid, treated, and dressed exactly like ir French *confrères*. Since 1856, the physicians, geons, and pharmaciens of Rome have formed an sociation for Mutual Assistance. There are district tors in all the Roman States. The pay is for phy- ians, 2 *francs* 65 *cents* (about 2*s*. 2½*d*), and for sur- ns, 1 *franc* 30 *cents* (about 1*s*. 1*d*.), *per fire* (or use), for the year; for this sum, they engage to end all the sick in their canton. In each quarter of me there is a poor's doctor, who receives 770 *francs* out £30) *per annum*; a surgeon and a midwife, who ch half that sum. In 1857, there were in Rome 213 ysicians; 140 surgeons; 4 homœopaths; 27 phlebo- nists; 51 *pharmaciens*, one of whom was homœo- hic; 79 sworn *accoucheuses*; 2 French oculists; 6 ntists; and 6 surgical instrument-makers. In Rome, nsequently, there is a physician or a surgeon for ry 510 inhabitants.

The learned Societies which take up medical matters the Tiberine Academy, and that called Des Nou- ux Lynx, founded in 1812 and in 1602. The scien- journals are, *Annali fisici e matemat.*; *Correspond. enz.*; and *Florilege Medicale.*

The *food* of the Roman people is chiefly vegetable. ring the week, not more than about three or four ndred oxen, two hundred calves, and a hundred ep are killed; and during the spring, in addition, two usand goats or lambs; and in winter, four hundred s. It is calculated that this quantity gives two ces of meat a day to each person, or 48½ lbs. *per annum*. Paris, 88, and in London 110, pounds per person, are sumed.

The present *population* of Rome is upwards of 180,000; in 1831, it was 152,000. The increase, therefore, during thirty years, has been 30,000. The average annual mortality during that period has been 4,650; the births, 1 for every 30 inhabitants; and the deaths, 1 in every 35. Between 900 and 1,000 infants are abandoned every year. Illegitimate births are rare. The average duration of life is thirty-five years.

Fevers, nervous, intermittent, remittent, miasmatic, etc., are common in Rome. Typhoid fever is rare among the indigenous, but is common in the army of occupation. Diarrhœa and dysentery are rare. Lung-affections are common; pulmonary consumption is not benefited by residence at Rome. The figures of M. Champonillon and of Dr. Jacquet show how fatal such residence is to the phthisical. Syphilis is rare and of a mild character at Rome; this, in the absence of all government interference, must be attributed to the salutary influence of climate. The spring is the most healthy period at Rome; the most fatal is the autumn. Summer is dangerous to strangers, and winter to the indigenous. The inhabitants endeavour to escape malarious influence by a thousand precautions. Tourists should do likewise, and conform to the Horatian precept—

> "Dum Romæ fueris, Romano vivite more."

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, JAN. 6TH, 1862.

WILLIAM COULSON, Esq., President, in the Chair.

CLINICAL DISCUSSION.

Diseased Kidney from Calculus. Dr. W. R. ROGERS exhibited a kidney which had undergone extensive suppuration from the presence of a calculus. The patient was an old lady aged 72, who came under his care about six weeks ago, complaining of violent pain under the right ribs. About a month previously, she had had a similar pain, which yielded then to anodynes and antispasmodics. On the second return of the pain, it was not removed as before by the same treatment; but, beyond it, and some shivering at night, there were no symptoms denoting the serious nature of the case. The pain was somewhat relieved by fomentations and anodynes; but, as the patient appeared sinking, Dr. Walshe was called into consultation. It was supposed that there was a calculus in the kidney, on account of the persistent pain, the rigors, and occasional sickness; but the urine gave no indications of the presence of pus. About three days before her death, the pain became acute, and extended from the right to the left side. On *post mortem* examination, a large calculus was found in the kidney: this had given rise to suppuration, and an opening had taken place into the peritoneal cavity. She had been subject to rheumatic gout, but had never before complained of kidney-disease. Her husband had died of cystic disease of the kidney; the size of the swelling being so great that he had been tapped under the supposition that he had ascites.

Hydatid Disease of the Liver and Peritoneum. The patient, a young woman aged about 28, a lady's maid, generally delicate, had been two years under Dr. ROGERS's observation. Her abdomen had been enlarging for two years previously. On palpation, he was led at first to believe there was a multilocular ovarian cyst with hardened portions. She was taken into the Samaritan Hospital; and, purgatives having been given, scybala were ejected, and the feeling of hardness disappeared. On consultation, it was decided that the swelling was not an ovarian tumour, but diseased liver and ascites; the examination by palpation leading to this idea. She was then admitted into the Middlesex Hospital, where she remained four or five months without benefit. Dr. Rogers now saw her again, and found the supposed liver line lower than before, and the ascites apparently increasing. After some time it was supposed that there was a fluctuating tumour of unknown character connected with the liver; and it was decided to open this. Potassa fusa was accordingly applied, so as to set up adhesive inflammation; and two pints of serous fluid were evacuated by tapping. The upper portion of the abdominal swelling, however, was alone emptied: that which had been supposed to be the outline of the liver was no longer felt. After a day, jaundice, rigors, and symptoms of inflammation in the region of the cyst set in; peritonitis appeared, and continued about six weeks; and after appearing for a time to get better, she died after repeated attacks of vomiting. There was found to be a large liver cyst, to which the bowels were matted, and the peritoneum was studded with cysts. The contents of the tumours were described by Dr. Rogers as containing echinococci.

Operation for Relaxed Sphincter Ani. G. M., aged 10, came under the care of Mr. I. B. Brown in September last, on account of inability to retain his fæces, to which he had been subject for many years. Cold baths, and various other remedies (including even whipping) had been employed without benefit; but it was only a month before Mr. Brown saw him that medical advice was taken. The cause was then ascertained; and after a short but ineffectual course of tonics, the patient was sent to Mr. Brown. He found the anal orifice larger and more lax than normal; the cause of non-retention of the fæces was clearly an uncontracted state of the sphincter. The boy was in good general health; so an operation was at once performed. Chloroform having been given, the skin was carefully dissected for about half an inch in depth from the whole circumference of the anus, begining at the junction of the skin with the mucous membrane. This was done with the view of reducing the size of the anus by cicatrisation. An opiate suppository was given for several nights, and on the sixth day his bowels were opened by castor oil. With the exception of a slight attack of diarrhœa, he had no bad symptoms; five weeks after the operation he returned home, able to retain all his motions, and, when Mr. Brown heard of him three weeks ago, he was strong and in good health.

Cases treated by Faradisation. Dr. Althaus related several cases which had been treated by Faradisation. A woman, aged 46, had had fracture of the lower end of the radius. In consequence of union in a faulty position (from the carelessness of the patient with respect to the splints), it was necessary to refracture and reset the bone. Union was not perfected within ten months. The limb was now left useless; but its power was restored by Faradisation of the ulnar nerve. In another case, a woman had a finger amputated on account of disease. Healing was retarded for three months; and, when it took place, she had lost the power of her hand and forearm. Mr. Spencer Wells, under whose care she had been, sent her to Dr. Althaus. She had numbness of the fingers, pain in the forearm, and much pain referred to the finger that had been removed. Faradisation was applied to the nerves of the arm; with the result of restoring the use of the limb. In another case, the patient was a woman, aged 37, who had been extremely deaf since 1849. No structural disease of the ear could be discovered. She was placed in the recumbent position, and, the meatus auditorius having been filled with water, Faradisation was employed by placing the pole in the water and the other on the nape of the neck. She was still under treatment; but improvement had taken place—so far that it was possible to converse with her. Dr. Althaus directed attention to the importance of attention, in the use of Faradisation, to the mode of application and the form of electricit applied.

Hot Air Bath for Hospital Use. Dr. Richardson exhibited a drawing of a hot air bath which he had devised It consisted of an ordinary bed, properly closed in; th air being heated from below by gas or coals and bein conveyed by tubes. With the apparatus, a bath of th temperature of 135° could be obtained in twenty-fiv minutes, at a cost of about a shilling. He advocate the introduction of such an apparatus into hospital us for the purpose of testing the real therapeutic propertie of the hot air bath. Much prejudice had been raise against the bath, from the way in which it had been introduced to notice; but, while he held to his formerl expressed objections to its indiscriminate use, he believed it might be useful in some forms of diseases.

Arsenic as an External Application. Dr. Richardso exhibited also several specimens of preparations of arsenic for external use. These were, ointment of arsenit of potash (gr. i to ℥i); ointment of arsenite of ammonia; a liniment of arsenite of ammonia and glycerine; a liniment of arsenite of ammonia in soap lin ment; and a soap of arsenite of ammonia; each co taining one grain to the ounce. He had used them wit success in about fifteen cases of lepra and one psoriasis. The arsenic appeared to him to act locall and he believed that to be its mode of action whe given internally.

Monday, Jan. 13, 1862.

William Coulson, Esq., President, in the Chair.

ADDRESS OF CONDOLENCE TO THE QUEEN.

The following address of condolence to Her Majest on the occasion of the death of the Prince Consort, wa unanimously agreed to.

"*To the Queen's Most Excellent Majesty.*

"May it please your Gracious Majesty,—We, the Pr sident and Fellows of the Medical Society of Londo in special meeting assembled, most humbly solicit yo Majesty to accept the tribute of our sincere condolen under the dire bereavement your Majesty has sustaine We pray that the Almighty disposer of events may, His unbounded mercy, grant your Majesty the blessi of His grace, to enable your Majesty and your Majest august family to bear with fortitude and resignation t irreparable loss which your Majesty, in common wi the whole nation, has been visited with, in the decea of the late Prince Consort—a prince as universally loved by the whole nation whilst living, as mourned n dead; not more for his talents and his usefulne which have enrolled his name amongst the great a good that have passed from us, than for his exempla social virtues, which have placed him before the nati as a pattern and model for the discharge of every dome tic and public duty.

"May it please Almighty God to pour down on yo Majesty the continual dew of His blessing; and vouc safe to your Majesty long life and health to reign ove dovoted and loyal people."

(Signed by the President, on behalf of the Fellows the Society.)

DESQUAMATIVE GASTRITIS IN SCARLATINA. BY S. FENWICK, M.D., NORTH SHIELDS.

In the absence of Dr. Fenwick, the paper was re by Mr. Lawson, one of the Secretaries.

The object of the communication was to shew that scarlatina the stomach may be affected both in structu and in function, without the symptoms being of such nature as to attract the attention of the practitione and that such alteration takes place at the outset of t complaint, and, in all probability, exerts its influence the case until its termination. Two cases were relat in illustration.

In the first case, a child, aged about 2 years, living ıere scarlet fever was prevalent, was suddenly seized th vomiting and diarrhœa. In a few hours, a slight arlet rash appeared; and, in five hours from the com- encement of the illness, the vomiting ceased, and con- lsions came on, and continued up to the time of ath, fourteen hours afterwards. On *post mortem* exa- ination, the blood-vessels of the brain were found ıch congested; the kidneys were healthy, and the adder contained urine. The stomach contained a few nces of a brown fluid, and its mucous membrane emed in one part much congested. The fluid was al- line; on filtration, the clear portions gave a precipi- e on boiling, which was not dissolved by nitric acid. e thicker part of the contents consisted of pieces of e membrane, cells, fine granules, and shreds of mem- ane; the pieces of fine membrane showed no appear- ce of fibres, but were dotted over with granules, some which were of fat. The cells, of which the deposit iefly consisted, resembled those to be found in a althy stomach; they varied in diameter from 1-1200th 1-2200th of an inch, the general size being about 1500th of an inch; they were often attached to fine reds of membrane. They were also a few flat epi- elial scales, like those of the mouth and fauces. The bes of the mucous membrane of the stomach could traced out more easily than usual. They were large, d much distended at the closed ends; only a few attered cells were visible in them, and their basement embrane seemed lined by a membrane dotted over th granules. After the stomach had been soaked in ong spirit for six months, the tubes seemed, under e lower powers of the microscope, filled with the cells glutinated into masses, and irregularly blocking up the ntres of the tubes; but the edges of the tubes had t their usual distinct outline, and the cells were less ımerous than in the healthy state. Under the higher wers, each cell seemed covered with a thin membrane, ich could be seen, in many instances, to pass from e cell to another. The villi of the duodenum were ipped of epithelium; and, although there was no trace food, they contained numerous fatty granules.

The second case was that of a child, 2 years old, who ssed through the first stages of scarlet fever, but was acked in the second week with slight dropsy, accom- nied by fever, and scanty urine, mixed with blood. remained sensible up to the last moments. Vomiting curred at the outset of the disease, but did not recur. e right pleura was full of a dark red fluid; and both ngs were greatly congested. The kidneys were large, d much congested. The stomach contained a small antity of turbid fluid; the mucous membrane was le, and seemed wasted, but in no part presented ap- arances of *post mortem* solution. The general micro- opical characters of the fluid were much the same as the other case; but the cells were described as being metimes arranged in masses, as if they had been ipped from the tubes. The tubes of the stomach re not distended, as in the first case, but seemed ıaller than natural.

This form of gastritis presented an evident analogy desquamative nephritis; but, the author observed, ere were some points of difference. An oily state of e cells and tube-casts of the kidney is rare in ildren; whereas it was strongly marked in the omach in the cases related. Again, blood almost al- ys accompanies the more severe forms of nephritis, t none could be detected in the contents of the omach.

Dr. Fenwick believed that the functions of the omach in such cases was completely paraysed; and a oof of this was afforded by the retention of the casts the stomach in an undissolved state. Further, in exten- e examination of the vomited matters during convales- nce from scarlet-fever, he had almost always found torulæ—which cannot exist when the stomach is actively secreting gastric juice.

Some valuable remarks followed, on the probability of the frequent occurrence of desquamative gastritis in scarlatina, especially when the frequency of stomach symptoms in the disease is considered. The author was disposed to attribute to the complication now considered a much higher importance than that generally allowed to it. In reference to the convulsions in the first case, these could not be connected with disease of the kidneys; and he was disposed to refer them to the irritation produced by the state of the stomach and intestines. The difficult convalescence after scarlatina, he held to be connected with the impairment of function which had been undergone by the intestinal canal.

In conclusion, he stated that, knowing how unsafe it is to generalise from small numbers of facts, he had waited for some time in the hope of being able to make further observations on the subject; but, as no further opportunities had presented themselves, he had decided to lay before the Society for discussion the cases which he had noticed.

Dr. Habershon said it would have been well to know whether the stomachs in Dr. Fenwick's cases had been subjected to the action of cold water. A mammillated appearance of the mucous membrane of the stomach, and apparent shedding of the gastric tubes, was a common appearance after death.

Dr. Kidd remarked on the connection between diphtheria and scarlatina, which he believed to be well marked. The casts exhibited, he thought, might be diphtheritic.

Dr. Richardson said that Dr. Fenwick had several times submitted his specimens to him (Dr. Richardson). He thought Dr. Fenwick had propounded a new and important question with regard to scarlet fever. Since Dr. Fenwick's researches had been going on, he had twice made *post mortem* examinations of cases of scarlet fever. He had not, in previous instances, laid open the alimentary canal, although he had made sixteen or seventeen *post mortem* examinations after scarlatina. In his last two cases, however, he had examined the mucous membrane. In one case, he sent the stomach to Dr. Fenwick, who found the organ to present the appearances described by him in his paper. The whole of the alimentary canal was injected throughout. The stomach had a purplish red appearance, very like the scarlatinal throat. The stomach had been preserved with a little ammonia, and received by Dr. Fenwick in a few hours after removal. If Dr. Fenwick's views were correct, our views as to the mode of communication of scarlatina, and as to treatment, must probably be modified. He moved that Dr. Habershon and Dr. Hyde Salter be requested to examine the specimens and report on them.

Dr. Symes Thompson seconded the motion, which was carried; Dr. Thompson's name being added.

Operations for Varicose Veins. Mr. Lee called attention to the subject of the cure of varicose veins. A case had been reported in the *Dublin Medical Press* as having been operated on by Mr. Tufnell with disastrous results—pyæmia (not, however, fatal). It was brought before the Surgical Society of Ireland, and all the speakers had apparently condemned all operations on veins. Mr. Lee had operated on many cases, without any symptoms beyond a little local irritation. This difference in the results he attributed entirely to the difference in the mode of operating. The Dublin surgeons had clamped two needles together—a process which Mr. Lee did not see to be different from ligature. Where a single ligature is placed, a clot is formed; and, if the surrounding secretions be mixed with it, decomposition is produced, and symptoms of poisoning are very likely to be induced. But if needles be introduced at a distance from each other, so as to produce acupressure, the vein may be safely divided between them; and even if suppuration should recur, there is no absorption of decomposed matter. Mr. Lee stated that he now used small India-rubber bands for producing pressure with the needles.

Mr. Coulson had never seen (with two or three exceptions), any bad results from the application to a vein of a single needle with a ligature. But in almost all the cases he had operated on, the varicose conditions of the veins had returned in two or three years. In future cases, he would adopt Mr. Lee's plan of dividing the vein.

Dr. Thudichum inquired as to the permanency of the cure in Mr. Lee's cases.

Mr. Lee had seen a good number of cases at the end of twelve months and upwards; and the cure was generally complete. In one case, the varicose state had returned; but here, he believed, he had not properly divided the vein.

Correspondence.

THE ALCOHOLIC FORCING SYSTEM.

Letter from John Higginbottom, Esq., F.R.S.

Sir,—At an early period of my practice—about the year 1820—I had an exposition of the alcoholic forcing system (falsely called a generous diet), by taking wine and malt liquor several times a day with food. Mr. F. was a surgeon of about the same age and standing in the profession as myself; both of us having an extensive and laborious practice. On comparing our positions, we concluded that neither of us would be able to continue the fatigue, loss of sleep, and exposure to heat and cold, for a longer period than four or five years; that we should sink under it.

Some time had elapsed before we had another conversation on the subject of our health and capabilities for work. When we then met, my friend was apparently much improved in personal appearance, somewhat increased in bulk, florid complexion, and what would be considered in good condition. He told me he did not feel like the same creature; he was so much better, and could do his work with pleasure. I wished to know what he had been doing to bring about so favourable a change. He told me he had taken to drinking ale; and that he had kept up his strength by that means, and recommended me to follow his example. I told him I could not do it. I was determined to bear, suffer, and work on my own natural strength, and not trust to an artificial stimulus. My friend continued his practice of taking ale for several years with apparent benefit; but had, at intervals during that time, a disordered state of health, without any apparent organic disease. Ultimately, his liver was diseased. He still continued his home-brewed ale as a remedial agent. He had to discontinue the practice of his profession; was confined to his room for many weeks; ascites followed, and I had to perform paracentesis; some weeks afterwards he died. His death took place in 1826.

The above is a fair medium example of the alcoholic forcing system. If we have a desire of investigating extreme cases, there is a numerous and a decided class—the publicans, and some of their wives—who often live luxuriously; take alcoholic beverages many times a day; and take little exercise to throw off the baneful effects of the poison. They become obese, diseased, and die; indeed, take a very ready way to death and the grave. An old physician in Nottingham told me he had seen a succession of five or six publicans in the houses around him in the course of thirty years; and a spirit merchant said that he considered a publican's life not worth more than a five or six years purchase.

Alcohol in ale, wine, or in any other form, cannot taken daily by any individual with impunity, it being cumulative poison; yet its pleasing effects are such, first, as to be hailed with delight and satisfaction, fro the apparent improvement in health and appearance the person. This delusive state is continued for shorter or a longer period, according to the quantity alcohol taken; and the powers of the stomach, streng of constitution, and habits of the person. The e effects of the alcohol will assuredly come sooner or late "In the physical world, there is no forgiveness of sin In the expressive words of Scripture, "At the last, biteth like a serpent and stingeth like an adder."

In the late controversy of "Is Alcohol Food or Ph sic," nothing yet has been advanced to prove that alc hol is either food or physic. I claim my first asserti that alcohol is neither food nor medicine. I throw do the gauntlet. What medical man will take it up?

I am, etc., John Higginbottom.

Nottingham, December 30, 1861.

WORMS IN CHILDREN.

Letter from Charles Kidd, M.D.

Sir,—About a year ago, finding the use of chlorofo to be very valuable in injections to destroy worms children and adults, I was led to hazard the opinion have held for several years that worms, especially t *oxyurus* and *ascaris* so called, are often mistaken for not identical with the larvæ of some of the "thousa and one" varieties of the common *muscidæ*. I am gl to find my friend Dr. Brinton, in following up the i quiry, in the *Archives of Medicine*, has hit upon the sa idea and corroborates it. The larvæ are probab hatched in the sigmoid flexure of the colon, where th may lie for several months; but ether or chloroform i jection seldom fails to reach them.

I am, etc. Charles Kidd, M.D.

Sackville Street, Jan. 10th, 1862.

DR. STEWART AND MR. I. B. BROWN.

Letter from I. B. Brown, Esq.

Sir,—Before the publication of Dr. Stewart's letter your last week's number, he had received notice from that I insisted on prompt arbitration, or legal procee ings against him for defamation of my characte Whilst, therefore, waiting for him to elect one of the two modes of redress, I shall only put myself right wi my professional brethren, by showing the untenablene of the two leading points of his letter, namely, th "there is no issue to arbitrate upon" and that his o charge against me is "tacitly admitted" by myself.

I am fortunately enabled to confute Dr. Stewart by authority which he cannot question—an extract from letter which I with difficulty extorted from him to m self on 28th November last, explaining a private co versation we had together at the last meeting of the A sociation at Canterbury. These are his words:—

"Let me recall the substance, or rather the words, our conversation, on our way from the Deanery to t Hotel. You said you had told Lady ——, when you d covered that I had had some unpleasant corresponden with her and his lordship, that they had no reason complain of me. I said it was all very well of you say so then; but that it came too late, when you said them in my presence, 'your daughter has not twel hours to live, unless some very prompt measures a taken'; as much as to say that she had fallen i danger through my neglect, the consequences of whi you would, if possible, repair. *You said you did not your words could bear that construction.* I replied th Lord and Lady —— had understood them in that sen and to say the truth, if I had been in their place, I co ıave put no other meaning on them. You then offered o refer the matter to any two of my colleagues, and to .bide by their decision; to which I replied, that such a ıroposal came far too late, for the mischief was done, nd was, I feared, irreparable, and that I did not see ʼhat good purpose any such reference could possibly erve."

This statement now lying before me in Dr. Stewart's wn handwriting rather militates, I think, against his epresentations to you. Here we have his own admission that I explicitly denied the construction he put on ıy words; and you will perceive, too, that at Canterury he did not, in the face of that denial just fresh ːom my lips, venture to say there was "no issue to aritrate upon." He only thought that an arbitration could o no good."

I am, etc., I. B. Brown.

17, Connaught Square, Hyde Park, Jan. 14, 1862.

[As this matter is now placed in the hands of the ommittee of Council of the Association, we can, of ɔurse, receive no further communications on the subːct. Editor.]

Medical News.

APPOINTMENTS.

ɴGIER, George A., Esq., elected House-Surgeon to the East Suffolk Hospital, Ipswich.

ᴊGGAN, W. N., M.D., elected Assistant House-Surgeon to the Chester General Infirmary.

ɔBERTS, E. Stokes,, jun., Esq., elected House-Surgeon to the Chester General Infirmary.

UTTON, John M., M.D., elected Physician to the Queen's Hospital, Birmingham, in the room of *W. F. Noott, M.D.

HITMARSH, William M., Esq., elected Resident Medical Officer of the Birmingham and Midland Free Hospital for Sick Children.

ILLSHIRE, W. H., M.D., appointed Physician to Charing Cross Hospital.

ɔYAL ARMY. The following appointments have been made:—

LAN, Staff-Assistant-Surgeon A., M.D., to be Assistant-Surgeon 7th Foot.

ARKE, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 0th Foot, *vice* J. Tulloch, M.D.

OSS, Staff-Surgeon P. H. E., to be Surgeon 58th Foot, *vice* H. Downes, M.D.

VLIN, Staff-Assistant-Surgeon H. W., to be Assistant-Surgeon 4th Foot, *vice* E. G. McDowell.

SCOYEN, Staff-Assistant-Surgeon G. E., to be Assistant-Surgeon 0th Foot.

MESON, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 7th Foot.

RTIN, Staff-Assistant-Surgeon C., to be Assistant-Surgeon Royal Canada Rifle Regiment.

SSAUVILLE, Staff-Surgeon-Major W. A., M.D., to have the honorry rank of Deputy-Inspector-General of Hospitals.

HALLORAN, Staff-Assistant-Surgeon W., to be Assistant-Surgeon 4th Foot, *vice* A. Chester.

XTON, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 0th Foot.

LLOCH, Assistant-Surgeon J., M.D., 10th Foot, to be Assistant-urgeon, *vice* J. Jardine, M.D.

To be Staff-Surgeons-Major:—

MPSTER, Surgeon-Major J. C., M.D., half-pay.
WNES, Surgeon-Major H., M.D., 58th Foot, *vice* P. H. E. Cross.

To be Staff-Surgeons:—

RRETT, Surgeon W., M.B., half-pay, 100th Foot.
LL, Assistant-Surgeon J. N., M.D., 93rd Foot.
RGUSON, Staff-Assistant-Surgeon J.
RPHEW, Staff-Assistant-Surgeon A., *vice* W. R. Thompson, M.D.
ALLAGHAN, Staff-Assistant-Surgeon A., *vice* E. A. Brien.
ENY, Staff-Assistant-Surgeon R.
YLOCK, Staff- Assistant-Surgeon W. S., M.D.
IGHT, Assistant-Surgeon J. C. E., M.D.

To be Staff-Assistant-Surgeons:—

ISTRONG, Assistant-Surgeon W., 87th Foot, *vice* Kennedy.
ATH, Assistant-Surg. J. H., M.D., 3rd Foot, *vice* J. Jameson, M.D.
DER, Assistant-Surgeon W. M., 49th Foot, *vice* A. Allan, M.D.
STER, Assistant-Surgeon A., 74th Foot, *vice* W. O'Halloran.
LK, Assistant-Surgeon F. M., 15th Foot, *vice* E. O'Connell.
VELL, Assistant-Surgeon E. G., 44th Foot, *vice* E. W. Devlin.
Hutton, Assistant-Surgeon G. A., 12th Foot, *vice* J. Paxton, M.D.
Jardine, Assistant-Surgeon J., M.D., St. Helena Regiment, *vice* J. Clarke, M.D.
Marshall, Assistant-Surg. E. H., 2nd Foot, *vice* G. E. Gascoyen.
Milburn, Assistant-Surgeon J. T., 25th Foot, *vice* J. Martin.

The undermentioned Staff-Assistant-Surgeons upon half-pay to be restored to full-pay:—

Adams, R., M.D.
Alcock, N.
Davidson, D. M., M.D.
Gillespie, F., M.D.
Godwin, C. H. Y.
Heath, R. E., M.D.
Hope, S.
Jazdowski, B. J., M.D.
Lever, R. C., M.B.
Maunsell, T.
Riordan, R. De Burgh
Walters, J.
White, G. F.
Wells, C. S.
Wilson, F. R.

Royal Navy. The following appointments have been made:—

Alcock, Daniel R., Esq., Assistant-Surgeon, to the *Investigator.*
Borrows, Robert, M.D., Assistant-Surgeon, to the *Impregnable.*
Connolly, Wm., Esq., Assistant-Surgeon, to the *Royal Adelaide.*
Mullan, Andrew, Esq., Assistant-Surgeon, to the *Royal Adelaide.*
Thomson, M., Esq., Surgeon, to the *Impregnable.*

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Emmerson, W. L., Esq., to be Surgeon 1st Northumberland A.V.
Tripe, J. W., M.D., to be Assistant-Surgeon 1st Tower Hamlets Engineer Volunteers.

To be Honorary Assistant-Surgeons:—

Horton, G., Esq., 21st Worcestershire R.V.
Morris, T., Esq., 4th Denbighshire R.V.
Ransome, A., M.B., 25th Cheshire R.V.

DEATHS.

Black. On January 7th, at 6, Amelia Place, Southgate Road, aged 7½ years, John, eldest son of Robert J. Black, M.D.

Blackall. On January 6th, at Exeter, aged 89, Laura, widow of *John Blackall, M.D.

Buller. On January 13th, at Lloyd Square, Pentonville, aged 74, Mary Ann, widow of William N. Buller, Esq., Surgeon.

Cockburn, Archibald W., M.D., at Murrayfield, Edinburgh, on January 13.

Croudace, John R., M.D., at South Moor House, near Sunderland, aged 32, on January 10.

Davies, Henry, M.D., at 6, Duchess Street, Portland Place, aged 79, on January 9.

Kilgour. On January 8th, at Musselburg, near Edinburgh, aged 84, Sarah, widow of Martin Kilgour, M.D.

Knaggs. On January 13th, Susan, wife of John Knaggs, Esq., Surgeon, of 5, Euston Grove.

Protheroe. At Black River, Mauritius, Frederick B. D. G., infant son of E. S. Protheroe, Esq., Surgeon Royal Artillery.

Ladies' Patronage of Homœopathy. The ladies who compose the Board of Managers of the Cincinnati Orphan Asylum have elected a homœopathist to the medical department.

Results of Tattooing. The *Union Médicale de la Gironde* states that a young soldier lately had his arm removed at the shoulder-joint for gangrene, brought on by tattooing. The poor fellow who thus lost his limb had served in the Cavalry and the Military Train. He was literally covered—fingers, arms, and chest—with fanciful tattooings, which were made in hospital whilst he was under treatment for rheumatism.

Vacancies. The following appointments are vacant: physician to the Sussex and Brighton Eye Infirmary, by the resignation of Dr. H. Moon; poor-law medical officer to the Huntington district of the Kington Union, Herefordshire; physician to the Royal General Dispensary, Bartholomew Close, by the resignation of Dr. R. C. Galton; and resident medical officer to the Dover Hospital.

St. Mary's Hospital, Paddington. A donation of £500 has been made to this excellent institution in its hour of need by Mr. George Crawshay. A successful surgical operation performed on one of this gentleman's servants at the hospital, by Mr. Ure, led, we understand, to this liberal and acceptable donation, the largest which the hospital has received since it was opened.

A New Remedy. It is reported that a London physician (*pure et simple*) has lately made application for and obtained the promise of all the boa constrictor excrements that the Zoological Society can supply. This new remedy is, we believe, rubbed in externally; and also taken internally by humanity's sufferers. It is to be hoped the patient is ignorant of the nature of his physic.

University of Edinburgh. At a meeting of the University Court of the University of Edinburgh, held on Friday week—present, the Right Hon. W. E. Gladstone, Lord Rector, Principal Sir David Brewster, the Hon. the Solicitor-General, Robert S. Grieve, Esq., Dr. Brown, Dr. Alexander Wood, and Dr. Christison—the following gentlemen were elected non-professional examiners in the faculty of medicine, viz:—Dr. James Begbie, Dr. William Robertson, and Dr. Douglas Maclagan.

Army Drunkenness. "Within the last few weeks," writes Surg.-Major Ranking, in *Madras Quarterly Review*, "the payment of the 'bounty' has afforded the men the means of indulging their propensities for drink to an extent which probably never fell to their lot before. Some thousands of rupees were put into circulation, and the consequence was that eighty-one cases of ebriositas (drunkenness in its most profound form), and fourteen cases of delirium tremens passed through the hospital."

Murder of a Doctor. A physician of Houdelaincourt (Meuse) has just been murdered by one of his patients under the following circumstances. A labouring man named Vincent, 38 years of age, had been successively attended by two medical men named Guyot and Hanin, both of whom prescribed copious bleeding. As Vincent found no relief from their mode of treatment, he went to a third doctor, who told him that his complaint arose solely from want of blood. On hearing this he was so incensed against Drs. Guyot and Hanin that he resolved to be revenged on them. Accordingly, having heard that the former was at a neighbouring village, he waylaid him on his return, and killed him by repeated blows on the head with a hoe. Being arrested shortly afterwards, he confessed his crime without the least hesitation, and seemed to think himself fully justified in thus taking blood for blood.

Arsenic Smoking in Asthma. The *Philadelphia Medical Reporter* has the following:—A correspondent gives us his experience in the use of this remedy, in two cases which came under his observation. The persons had been afflicted with spasmodic asthma over twenty years, and the attack would last five or six days, during which time they could neither lie down nor sleep. His method of administration is as follows: fill a small pipe half full of tobacco, then add a quarter grain of arsenious acid, and cover it with tobacco enough to fill the pipe full, smoke it, and inhale the smoke. This will cause a tickling sensation in the bronchial tubes, which will be followed by expectoration and relief. In both the cases it was given in the middle of the attack, and each smoked a quarter of a grain each day for six days. No unpleasant effects followed, and neither of them have been troubled since.

Modern Miracles Dissected. The Tribunal of Correctional Police of Valence (Drôme) tried, some days since, a young woman of 18, named Revoiron, and popularly known as the "Saint of Montmirail," on a charge of deceit and swindling. Her brother's wife was also charged as an accomplice. It appears from the evidence that Marie Rovoiron, after hearing mass at Montmirail in June last, fainted on leaving the church, and was carried in a state of insensibility to her brother's house close by. Soon after a rumour was set afloat that she saw visions, and had direct communication with angels; also that on her hands, feet, and side the stigmata of the crufixion had been imprinted by some mysterious agency. The rumour of this miracle soon spread abroad, and people came in thousands from all the country round to consult her and receive her blessing, for which money was taken. A commissary of police, however, thought it his duty to investigate the matter, and, being convinced of the deception, he arrested the young woman and her sister. Marie Revoiron then confessed to him that the wounds on her person were made by herself, but she persisted that her visions were real. After hearing all the evidence, the Tribunal condemned the pretended saint and her accomplice each to a month's imprisonment and a fine of 25f.

Poisoning Noxious Animals. On account of the numerous accidents which have occurred from using arsenic and phosphorus for this purpose, M. Séverin Caussé, at the request of the French government, has been pursuing a series of investigations with the objec of devising some means of poisoning which should be as efficacious and more safe than those in use. As general principles he lays down these rules:—1. We must not risk mistakes by employing the poison in the form of biscuits, pills, or powder. 2. An excipient must be used which is repugnant in taste to man but not to animals. 3. Emetic substances should be added, so as in case of the poison being swallowed accidentally, vomiting may be produced, which is not with gnawing animals like rats and mice. 4. The substance should be easily detectable by chemical analysis. 5. The composition he finally recommended as the best suited as destructive agent, consists of tallow 786 *grammes*, tartar emetic 153 *grammes*, and euphorbium 51 *grammes* These, mixed with a pinch of aventurine (added fo facility of detection in case of human poisoning), b the aid of 10 *grammes* of cotton, are made into thirty two candles, each of which should suffice to poiso several rats or mice. (*Annals d'Hygiène*.)

Ethnological Society. On the 14th instant, a pape was read by Professor Owen "On the Osteology an Dentition of the Andaman Islanders." He gave a ver elaborate description of the men he had to discours upon. They stood about four feet ten inches high their skin was jet black; their hair woolly, but usuall shaved off, except a small piece on the top of thei heads and on their upper lips. Their noses were fla and their lips thick, and they possessed every characteristic of the negro. They were remarkably stron and tattooed themselves with small pieces of glass, without any colouring, as the under part of the skin wa whiter than the outside. They went totally naked, an were noted for their audacity and their antipathy t strangers. He then proceeded to show the skull of on of these extraordinary beings, and pointed out som marked differences between it and the negroes of Ta mania and West Africa. The skull was well formed, an the frontal bone, though rather narrow, was not lo and they were certainly not cannibals. The paper the proceeded to discuss the question of the origin of th race, and, after referring to various authorities, declare that there could be no doubt that they were a pure rac and their origin, had been coexistent with the formatic of the earth. They themselves, however, had no ide of their origin and no notion of a future state. D Mouat gave a very interesting account of his crui round those islands, the unsuccessful attempts he ma to establish amicable relations with them, and t capture of one of their number. He stated that th went naked, and would hold no communication wi strangers. When they tried to get near them the nativ would send a shower of arrows at them, and he co fessed they shot with great force and accuracy. Fro all the information he could glean about them, and t experience he had had of the one they had caught,

lieved they were quite gentle, amiable, tractable, and
nprovable, and could be reclaimed if means could be
scovered for communicating with them. At present,
out six of their number had been caught at different
nes, and were being educated in India for the purpose
being sent back as negotiators.

Manchester School of Medicine. The distribu-
n of prizes and scholarships in this institution for
e session 1860-1, took place on January 9th, in the
ecture Theatre of the Manchester Royal Institution.
r. Joseph Jordan presided. The following is a list of
e successful candidates. *Third Year's Students:*
holarship value £20: Mr. Herbert G. Lee, Thame,
xfordshire. *First prize*, value £5: 5*s*.: Mr. Frederick
Fairbank, Rugby. *Second*, £3 : 3*s*.: Mr. James Allen,
ott Shrigley, Macclesfield. *Third*, £2 : 2*s*.: Mr. John
. Morris, Rochdale.—*Second Year's Students: Scholar-*
ip, value £15 : Mr. Samuel M. Bradley, Victoria Park,
anchester. *First Prize*, value £5 : 5*s*.: Mr. Joshua W.
enshaw, Sretford. *Second*, £3 : 3*s*.: Mr. Frederick W.
ooth, Ashmond, Lees. *Third*, £2 : 2*s*.: Mr. Hugh
oss, Congleton. *Fourth*, £1 : 1*s*.: Mr. John Motters-
ad, Butley, Macclesfield.—*Certificates of Merit:* Mr.
hn Mottershead, Macclesfield; Mr. J. L. Rushton,
inbow, Macclesfield.—*First Year's Students: Scholar-*
p, value £10 : Mr. Ebenezer W. Edlin, Manchester.
rst Prize, value £5 : 5*s*.: Mr. T. M. Johnson, Salford.
cond, £3 : 3*s*.: Mr. John Ward, Rushford Park,
venshulme, Manchester. *Third*, £2: 2*s*.: Mr. Wil-
m Longbotham, Middleham, Yorkshire. *Fourth*, £1:
: Mr. C. J. Renshaw, Ashton-on-Mersey, Cheshire.
Certificates of Merit: Mr. John W. Bentley, Leigh,
ar Manchester; Mr. Walter Whitehead, Bury.—*Mr.*
rner's Prizes for Comparative Anatomy and Physiology:
ior Class: Mr. John W. Morris. *Junior Class:* Mr.
J. Renshaw.—*Royal Infirmary Clinical Surgery:*
ize: Mr. J. W. Bentley.—*Honorary Certificates:*
nes Andrew, Daniel Elias, Thomas Carter, Joshua
lliam Renshaw, James Gwyther, Edward Dawson,
nes Whitlaw, John Mottershead, William Wallace,
A. Patrick, Hugh Moss, Joseph Handley, William
rke, John Watson, Samuel M. Bradley, John Bott,
n L. Rushton, Robert W. Coles, Charles Fryer, John
tock, John Ward, John Holden, George T. Joynson,
bert Whipp, Thomas M. Johnson, Thomas Carter,
omas Sutton, James H. Wardle, Ebenezer W. Edlin,
lliam Longbotham, John W. Whitehead, William J.
tt, John W. Bentley, J. C. Renshaw, Frank Derby-
re, Edmund Haughton, John D. Mann, James Davies,
rick Byrne, J. H. Wraith, J. R. Woodcock, William
Williams, J. H. Anderton, John T. Caldwell, James
ackleton, Frank Holmes.

oisoning with Prussic Acid. The following in-
esting details are given in the evidence of Mr. Marten
rry, of Evesham, at the inquest held on the body of
eterinary surgeon who had killed himself with prussic
l: Marten Perry, of Evesham, physician and surgeon,
l—I was the professional adviser of the deceased. On
. 10th, I was called to see him, his friends thinking
was in a fit. I saw him about eleven o'clock in the
enoon. He was then lying on the bed and undressed.
was in a state of coma and perfectly insensible.
ere was great paleness of the whole surface, which
also extremely cold to the touch. His respiration
slow and laboured. I could not distinguish any
sation at the wrist, and the heart's action was scarcely
ible when my ear was placed close to his chest, nor
ld its impulse be felt. The pupils of his eyes were
tracted and quite insensible to light. I did not per-
e any odour of prussic acid in the breath. In a
rt time he expired. Several circumstances led me to
pect this to be a case of suicide. By direction of
he coroner, I made a *post mortem* examination of the
y in the afternoon of the same day, commencing three hours after death. Externally there was the same pallor of skin as observed during life. The body had become cold and was quite rigid. Neither wound nor bruise was found, nor any external sign of injury. On opening the abdomen the stomach and bowels appeared to be healthy, as did also the liver and kidneys, but they were congested with blood. On opening the stomach the odour of prussic acid was readily perceptible. The lungs were healthy, the heart also healthy, its ventricles dilated and containing fluid blood. The brain was healthy, not congested. The ventricles of the brain contained rather a large quantity of serum. At the base of the brain there was no appearance of disease. The odour of prussic acid was not observed in any part of the body besides the stomach. The symptoms which I observed before death and the state of the various organs after death would admit the probability of his having died from the effects of prussic acid, taken in such a quantity as would not be sufficient to cause death immediately on taking it. I cannot say how long a time after taking prussic acid would elapse before a person became perfectly insensible, as that would depend on the quantity and strength of the acid swallowed. In my opinion, prussic acid kept in a corked bottle about one quarter full, would in the course of fifteen months or less, become much deteriorated in strength, particularly if the bottle were not kept inverted, cool, and in a dark place. This might account for death not taking place for so long a period after taking half an ounce of prussic acid of Scheele's strength. I have undertaken an analysis of the contents of the stomach, and during part of this analysis have had the valuable assistance of Mr. Greenstreet, who is a good practical chemist. We have satisfied ourselves of the presence of hydrocyanic acid by the following tests:—1. The odour was that of prussic acid, and when the stomach was opened was very strong. 2. Oxide of mercury dissolved in the filtered contents of the stomach. Neither potass nor ammonia occasioned any precipitate in the solution, but when hydrochloric acid was present, ammonia produced the precipitate. 3. On adding a solution of potass to the filtered contents, then a few drops of a solution of sulphate of protoxide of iron, a dirty green or brownish precipitate fell, and when a little dilute hydrochloric acid was added, the colour of prussian blue was observed: this was not destroyed by acids.

Varieties.

The Rights of Druggists. We have frequently had occasion to resist the attempts which have been made to define the limits between the functions of the Apothecary and those of the Pharmaceutist, in such a manner as to be injurious to the latter class; and it is now generally admitted, that some discretionary power must be conceded to the public, as well as to the members of our own body, in determining where the line shall be drawn. The Pharmaceutical interest is concerned in proving that the confidence thus reposed in its members is not misplaced, and that no further restrictions are necessary. Those chemists who endeavour to sail as near the wind as possible, who have '*consulting rooms*,' who '*prescribe gratis*,' (and whether on their own premises or not) *perform all the functions of medical men*, are not the friends of their class. They may be compared to school boys, who are allowed to walk through an orchard with the understanding that they may take a few windfalls from the ground; but not satisfied with this privilege, some of them take advantage of the opportunity to strip the trees, and thus cause the door of the orchard in future to be closed against their companions and themselves, or only opened under much more strict regulations (*Pharmac. Journal.*)

Indigestion in a Boa Constrictor. M. Dumeril, of the French Museum of Natural History, says that one of the boa constrictors, which had been in the Museum for a number of years, swallowed a large woollen blanket. At the end of a month the serpent made great efforts to vomit, and succeeded in throwing up the blanket.

Sydenham's Professional Habits. "In the morning, when I rise, I drink a dish or two of tea, and then ride in my coach till noon. When I return, I refresh myself with any sort of meat, of easy digestion, that I like; I drink somewhat more than a pint of Canary wine immediately after dinner every day, to promote the digestion of food in my stomach, and drive the gout from my bowels. When I have dined, I betake myself to my coach again; and, when my business will permit, I ride into the country two or three miles for good air. A draught of small beer is to me instead of a supper; and I take another draught when I am in bed, and about to compose myself to sleep."

Extract from American Correspondence. I was particularly struck with the remarks of Mr. Wilde upon the unanimity of feeling which characterised the profession in Dublin. He said that in most instances, if not all, those who had become noted for anything were supported and confirmed in their special aims by the rest of the profession; and that, instead of publishing marvellous reports and questionable procedures to bring grist to the mill, there was nothing of the sort known. The profession was too honourable and too high socially to descend to any such thing. Men uncouth in their manners, and anything but pleasing, had been, for their sterling worth, placed by their professional brethren in positions of influence and affluence. (*American Medical Times.*)

Cultivation of Mushrooms. At a meeting of the French Academy, M. Labourdette sent in a paper on a new method for developing the size of the esculent mushroom (*agaricus campestris*). He prepares a bed exclusively formed of sulphate of lime, beaten down to perfect hardness, without any manure but nitrate of potash. The nitrate is buried in the sulphate, together with the spores of the mushroom, at the depth of one-sixth of an inch. This done, the bed will indefinitely produce a variety of the *agaricus*, which the author proposes to distinguish by the epithet *gigantic*, and not without reason, since this mushroom, cultivated in the usual manner, seldom exceeds three ounces in weight, whereas by M. Labourdette's method it attains an average of nineteen ounces.

M. Maisonneuve. An American, Dr. Swan, gives the following sketch of M. Maissonneuve:—"As M. Maisonneuve has written but little, he is consequently but little known beyond his wards. He is now over fifty years of age; was formerly attached to the Hôpital Cochin, but for the last five years has held a service in the Hôpital la Pitié. His bald head is very round and large, forehead immense, eyes large and brilliant, nose turned up, mouth decidedly non-classic, chin double, and underneath a string of whiskers which come from each ear not unlike a cap strap. He is of low stature, and by the size of his abdomen is rendered somewhat ungraceful. In manners exceedingly rough, is clear and forcible as a speaker, and as an operator there never was one who could torture poor sick humanity with more perfect *sang froid* than he. For example, who but he could smilingly circumvallate so tender an organ as the eye with six or eight *flèches*, each cruel spike driven firmly to the orbit's base, and no anæsthesia thought of.

"‘Who can all sense of others' pains escape,
Is but a brute at best in human shape.’"

Galen's First Study of Osteology. The following is Galen's own account of his first opportunities of studying the human skeleton about the year 120:—‘ have often examined human bones when decayed tom or monuments have fallen in my way. A sepulchı slightly built, on the brink of a stream, having suffer from the violence of the torrent which had overflow it, the body, carried away by the force of the currei stopped at last in a kind of harbour, bounded by pret high banks. I had an opportunity of seeing this boc the flesh of which was already rotten, although t bones still adhered to each other, so that it resembl a skeleton prepared for the use of the student. another time I saw the body of a robber, lying on mountain, remote from any public road. He had be killed by a traveller whom he attacked, and the inhab ants of the vicinity conceiving so wicked a man a proı prey for the vultures, refused him the right of sepultuı and, two days after, his bones were stripped of th flesh and dry, like those prepared for students."

Sick and Wounded Soldiers in St. Louis. T large number of Federal soldiers in and around St. Lo has rendered an increase of hospital facilities absolut necessary. The Government authorities have theref secured and fitted up as hospitals some three or four the largest buildings to be found in the city, which gether with the several hospitals heretofore in operat will furnish accommodations for a large number of abled soldiers. We have not the means of ascertain the precise number of inmates in these various establi ments, but from the best information that we can gat we are satisfied that we will not be wide of the ma in stating that there are at this time *two thousand* sick wounded soldiers in the various hospitals in St. Louis, the number is daily on the increase. What proportion these have been wounded in battle we are unable to s but are of the opinion that it is quite large. The c racters of the diseases prevailing are such as ordinaı occur at this season, and are in many instances o severe type. From the weekly report of the morta among the soldiers in the hospitals and camps in vicinity of St. Louis," from October 26th, to Novem 2nd, we learn that thirty-four deaths occurred dur that period. From this it will be seen that the post Army Surgeon in this region is no sinecure. (*St. L Med. and Surg. Journal.*)

Ages of the Nobility. We find from *Who's in* 1862 that the oldest duke is the Duke of Clevela whose age is 73, the youngest is the Duke of Norf aged 14; the oldest marquis is the Marquis of L downe, 81, the youngest the Marquis of Ely, 12; oldest earl is the Earl of Charlemont, 86, the youn is the Earl of Charleville, 9; the oldest viscount Viscount Combermere, 88, the youngest Visco Downe, 17; the oldest baron is Lord Sinclair, 93, youngest Lord Rossmore, 10; the oldest archbishop is Archbishop of Armagh, 88, the youngest the Archbis of York, 67; the oldest bishop is the Bishop of Exe 84, the youngest the Bishop of Gloucester and Bri 42; the oldest Colonial bishop is the Bishop of Toro 82, the youngest the Bishop of Madras, 41; the ol privy councillor is Lord Lyndhurst, the youngest Spencer, 26; the oldest judge in England is Dr. Lush ton, 79, the youngest Mr. Baron Wilde, 45; the ol judge in Ireland is Chief Justice Lefroy, 85, the youn Mr. Justice Keogh, 44; the oldest judge in Scotlan Lord Wood, 73, the youngest the Lord Justice Cl 51; the oldest baronet is Sir Tatton Sykes, 89, youngest Sir Grenville L. J. Temple, 3; the ol knight is General Sir James L. Caldwell, G.C.B., the youngest Sir Charles T. Bright, 29.

Carlsbad Water and Gall-Stones. Dr. H. Sn of New York, relates the following case:—"A near nexion of my own, accustomed from his eighteenth to consume, on an average, a pound of confectioner

, became afflicted with such an accumulation of gall-
oes, that by relaxing the abdominal walls, they could
very distinctly felt forming an irregular tumour of
size of the closed fist, in the situation of the gall
dder. The engorgement of the liver became so great,
t its lower border reached two inches and a half be-
d the navel, measuring towards the left groin, and
r inches below the edge of the ribs, measuring di-
tly downwards. Violent attacks occurred at shorten-
intervals; at length so frequently, that the jaundice
endant on the one attack had not time to subside
ore the next occurred, so that at last his colour be-
ne of a dark dirty green. In the spring of 1841, I
t him to Carlsbad. He nearly died of an attack in
ndon, on his road to the springs; was pronounced
ribund by three of the ablest physicians of that city.
wever, he contrived to reach his journey's end, and
r a few days use of the water, passed an incredible
nber of gall-stones; the tumefied liver shrank to its
mal dimensions, and he returned home a new man.
remained without any relapse until the second
ing, when the threatening symptoms induced him to
urn for a short season to Carlsbad. Perfect relief
again obtained, though no more calculi were ob-
ved to pass. The next year he spent ten days at the
ing by way of clenching the nail, and he continued
of colic until his death in the fall of 1847. This
nt was preceded by a new series of symptoms, point-
to deep-seated disorganising disease of the liver,
manent jaundice, dyspepsia, then perfect anorexia,
ites, great prostration. The liver was found cirrhotic
studded with deposits of cholesterin, many of the
of a nut, the gall bladder empty, and the duct
rmously dilated. (*Amer. Med. Times.*)

I. MAISONNEUVE'S URETHROTOME. The advantages
med for the urethrotome are:—1. That the operation
endered safe and simple. 2. That the operator feels
itive that he cuts nothing but the stricture itself. 3.
at there are no serious after effects. The mode of
rating is as follows:—The stricture must be passed,
for so doing a fusiform bougie is first introduced, to
ich is then screwed a catheter equally fine, having an
n seam its whole length. The fusiform bougie coils
lf in the bladder, its duty being finished after having
ducted the fine catheter through the stricture. The
let is then put in, and the blade, much too large to be
tained in so small a catheter, by means of the slit,
vels outside, apparently very much endangering the
thral membrane. The membrane though, elastic as
s, is uninjured, owing to the blade being without edge
ept at its extremity, and, consequently, all parts, and
y only, that resist get cut. The blade resembles the
f of an oblong lozenge, and not much sharper ex-
t at the bow. Still better, perhaps, I might compare
o a little boat which, starting from the meatus, sails
n the canal steered safely by stylet and catheter. If
obstacle is met with it tries to push it aside, and if
possible, the bow cuts the way. It is thus evident
t the blade, by its conformation and undeviating
dance by the catheter, cannot cut anything but that
ich is desired, namely, the stricture. Spasmodic
icture will not be cut by it, from which it would almost
ear as if the instrument was endowed with instinct.
e operation is almost painless, so much so that in
eral instances the patient has been allowed to operate
himself. M. Maisonneuve states that he cuts stric-
es in his office, and lets the subjects walk to their
me, the same as though he had only made an injection.
ere has never been a serious hæmorrhage or accident
any nature following his operations. (*Dr. Swan in
erican Medical Times.*) [M. Maisonneuve has
mania for new instruments. Many of his inven-
ns in this way are, we take it, more curious than
ful. EDITOR.]

OPERATION DAYS AT THE HOSPITALS.

MONDAY	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.
TUESDAY	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
THURSDAY	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
FRIDAY	Westminster Ophthalmic, 1·30 P.M.
SATURDAY	St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. British Architects, 8 P.M.—Medical, 8.30 P.M.: Mr. I. Baker Brown, "On a Case of Suppressed Menses with Absence of the Vagina."

TUESDAY. Civil Engineers, 8 P.M.—Statistical, 8 P.M.—Pathological, 8 P.M.

WEDNESDAY. Society of Arts, 8 P.M.—Geological, 8 P.M.—Royal Society of Literature, 4.30 P.M.—Archæological Association, 8.30 P.M.

THURSDAY. Royal, 8.30 P.M.—Antiquaries, 8.30 P.M.—Philological, 8 P.M.

FRIDAY. Royal Institution, 8 P.M.

SATURDAY. Asiatic, 3 P.M.—Royal Botanic, 3.45 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—JANUARY 11, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week	Boys .. 918 Girls .. 963	1881	1561
Average of corresponding weeks 1852-61		1730	1440

Barometer:
Highest (Mon.) 29.967; lowest (Sat.) 29.309; mean 29.654.

Thermometer:
Highest in sun—extremes (Sat.) 58 degs.; (Mon.) 41 degs.
In shade—highest (Th.) 53.5 degrees; lowest (Mon.) 29.5 degs.
Mean—42.9 degrees; difference from mean of 43 yrs. +7.2 degs.
Range—during week, 24 degrees; mean daily, 9.7 degrees.

Mean humidity of air (*saturation* = 100), 87.

Mean direction of wind, S.W.—Rain in inches, 0.48.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

CHIRURGUS.—A correspondent "wishes to know out of curiosity whether there is any particular rule, under which the members of new medical societies take their title. Why," he asks, "are the men called Members in some societies and Fellows in others? Why, for instance, does the Obstetrical Society bestow on its members the title of Fellow?" [We suppose that in this land of freedom men may call themselves what they like, just as they may wear what garments they please; but, nevertheless, there is an impropriety and an incongruity in the assumption of improper titles, and in the wearing of unbecoming garments. *A priori*, we should fancy that the Obstetrical Society acts contrary to custom and usage in giving its members the title of Fellows. We generally seem to associate the title of Fellow with a body which has received the sanction of a Royal Charter for its existence. If this be the right view of the case, then, of course, it follows that the aforesaid Society has committed an incongruous act, as a man does who wears decorations to which he is not entitled. But in this matter we really cannot give any definite answer. EDITOR.]

A Circular.—We have been requested to publish the following circular.

"172, Oxford Road, December 2nd, 1861.

"My dear ——,—You are probably aware that several attacks of illness, the result of overwork, have made it requisite for me to take the benefit of rest for one or two years; consequently, on the recommendation of my medical attendants, I have resolved to suspend a portion of my professional duties. I propose to limit myself to receiving patients at my own house; and, in addition, to visiting other cases, *only* in consultation.

"To facilitate the former course, I have changed my consulting hours to the period between 9 and 12 in the morning. Moreover, it may be convenient for you to know, that I shall be at the Ear Institution, 9, Oxford Street, every Tuesday and Friday, from half-past twelve to two P.M.

"But, amongst other things, my medical friends insist that I reside in a purer atmosphere; accordingly, a house is being built for me in Wilbraham Street, Fallowfield, near to the site of the Old Toll Bar, lately removed, and where I shall have my consulting rooms. It may, however, be late in the spring before I am able to remove thither. I trust that the measures recommended will so far restore me to vigorous health, as to enable me, at the end of a year or two, to resume my former professional position. Meanwhile, my friend Dr. Heckshер will take charge of such of my patients as are willing to entrust themselves to his care, with the friendly understanding, that they shall be resigned to me, if agreeable to them, whenever I am able to resume my full avocations. "I remain, yours very truly,

"W. C. Williamson."

Mr. R. Y. Ackerley.—The case which was referred to in the Journal occurred many miles from Liverpool—in another county altogether.

A very indignant Member of the Association writes us a strongly expressed letter, dated from Canterbury. We will publish it with pleasure, and give his fellow associates the benefit of his opinion, if he will do what all gentlemen should do who write such letters; viz., append his name to it.

SUBSCRIPTIONS.

The following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

Philip H. Williams, M.D., *General Secretary.*

Worcester, January 1862.

COMMUNICATIONS have been received from:—Dr. James Russell; Dr. Skinner; Dr. J. Barclay; Dr. Graily Hewitt; Mr. J. Z. Laurence; A Member of the British Medical Association; Mr. J. Gay; Mr. R. Y. Ackerley; An Old Pupil of Casper; Miss Hubberd; Dr. Tanner; The Registrar of the Medical Society of London; Dr. R. Clifton Foreman; Mr. I. B. Brown; and Dr. Hyde Salter.

BOOKS RECEIVED.

1. The Treatment of Scarlet Fever and Measles with Sesquicarbonate of Ammonia. By Thomas J. Graham, M.D. London: 1861.
2. On the Immediate Treatment of Stricture of the Urethra, by the Employment of the "Stricture Dilator". By Barnard Holt, F.R.C.S. London: 1861.
3. Clinical Surgery. The Surgery of the Mouth, Pharynx, Abdomen, and Rectum, including Hernia. By Thomas Bryant, F.R.C.S. London: 1861.
4. The London and Provincial Medical Directory: inclusive of the Medical Directory for Scotland and the Medical Directory for Ireland, and General Medical Register. London: 1862.
5. Teething of Infants. By Henry Hanks, L.R.C.P.Ed. London: 1861.
6. Cases treated by Faradisation. By Julius Althaus, M.D. London: 1862.

ADVERTISEMENTS.

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Clinical Lecture

ON THE

TREATMENT OF RHEUMATIC FEVER,

AND OF THE USE OF ALCOHOL IN SERIOUS CASES OF THIS DISEASE.

DELIVERED AT KING'S COLLEGE HOSPITAL,
WINTER SESSION, 1861-62.

BY

LIONEL S. BEALE, M.B., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN TO KING'S COLLEGE HOSPITAL; PROFESSOR OF PHYSIOLOGY AND OF GENERAL AND MORBID ANATOMY IN THE COLLEGE.

Complicated Cases of Rheumatic Fever. Two Classes of Cases.

CASE I. *A girl aged* 14. *Several joints affected. Pericarditis with effusion. Pneumonia. Pulse* 160; *respiration* 60. TREATMENT. *Alkalies. Three grains of opium in twenty-four hours for eleven days. Strong mercurial ointment and opium applied over the heart. Ten ounces of brandy in twenty-four hours continued for eleven days. Convalescence three weeks after the disease was at its worst stage.*

CASE II. *A boy aged* 16. *Joint affection. Pericarditis with effusion. Slight pneumonia. Pulse* 132; *respiration* 72. TREATMENT *as in Case I, but less opium was given, and only four ounces of brandy in twenty-four hours. Convalescence a fortnight after the disease was at its worst.*

General remarks on the treatment pursued. On the propriety of giving stimulants in cases of acute rheumatism.

GENTLEMEN,—I propose to-day to offer some remarks on the treatment of rheumatic fever complicated with pericarditis. Of this disease, there have been recently several cases in the hospital; and, although I shall more especially direct your attention to a single case, many of the observations which I shall make will have reference to cases generally, as well as to this particular one. These complicated cases of rheumatic fever always give the physician much anxiety. They require very attentive watching, and, while the disease is at its worst, should be seen at intervals of not more than four hours. Much difference of opinion still exists among practitioners, as to the plan of treatment we should pursue in acute rheumatism complicated with pericarditis; but when we consider how very differently individuals are affected by the same morbid condition, you will not be surprised that the experience of different practitioners should lead them to form different, and sometimes opposite, conclusions. Cases of the same disease occurring in different classes of society in various parts of the country, or in the same part of the country at different periods of time, require very different plans of treatment. In deciding as to the course to be followed in any disease, and more especially in an acute malady, you must consider, not only the nature of the morbid action which you are called upon to treat, but you must reflect upon the whole state of the patient; you must try to ascertain in what manner the physical and chemical processes going on in his body are disturbed, and then consider if any interference on your part will restore healthy action; or enable the patient to resist the tendency which some of these deranged processes have to destroy life rapidly, or to bring about an alteration in the structure of important organs, which will lead, sooner or later, to a fatal result.

In the London hospitals you have many opportunities of studying the course of serious cases of acute rheumatism. Let me recount very briefly some of the principal points met with in examples of the disease which more frequently come under our notice in the wards of this hospital.

The patients are very generally weak, ill-nourished, over-worked, and often under-fed, and insufficiently clad, unhealthy people. They are very pallid. The joint-affection varies much in intensity in different cases. There is generally free sweating, or this is easily induced. Pericarditis often comes on very early in the disease. The quantity of lymph effused on the surface of the pericardium is not very great; but there is a tendency to effusion of serum as well; and in many, effusion into the pleura also occurs. It is by no means uncommon to find small patches of solid lung; but the pneumonia generally affects the surface of the lung, and is not extensive. Often the inflammation resolves and recurs in different parts of the lung from day to day. The prostration of strength is considerable, and the pulse is, of course, very quick, and generally weak. If delirium occurs, it depends on exhaustion, and usually ceases after the administration of stimulants. In many cases, we have reason to believe that the occurrence of delirium is prevented by the timely administration of support and stimulants. These cases do well on a supporting plan of treatment, combined with the administration of alkalies and opium, which latter drug may be given in comparatively large doses frequently repeated without exerting its ordinary action on the system.

Another class of cases, also complicated with pericarditis and pneumonia, is met with; but examples of it are seldom seen in large towns; and in the course of twelve years, I do not remember to have seen more than two or three instances in the wards of our hospital. The patients are comparatively strong, well-nourished, and sometimes florid people. The skin is dry. Fever runs high. The pulse is quick and bounding. The delirium is violent. The quantity of lymph in the pericardium is often enormous; and I believe death may result from the interference with the heart's action thus produced, and the congestion of the lungs which results. I have had very little experience in the treatment of these cases; but I have seen alkalies, various sudorifics, opium, and support employed in vain. If I were called upon to treat one of these cases now, I would certainly take blood, partly with the view of relieving the congestion of the internal organs, but mainly in the hope of favouring sweating and the action of the kidneys. In fact, in such a case, I believe the right plan of treatment would be to attempt to modify the changes in such a manner as to reduce it to the character of the cases first alluded to.

In the present lecture, I propose to confine my remarks on treatment to the first class of cases. Several of these are admitted into our wards every session; and those of you who practise hereafter in large towns will, no doubt, be called upon to treat such cases frequently. They occur among the better class of persons as well as among the poor. Children, students, and young people of both sexes, are principally the subjects of these attacks; but the disease is not exclusively confined to children and persons under thirty or forty years of age.

The question of treatment is very important; and unless you are well acquainted with the course of these cases, and know the probable and possible complications which you may have to treat, and are familiar with the earliest symptoms of these complications, you cannot undertake such a case with justice to the patient, or satisfaction to yourself. Fortunately, the symptoms indicative of serious morbid changes are well marked; and, after having carefully watched two or three of these cases, you will ever after be on your guard, and will not fail to note the earliest symptoms of the heart or lungs being attacked, and modify your treatment accordingly. The *immediate* danger in such cases results from the great liability to acute inflammation of the pericardium, the pleura, and the lungs; but, supposing the patient to recover from the attack, he may not be as healthy as before, for in too many instances the pericarditis is followed by an alteration in the condition of the valves of the heart. Regurgitant disease of the mitral orifice very commonly results. I have, however, known some instances in which this affection hardly seems to have influenced the duration of life. But among the poor, and people who are compelled to work hard, so that the gradual accommodation which naturally takes place, under the altered condition of the heart's action, in the organs of respiration and circulation is interfered with, you generally find that the breathing becomes permanently affected; enlargement of the right side of the heart, with weakening of the right ventricle, results; and attacks of general dropsy add to the patient's distress. The case often terminates fatally a few years after the heart affection began.

CASE I. The patient is a girl in the Twining Ward. I. D., age 14. (Vol. iii, p. 22.) We learn, from the history taken by Mr. Tyrrell, my clinical clerk, that this child has had two previous attacks of rheumatic fever, one five years ago, and another two years since. There is reason for believing that the heart was not affected in either of these attacks. It appears that, about ten days before her admission, this poor child was cruelly turned out of doors, and compelled to sleep in the open air, in wet clothes. We shall not feel surprised that a third and very severe attack of rheumatic fever was the consequence. In a few days, she was seized with violent pain in the large joints, especially the knees, wrists, and ankles of both sides. To aggravate her sufferings, there was a sore over the sacrum, and considerable vaginal discharge.

On October 3rd, the morning after her admission into the hospital, she was very restless, and had scarcely slept at all during the night. The pain in the joints was severe. She was perspiring freely. The heart's action was regular. No bruit was audible; but we detected a faint rub at the apex of the heart. Pulse 124; respiration 36. She was ordered 20 grains of bicarbonate of potash, with 5 grains of nitre in water, every four hours, and 10 grains of Dover's powder at bedtime; milk diet; two pints of beef-tea; and two eggs. The affected joints were wrapped up in cotton wool, and a linseed meal poultice applied over the heart.

On the following day, the rub was less distinct. She appeared weaker. Pulse 104; respiration 27. An ounce of brandy was ordered to be given during the twenty-four hours.

On the 5th (three days after admission), bronchial breathing, with slight crepitation, was heard over the spine of each scapula; but there was no marked dulness. The restlessness and distress were so great that I thought it well to give 5 grains of Dover's powder every four hours, and the following day the brandy was increased to two ounces. Pulse 120; respiration 40.

No marked change occurred during the next two or three days, but the patient was more exhausted.

On the 10th (seven days after admission), the brandy was increased to 5 ounces, and chloric ether was added to the mixture. The rubbing sound was no longer audible.

On the 12th (ten days after admission), the cardiac dulness extended to an inch and a half to the right of the sternum. The child was much prostrated. Her face and lips were very pale. Respiration difficult and catching, and she could only utter two or three words at a time. The surface of the chest was so tender that it was not possible to make a very minute examination. Pulse 160, very feeble; respiration 60. The heart sounds were not clear, but appeared distant and feeble. The impulse caused a fluttering undulatory movement in the intercostal spaces lying over the heart. There could, therefore, be no doubt that effusion had taken place; but there was no evidence that the pericardium was distended to any very great extent.

The case was now serious, and might have terminated fatally within twenty-four hours; in which case, the pulse would have become quicker, and then fluttering; delirium would have appeared; the effusion in the pericardium would have increased, and perhaps fluid would also have been poured out in the pleura; the respiration would have become gasping; the temperature of the body would have fallen; a profuse perspiration would have broken out all over the body; and the distress which had been so painful throughout the disease would gradually have given place to comparative ease some time before life ceased.

How were we to endeavour to avert this result? It has been shown most conclusively that the tendency to effusion into serous cavities increases as the patient becomes exhausted. No treatment whatever could have caused the rapid absorption of the fluid already poured out; and, even supposing that any plan of treatment would certainly promote absorption of the lymph on the surface of the pericardium, and the fluid in its cavity, it was useless to think of resorting to such a course, because it was quite clear that any remedies to be useful must produce an immediate effect, not upon the fluid poured out, but upon the general state of the patient. In the present case, the quantity of lymph in the pericardium was not sufficient to cause us any anxiety. But, at the same time, we were anxious to guard against any increase in the effusion already poured out. Our first effort was to try to keep the patient alive. Her stomach digested. There was no retching nor vomiting; but the exhaustion was considerable. The effusion in the pericardium was affecting the heart's action; and delirium, caused by an insufficient supply of blood to the brain, and poor blood too, was coming on.

The treatment was modified as follows; and in these cases I always pursue a similar plan, modifying it in special details according to circumstances.

The quantity of brandy was doubled, that is, increased to ten ounces in the twenty-four hours. An ointment, consisting of strong mercurial ointment and powdered opium, in the proportion of one drachm of the former to ten grains of the latter, was smeared on lint, and kept applied over the heart. In other respects, the treatment remained the same. Although I believe there is no conclusive evidence that mercury administered internally exerts any decided influence in promoting the absorption of the lymph and fluid in the pericardium, I am sure I have seen benefit result from the external application of the above ointment. But I confess I am not able to express a positive opinion as to the exact amount of beneficial influence to be attributed to the mercury or opium in the above-mentioned ointment. It is a remedy in which several good practitioners have confidence; and one which I feel sure has been of service in the several cases in which I have employed it, and I, therefore, continue to use it.

On the following day, there was less distress, and the respiration had fallen to 48, but the pulse still remained at 160.

On the 15th, the pulse and respiration had fallen to 144 and 44 respectively; and in another twenty-four hours the pulse had further diminished to 120.

A manifest improvement had occurred in every symptom; and it was quite evident to every one that the case was progressing most favourably.

In four days from the commencement of this treatment, the pulse had fallen from 160 to 120, and the respiration from 60 to 44, and this improvement had occurred while the patient was taking ten ounces of brandy and three grains of opium during each period of twenty-four hours.

At this date (Oct. 17), we thought we could detect a faint bruit at the apex of the heart; but on the following day, a mitral bellows sound was distinctly audible.

In spite of the quantity of support this child was taking, she was very weak. The skin of the chest was covered with sudamina, and she was becoming extremely emaciated. The bicarbonate of potass and nitre were changed for chloric ether and ammonia as the pain in the joints had disappeared, and the quantity of opium was reduced.

On the 23rd, the patient had so far improved that we determined to decrease the quantity of brandy. She had no pain, and seemed perfectly contented. She slept well. Her tongue was becoming clean; and the sore over the sacrum was healing fast.

From this time, she progressed favourably; the brandy was further diminished to two ounces in the twenty-four hours; and a few days after this, it might fairly be said that she was convalescent.

Now, I think, in this case, we must admit that there is no evidence that the brandy did harm. It did not irritate the stomach. It did not increase the urgency of the symptoms; neither did it increase the frequency of the pulse or respiration, or exert any effect on the mental faculties. On the other hand, it was certain that the general condition of the child considerably improved within twenty-four hours after the brandy was increased to ten ounces n the twenty-four hours.

It is true, that we have no direct means of proving ncontestably that this child would not have done equally well on other plans of treatment; neither, on the other hand, can it be shown that the child would not have succumbed within twenty-four hours had the alcohol been withheld. We labour under imilar difficulties in judging of the results of every plan of treatment; and it is only by carefully watching the phenomena occurring in several cases that you will be able to arrive at a conclusion; and, even after extended experience, you will probably feel somewhat disappointed at not being able to prove to demonstration what you have ample reason for believing to be true. So long as the actual results of a given plan of treatment cannot be positively predicated, it must follow that the same evidence which seems positively conclusive to one who has observed the facts on which it is based, will fail to convince others who have not had an opportunity of observing the facts for themselves. Patient personal observation will alone enable us to practise with any confidence.

In the present case, the brandy certainly did not produce the effects which would have occurred had the child been in an average state of health. Nay, although half a bottle of brandy in the twenty-four hours was taken by this girl for several days, not the least tendency to anything like intoxication was observed during any part of this time.

Is it, then, reasonable to infer that a remedy which affects a healthy person in a certain characteristic manner, but which exerts no such influence in a case of disease, is therefore impotent? If so, opium is impotent, and tartar emetic is impotent. This child was taking during each twenty-four hours three grains of opium, and we know that in health half this quantity would have produced very sound sleep and contraction of the pupils, and, most probably, still more decided indications of the action of the drug would have been observed. Our patient never slept for two hours consecutively. The pupils were widely dilated during the whole time. There was no headache, and every now and then there was great restlessness, which, however, was always lessened after each dose of opium. Although you would not have known, from any symptoms, that the patient was taking opium, will you say that the opium did nothing? Does not this show that in this case there was a wonderful tolerance of the drug? and, knowing the effects of opium on the healthy organism, do you not feel quite satisfied that this patient was benefited by these frequently repeated doses? You know there would have been more distress, and you know that the girl would not have been as favourably placed had she not taken the drug as she was. So, also, there was a wonderful tolerance of the brandy; and anyone who has watched the course of such cases knows well that, when the pulse reaches 160 and the breathing 60, or before this, delirium is very liable to occur. This delirium results from exhaustion. Stimulants seem to prevent the accession of delirium in such cases; and, if it has already occurred, it often passes off after a few doses have been administered, and, at the same time, the pulse diminishes in frequency and increases in force.

He must be more than sceptical who would conclude that ten ounces of brandy, three grains of opium, chloric ether and sal volatile, two pints of beef-tea and two eggs, had nothing whatever to do with the progressive improvement you observed. The rapid emaciation which has occurred in spite of all this sustenance is surely conclusive against the argument that the sustenance did nothing—that it did neither good nor harm; for it is unreasonable to assume that the nutrition of the body and the strength would have remained the same without it.

[*To be continued.*]

Lectures
ON THE
DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.
DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

GRAILY HEWITT, M.D.Lond., M.R.C.P.,
PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL; LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

Treatment of Leucorrhœa.

The question as to the best method of treatment to be pursued for the removal or amelioration of discharges of the kind now under consideration is a very wide one. It has been shown that these discharges arise from or are produced by an immense variety of causes; and it is therefore evident that, if the treatment have regard to the removal of the cause, that treatment must differ correspondingly, according to the nature of the case. In this, as in all cases, it need hardly be remarked that completely satisfactory results can only be hoped for from a mode of treatment based on a complete knowledge of the actual case before us, and on a just appreciation of the relations which, as causes and effects, subsist between the condition of the patient and the symptoms present. To endeavour to seize upon the true *indication* for treatment, this should always be our object; and, to be able to do this, our diagnosis must be a complete one.

The remarks now to be made are intended for the most part to apply to that large class of cases in which *the leucorrhœa is dependent upon constitutional causes.*

The treatment of leucorrhœa (excluding from the consideration discharges of a specific nature) is of two kinds, *general* and *local*. There are few cases of leucorrhœa which may not be benefited by the exclusive adoption of either one of these methods of treatment perseveringly followed up; but, in most cases, a combination of the two is the more suitable, and yields most satisfactory results. Even when there is a tangible local alteration of the uterus (presence of tumours, dislocation of uterus, etc.), giving rise to leucorrhœa, general treatment is often of very great service; although, in order to cure the disease giving rise to the discharge, local measures may be indispensable. Correspondingly, local treatment may be found of great service in cases where radical cure can only be expected to follow adoption of judicious general treatment. And this accounts for the apparent paradox that, on the one hand, the upholders of a *general* treatment, and, on the other, those who attach most importance to *local* treatment, both find their own particular theories justified by the results of their practice.

To remove the *cause* of the leucorrhœa is the first indication. The treatment must have regard primarily to that. In a case of phthisis, for instance, in which leucorrhœa is present, the treatment must have regard to the phthisis in the first place, although it may be necessary *also* to employ local or other measures calculated to arrest or diminish the leucorrhœal discharge. Where the leucorrhœa is due to, or associated with, an anæmic condition, the removal of that condition should be the chief object of our endeavours. If there be any reason to suppose that the patient's residence is unfavourable hygienically, this must be remedied. If the leucorrhœa be associated with exalted activity of the sexual organs, as is sometimes the case when intercourse is indulged in inordinately, the indication is obvious. The next element in the treatment is of the utmost importance: in all cases it is absolutely essential to supervise the due action of the digestive organs, and of the great cutaneous surface. Plans of treatment, the most judiciously contrived in other particulars, will break down, unless these primary points are attended to. The quantity, quality, and mode of taking food, must be carefully adjusted to the requirements of the case. The skin must be kept warm, and its due action ensured by employment of frictions, baths, and exercise. In patients who have been long the subjects of leucorrhœal discharge, the importance of carefully regulating the "mode of life" cannot be over-estimated; and it is the more necessary to insist on this, as not unfrequently the practitioner on the one hand, and the patient on the other, pay far too little attention to these essentials; the result being a temporary, and not a radical, cure of the affection.

Resort to Watering-Places. Several "watering-places" have obtained repute from the supposed efficacy of the mineral waters there to be obtained in removing leucorrhœa of a chronic form. It is unquestionable that very good effects do result under the use of the waters in question; but it is not so certain that the effect which is produced results from any specific curative power in the water itself. The change of air, the perfect rest and relief from ordinary cares and anxieties, the regular exercise, simple diet, and the change in the mode of life generally,—all these play, unquestionably, a most important part in bringing about the cure. The leucorrhœa becomes cured, because the patient's general health undergoes such very considerable improvement. There are few cases in which the same amount of good might not be produced by adopting the same treatment, *minus* the medicinal waters, at home. It is well known, however, that in a certain number of cases we find great difficulty in persuading patients to follow up systematically the course of treatment enjoined while they are living in their own houses, surrounded by home associations and in a manner tied down to home habits; and fo this reason it is sometimes necessary to send patient to watering-places, in order that they may be induced to give themselves a fair chance of recovery.

Baths. These are very powerful therapeutic agent in the treatment of cases of leucorrhœa of the kin now under consideration. The use of the bath ha the effect of determining the blood to the skin, and thus relieves the congestion of the internal organ usually present in these cases. The important consideration to keep in view is, that the condition o the patient must be regarded in reference to th choice of the form of bath. The most simple form of bath is the "sponge-bath", the patient bein directed to sponge the whole of the body night an morning with water, at first tepid, and then quit cold; the skin being rubbed dry by means of coarse towel, and the friction continued for som minutes. Then comes the "hip-bath". This ma be at first used tepid, afterwards cold. The hip-bath may be either of pure, salt, or medicated water. If the hip-bath be medicated with the view of the fluid acting upon the interior of the vagina, means must be taken to ensure the passage of the fluid into this canal. The hip-bath is, however, very serviceable when plain water is used. After the bath, the skin should be rubbed as in the case of the sponge-bath. With due care, the hip-bath or sponge-bath, alone or together, may be used in all cases, however debilitated the patient may be. It is necessary that a "reaction", as it is termed, take place after the bath, or it does harm, and the patient suffers from headache or other inconvenience for some hours after. For those who are able to bear it, the "shower-bath" may be employed.

Injections. Judiciously used, injections are of the greatest value in the treatment of leucorrhœa. In many cases they have a curative effect; in all cases they are of some service; and in certain cases they are almost indispensable. But it is not less true that leucorrhœa may be often cured without recourse to injections at all.

The first point to be attended to in the employ-nent of injections is the form of instrument to be used. It is in most cases mere trifling to employ a small syringe. What is necessary is an apparatus by means of which a considerable quantity of fluid may be thrown up, and obtain access to the cervix uteri. A large sized gum-elastic vaginal pipe, rather onger than the speculum, open above by five or six olerably large perforations, should be first introduced nto the vagina so as to reach the os uteri. Having been introduced, the lower end of the pipe is then to be connected with the pipe of the injection-apparatus. This is made in a variety of forms. The most con-enient form of instrument is Kennedy's, by means f which a considerable quantity of water can be sed.

Whatever be the form of treatment, it will be ffectual if by its means the patient is able to inject continuously and with little trouble into the upper art of the vagina two or three pints of fluid. It is ssential that the apparatus act easily, or the patient ill very shortly relinquish its employment.

The next point is as to the *nature of the fluid* to be injected. Very much benefit will be derived from he use of plain cold water, if only a *sufficient quan-ty* be used at each injection. And, for a variety of asons, not the least of which is that it is always cessible and no preparation or forethought is en required, it is advantageous to use water one. The cold water has a powerful effect in minishing that congestion of the uterus and gene-tive organs generally, which is usually present the class of cases now contemplated. And it is ry questionable whether the effect of injections, ordinarily administered, in diminishing the dis-arge, is not for the most part due to this circum-ance. Medicated injections do not, as a rule, actually me into contact with the surface (the interior of the vix), which, in obstinate chronic cases, is the ief source of the discharge, and can only act on at small part of the cervical cavity which is ex-sed at the os uteri.

A variety of substances are used, mixed with ter, and constituting *medicated* injections. Most these are considered beneficial from their astrin-nt properties. Alum, sulphate of zinc, nitrate of silver, decoction of oak-bark, or tannin, are those most ordinarily used. A combination of tannin and alum (one or two drachms of tannin, with four drachms of alum, to two pints of water), recommended by more than one eminent authority, I have found very convenient. In all cases where medicated injections are used, it is desirable to employ first a simple injection of water, and to throw up the medicated liquid last.

Injections of a medicated nature are sometimes necessary to obviate the offensiveness of the discharge which may be present, as in cases of cancer, cauliflower excrescence of the os uteri, etc. In such cases, antiseptic agents are necessary.

Internal Remedies. The object with which we give internal remedies in leucorrhœa is usually that of remedying the constitutional derangement, whatever that may be, which is present. Purgatives may be necessary to produce regular action of the bowels, especially at first. It is better to give small doses of purgative medicines frequently, then large doses at longer intervals. Where the patient is chlorotic, aloes may be given; but in other cases it is, as Dr. Tyler Smith justly remarks, to be avoided. The debility with which most cases of leucorrhœa are associated necessitates the employment of tonic remedies, of which the best is unquestionably iron. The latter authority especially recommends a peculiar salt of iron in these cases, the ammonia-iron-alum, in doses of three to six grains. Iron and alum combined have been employed (in other forms) by other practitioners with success. The preparation of iron I have most used has been the ordinary pharmacopœial iron mixture: less probably depends on the particular form of the drug than on the fitness of the case for iron in any shape. Certain therapeutic agents, such as cubebs, copaiba, etc., have been recommended in leucorrhœa, as having special effects in diminishing secretions from mucous surfaces. The ergot of rye has a better claim to our notice. I have used it in cases where the uterus was in a lax, congested condition, with the double effect of relieving the profuse menstruation and leucorrhœa sometimes associated. As a rule, however, we cannot expect much direct effect from internal remedies in cases of leucorrhœa.

In describing the treatment of *local* disorders of various kinds, the subject of the treatment of the leucorrhœa associated with these disorders will be alluded to; the consideration of this part of the subject is therefore for the present postponed.

A PSYCHOLOGICAL STUDY. Garibaldi, the Italian hero, was born at Nice, and is now fifty-two years old; he is little more than five feet high. His head is very large, and in keeping with the bulk of the body. He measures round the shoulders forty-one inches, but in a straight line sixteen inches. The circumference of the head below is twenty-one inches, and twenty inches above. From one meatus auditorius to the other, running over the vertex, thirteen inches; from the root of the hair to the chin, eight inches; across the face, six inches. The intellectual qualities are more marked than the affective; amongst the latter, which are composed of instincts and feelings, the feelings predominate. Amongst the intellectual qualities, which are divided into perceptive and reflective, the latter have the supremacy. His temperature is the nervo-sanguine; hence he is the possessor of genius and activity. (*Gaz. Med. Ital.*)

Addresses and Papers

READ AT

THE TWENTY-NINTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[*Held in CANTERBURY, JULY 23rd, 24th, and 25th, 1861.*]

THE

ADDRESS IN MEDICINE.

BY

W. O. MARKHAM, M.D., F.R.C.P.Lond.,
PHYSICIAN TO ST. MARY'S HOSPITAL.

[*Concluded from page 33.*]

WE ought, then, I venture to think, to keep this fact before our eyes in daily practice; that, in every case in which there exists (amongst those who must be deemed competent observers) discordance of opinion (such as I have spoken of) concerning the effects of any remedy over a disease, the true effects of that remedy over such disease have yet to be learnt.

It is, I believe, the tacit and partial recognition of this truth which has given birth to what I have ventured to call the prevailing rational scepticism of the day in the effects of remedies over acute diseases—the scepticism which is the natural birth of modern scientific medicine. And it is through the growth and spread of this scepticism, that irrational belief—or, in other words, error—is being slowly eliminated from the practice of medicine.

See how strikingly the truth of this is demonstrated in our modern method of treating acute diseases. What would the ancient fathers—the *patres conscripti* of medicine—say, could they awake from their tombs, and see how we manage these things now-a-days? We no longer wage a futile war with the morbific entity—laying about us (as Voltaire not untruly put it) like giants with a club in the dark; we no longer attempt to cut the fever short by taking heroic (fatal word!) action against it; we do not attempt to evacuate peccant matters at the mouth of a vein. I appeal to you, is it not exactly true, that just as the knowledge of the practitioner of medicine has become more exact—more imbued with science, so, in proportion, has diminished his belief in the controlling power of medicines over acute diseases? Look at the long, and complicated, and nauseous formulæ of other days—purgative, evacuant, emetic, sudorific; and then look at the simplicity of our modern prescriptions in such cases. We have discovered that no efforts of ours can violently eradicate acute disease from its seat in the body; but that the disease has a prescribed course to run—a course which it will run spite of all interfering treatment; and run ill or well, according to the wisdom of that treatment. Therefore, in this direction—in cutting short and eliminating—in which, remember, the practitioner of former times thought his powers of cure were very powerful, we have confessed how great our impotence is. We have stayed our hand from doing the heroic in such case, because we have learnt that science has not yet granted us remedies which will arrest the progress of acute disease, when once in full possession of the body. We apply our treatment, and regulate it by the constitutional condition of the patient, contenting ourselves with putting and keeping his sick body in that state which will best enable him to struggle on through this inevitable combat with disease in which it is engaged; gently aiding and assisting it in its efforts to be rid of the enemy. And will anyone venture to say that our treatment has not vastly improved in becoming more simplified? Remember what an array of formidable agents, not half a generation ago, instantly presented themselves to the practitioner's and the patient's mind when the word inflammation was heard to fall from medical lips. The term antiphlogistic has, I suppose, almost entirely vanished from our modern therapeutical nomenclature; and yet, only a few years ago, those powerful agents, venesection, mercury, antimony, and their congeners, were remedies unsparingly applied in inflammation, no matter what the condition of the body. And there was no doubting—no hesitation in acting, in the medical mind in those days.

If, now, our modern progress in medical knowledge were measured solely by this negation of past errors—which, of course, I will not for one moment admit—it would indeed be very great. It is surely no small step onwards in a true direction, to have purged the practice of medicine of the ignorance and prejudices which have so long upheld the errors of the past; to have shaken off those vicious theories which have hitherto directed—and, of course, viciously directed—the hand of the practitioner to his work. The fermentation which medicine is now undergoing—its unsettled state—is the process necessary for its purification from the clogs and burthens of errors which centuries have gathered around it. How can we advance towards truth until we have got out of the path of error?

I believe that now, for the first time in its history, our art is finding a sure foundation to rest upon; and that if medicine have, as yet, made but small advances towards the position of a science, it has at last entered the path by which alone it can ever reach that high position. Our actual knowledge of disease and its treatment, though it be limited, is still, as far as it goes, sure. Error is no longer an essential and necessary associate of medicine, as it was in former days. Our errors are now to a great extent, voluntary errors. We can mark where positive knowledge ends, and can estimate a their right value the theories and the practice which we follow out in the cure of diseases. We know where we tread securely; and we know where our footsteps begin to falter; and we know where no cue to treatment exists. We can estimate th limits of our medical powers. And, unless I a much mistaken, it is just this very knowledge of it fallibility, of its imperfection—this philosophic es timate of its actual powers over disease—which dis tinguishes rational medicine from barren empiricis on the one hand, and groundless hypothesis on th other.

Truly, we of this day cannot hope to see the con summation I refer to—the elevation of medicine to th rank of a science. We must be contented with a hum bler position—with the task of gathering materials f the reconstruction of the building, and with the un congenial labour of removing the errors which hav gathered around, and encrusted, and concealed, its true features. It may be cruel and humiliating to the pride of medicine to acknowledge that, from the days of Hippocrates to our own, it has put its faith in and has practised the most grievous errors; but the cruelty and humiliation must be submitted to, if truth demand the sacrifice. Tradition, and the great authorities of other days, are to be highly respected; but they must not be permitted to sway our judgment, when opposed to the facts which discoveries of this day have brought to light. We must have the courage to cast aside the false goddess which men of our profession have so long and vainly worshipped, and to which they still so fondly cling. We must give ourselves up to that true knowledge which is the offspring of rational scepticism enlightened by science. We must be contented to take such an appreciation of the value of what we call medical facts, as modern scientific researches will warrant, *and no more*. There are matters of belief in which faith is the all-healing clause; but, alas! it is not so with medicine. The profoundest belief of the physician in the efficacy of the remedy which he administers, does not impart to that remedy any real curative powers. And yet, do we not in daily practice, and with the fullest faith in their efficacy, often follow out methods of treatment, which will, assuredly, not bear that test of reasonable inquiry to which modern scientific investigation rigidly subjects them?

I have endeavoured to show you how it is that old errors are passing away like a dream; so that we wake up surprised at the novel phasis now worn by the Medical Art. There are, indeed, those amongst us who cannot believe that this change is due to our more scientific method of studying medicine; and, therefore, to explain the fact, they have called in that most curious of medical inventions, the change-of-type theory of disease. I cannot here discuss this matter freely; but I will venture to say that the theory is utterly untenable when fairly subjected to criticism. Admittedly, it has no other foundation to rest upon than that which I have endeavoured to show is, in matters medical, ever most fallacious; namely, the convictions of an individual's uncontrolled experience. You will see, if you consider the matter, that there is only one possible way by which the fact of a change of type can be proved: and it is by the comparison of the effects of remedies on disease, as observed at different epochs of time. But such a comparison is, I think, for many obvious reasons, impossible. How can we rationally compare what we now know of the practice of Cullen with the practice of this day? The clinical history of disease, as it occurred in his day, and as we now understand the term, are very different affairs. Cullen, for example, included under inflammation of the chest inflammatory states of all the parts within or about the chest. And where are the clinical records left us by Cullen available for the comparison? and where, then, the basis for a comparison? But, it is argued, Sydenham, Cullen, and the great men of other days, however ignorant they may have been of the pathology and diagnosis of diseases, were not men to be deceived in this particular of treatment. They would not have bled (for instance) so largely, had not the nature of the case, in their days, required the bleeding; their clear and intelligent minds could not have led them into such a mistake. Therefore—and thus runs the modern argument on which this theory alone rests—as they were not in error when they bled, and as we, with our intelligent minds, are equally not in error in abstaining from bleeding, it is clear "that disease has changed its type." Why, gentlemen, do we even know what the term, change of type of disease, means? Question yourselves and your neighbours, and I think you will be astonished at the different definitions you will find attached to it—at the different ideas which you each give to the very words!

I think you will agree with me that in this most difficult problem, the treatment of disease, the very wisest of human intellects may be at fault, if they repose on their sole experience. Will you, for instance, believe that Sydenham made no error in observation when he says, that the constitution of fevers was, in his time, so changeable that a remedy which would save a patient at the beginning of the year might kill him at the end of it; and that he frequently lost one or two patients at the commencement of a new type of fever, before he had discovered the fitting remedy for the change of the disorder! Change of type in disease! Why, gentlemen, you will find, in one of the most classical monograms of modern days, its author—still a leading physician amongst us—expressing his belief that he cannot cure his patient of a certain inflammation unless he can salivate him—this a few years ago; and yet we may be very sure that neither he nor any other practitioner, at the present moment, gives one grain of mercury in that inflammation with the idea of inducing salivation. On the contrary, the ill-effects of mercury in such disease has been almost demonstrated. Fifty such facts I could give you, and many still more striking. I could tell you of physicians practising in the same hospital, upon the same disease, at the same moment of time, and each of them using diametrically opposite remedies, and each one satisfied with the results of his practice. These were men of European reputation, too; and how, if we use that argument to them, could such men be mistaken? Clearly there was error somewhere in their practice. It could not be equally well to give wine and brandy; and equally well to bleed, and cup, and blister; and if error, then, of what value is the argument for this change-of-type theory?

Pray do not misunderstand me; do not conclude from anything I have said, that I consider the practitioner of medicine's duty is to sit down *les bras croisés* in the face of disease, and do nothing. Pray do not think me stupid enough to recommend you to abstain from the administration of wine in disease, because chemists and physiologists have not settled the uses of alcohol in the body—whether it is food or poison, or neither one nor the other; or, because a distinguished physician has proved that colchicum does not eliminate uric acid—the supposed *materies morbi* of gout—or urea from the body, that colchicum has no influence over gout. Surely, we may give mercury to act on the liver, notwithstanding that a physiologist has proved—to his own satisfaction at least—that, in *corpore canino*, mercury does not increase the flow of bile.

No, gentlemen: I will candidly confess to you that I believe chemistry and physiology have, as yet, given us very little aid, in a positive sense, in the application of medicine to the cure of diseases.

Almost all we know of the effects of remedies in diseases is derived from our practical experience of their effects. Look at the remedies most familiar to us in daily use. What has chemistry or physiology taught us concerning the actual effects they produce on the body, or of their application in disease? Why, almost nothing. The practice which we still follow in the cure of disease is almost wholly empirical. We give a remedy in disease; we know not how it acts; we cannot follow its operations chemically or microscopically through the body. It passes into the stomach, and into the circulation. We may follow it sometimes into the excretions; but how, in its passage through the body, it operates, we know not. We note certain phenomena as results of its use. When these phenomena are constantly present, and are universally admitted as the effects of that remedy; then, I say, we may in practice unhesitatingly apply such remedy in such disease; we may hold it to be the right remedy in such disease. Empiricism of this kind is rational empiricism; but it becomes irrational, and more and more so, in proportion as the discordance amongst authorities is greater as respects its effects. Am I doing an unreasonable thing, in asking you to doubt of the effects of a remedy—however strongly your experience may have led you to believe in its efficacy—when you find observers of equal experience with yourself deny its efficacy? Is it not most reasonable that you should, in such cases, fall back upon and reexamine the conditions of the most complicated problem, the disease, which lies before you, and the action of the remedy in relation to you; and try whether there may not be some one of its many terms, which you have misinterpreted?

The results of our experience can only be good, in so far as they bear the test spoken of above; and it is our duty, as men of business, to accept as positive truths in practice, no methods of treatment which will not bear that test. This, gentlemen, is, I believe, the rational scepticism which, in practice, is gradually converting our irrational into rational empiricism; and daily bringing us to a better understanding of the real influence of remedies over diseases.

I need not occupy your time, gentlemen, in showing (by way of apology, perhaps) that there really does exist amongst us a vast amount of such concordance respecting the uses of remedies in diseases. I believe I could run on for an hour giving you examples of that general concordance in the application of remedies which justly gives to the treatment, as I consider, the title of rational. Indeed, I think it might, in certain instances, be shown that we have been unreasonably led into the opposite extreme; viz., of abstaining from the use of an excellent remedy merely because its improper application had obtained for it a bad name. If, for instance, it be satisfactorily shown that venesection and mercury and antimony are not to be received any longer, in a sort of specific sense, as antiphlogistic remedies, does it follow from this that venesection and mercury and antimony are no longer of use in inflammations? Surely not. The very admiration which has been so exorbitantly bestowed on them is, in truth, an indication that they must have been of some service in such cases. I have endeavoured, for example, elsewhere to show that if it be true, as I believe it is, that venesection has no directly beneficial influence over inflammatory processes, yet there are excellent grounds for considering that this remedy may be of the highest service, when practised in the course of certain inflammations, in relieving some of the secondary consequences which result from the inflammation; as, for example, the congestion of the heart and lungs which occurs in pneumonia, pleurisy, and cardiac and other diseases. And I would take this opportunity of saying that I believe venesection has improperly fallen into disuse, simply because of this one-sided view which has been taken of its uses; viz., that if it have no influence over the inflammation, it is useless in inflammation. Where large, concurrent, and uncontradicted experience tells us that a remedy is useful in a given disease, it is our duty to use that remedy. Our fault lies in the using of remedies contrary to that experience; or rather, in positively attributing to them virtues which they cannot reasonably be said to possess.

Such, gentlemen, as I read the times, is the present position of the Medical Art—such the course which the legitimate cultivators of the art are now pursuing; and such the causes which have brought about this last, this modern revolution in the treatment of diseases. Modern pathology and an exquisite diagnosis have cleared away the many errors which have heretofore lain so heavy upon the practice of medicine; their lights have brought us out of the realms of guess-work and imagination, and placed us upon the path of positive observation. Let those who please to throw a stone at our advanced pathology and our cunning diagnosis, because, forsooth, they have as yet done so little towards interpreting the actual specific cure of diseases, at least reflect on the accumulated ignorance and error which these studies have swept and are sweeping away. They have swept away credulity, and left us bare hard truth to deal with—truth which the world, alas! admires so sparingly. Let me, in conclusion, just remind you how honest medicine is in this way essentially distinguished from the thousand quackeries, and the worse than quackeries—the spurious parasitic growths—which hang about her venerable stem, assuming her name, and drawing their vitality from the connexion which they have shamelessly formed with her. Medicine breathes forth the truth, as her powers, exercised in the path of scientific observation, best enable her to embrace it; it is not hers to promise the impossible, or to draw inspirations from the regions of fancy. She appeals to the reason, not to the fond credulities of mankind. Those curative means which her scientific researches enable her to offer, or justify her in offering, she willingly and gladly imparts to the sick; but never for mere gain does she condescend to flatter the vain hopes of the credulous with promises of impossible cures. The paths of medicine and of quackeries lie as wide apart as the extremes of truth and falsehood. Medicine—legitimate medicine—has from its very earliest days had but one manner of growth and of expansion. Trace it downwards to these days, and you will still ever see its honourable cultivators following the path of induction, of experiment, and of observation—ever appealing to the reason of the world. Look on that other picture—those quackeries which insult reason and thrive on credulity. Medicine gives an account of its faith and of the reasons of its practice. Quackery appeals to the ignorance and the most degraded weaknesses of our human nature; and the extent of this ignorance and amount of this degraded weakness must, alas! be measured by the amazing spread of quackery amongst the masses of mankind. The homœopath talks of infinitesimal doses, and flourishes a few unmeaning cabalistic phrases; and finds abundant listeners, because he flatters, he promises, and, above all, gabbles to the people of that which is utterly incomprehensible to them.

If the bright face of medicine be ever obscured by the shadow of quackeries and delusions, it can only be in proportion as our professional morality has grown weak. But woe is it to our art when men are found amongst us who are willing to shake hands with a wicked imposture, because, clothed in the garb which it has surreptitiously stolen from medicine, this imposture has found favour in the eyes of the wealthy! Woe is it to our art when men barter their professional honour for the sake of great gains, or juggle their consciences with jesuitical rules of ethics!

But, gentlemen, thank Heaven! our body is sound at heart. If a loose professional morality be here and there seen floating about amongst us, we know and feel, as members of a medical corporation, that our path and course are clear and fixed amidst this scene of ignorance and vicious reasonings. It is no fault of ours if deception in the cure of diseases have a strong hold on the human mind. Let us only keep our hands clean of the contagion of pandering to it. We have no reason to fear the conclusion. Truth is stronger than deception.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

CASES OF MALARIOID DISEASE: WITH COMMENTS.

By C. Handfield Jones, M.B., F.R.S., Physician to the Hospital.

Case i. W. C., aged 22, an excavator, was admitted Sept. 16th, 1861, having been ill four months. His illness came on gradually. His aspect is that of a man labouring under serious disease. He is anæmic; his speech is slow and hesitating, and his whole manner of the same kind. He seems to get worse every week. He complains of great debility and headaches at night. He is very ill in the morning, can hardly draw his breath, and has cramps in his legs. Tongue glazy; skin cool; pulse feeble. The heart and lungs are sound. There is not much cough nor expectoration. He can take food fairly well. He never has had ague, nor been n the way of it, that he is aware of. He was ordered to take five grains of quinine three times a day.

Sept. 19th. He feels a deal better. His breath is better; the urine is very clear, not albuminous. The medicine was continued.

Sept. 23rd. He is improved. He has pain over the eft orbit, in the situation of the frontal nerve. He was ordered to have, three times a day, ten grains of citrate of quinine and iron, and ten minims of tincture of nux vomica. He ceased attendance.

The general depressing, enfeebling character of obscure malarious disease, and its special implication of the cerebro-spinal nervous system, was here well marked. The episode of brow-ague aids in completing the picture.

Case ii. A. S., aged 37, coachman, was admitted July 29th, 1861, having been ill three or four months. He feels very weak. The tongue is very coated. He has pain at the mid-sternum, worse after food; no thirst. His appetite is bad in the morning, ravenous by midday. The epigastrium is not tender. He has cough and expectoration in the morning. Pulse natural. He cannot sleep at night, and sweats very much. He was ordered to have four grains of disulphate of quinine three times a day.

He improved steadily, and ceased attendance Aug. 29th, having had iron and quinine the last ten days. The perspirations at night had almost ceased, and he had gained strength.

This case differs from the preceding, in that the disorder was less restricted to the cerebro-spinal nervous system, and involved the sympathetic; there was, in fact, bronchial and gastric catarrh. The malarioid ἦθος was evidenced by the nocturnal sweating without existing organic disease—a symptom on which I have before dwelt, as highly significant of such affections. It is highly interesting to note in these two cases the existence of general debility—of special depression of nervous power; and then, in the latter, the same as manifested in the paralysis of certain vaso-motor nerves, and its results in bronchial, gastric, and cutaneous exudation.

Case iii. G. H., aged 36, was admitted Aug. 16th, 1861. He is a blacksmith, residing at Sheerness. He has never had ague or fever. He is very anæmic, and looks spare and weakly. He has been ill since last November, when he was seized with pain in the back during sleep, having been perspiring copiously before. He is extremely weak, and has drenching night-sweats. His legs are so weak that he cannot walk without crutches. He was treated till Aug. 29th with tincture of sesquichloride of iron. The drenching sweats continued, but he could walk better. He was then ordered five grains of quinine three times a day. He had ordinary diet and porter from the first.

Sept. 5th. He is improved, sweats less at night, and is stronger; his appetite is better. The spleen, liver, and lungs are normal. A blister was applied to the loins on Aug. 22nd, with benefit.

Sept. 9th. He is much improved; has no night-sweats now. He was ordered to take one-sixteenth of a grain of strychnia and four grains of sulphate of iron three times a day.

Sept. 16th. He is not so well without the quinine, but has pain in the back. The legs are not improving. The quinine was repeated, and a blister was applied to the loins.

Sept. 23rd. He was improved.

Oct. 12th. He looks bigger and better, is strong in himself. He can walk well; but his ankles feel weak, and feet tender. He went out soon afterwards, apparently quite well.

The locality where the patient resided, the debility without sufficient cause, the drenching night-sweats, and the good effect of quinine, indicate very strongly the malarious nature of his disorder. It may be surmised that the poison had caused congestion, or low inflammatory action, of the membranes of the cord; and that this was concerned in part in causing the incomplete paraplegia. The two blisters acted beneficially in removing this congestion. As, however, the good effect of the quinine was evident, I think it must be granted that this remedy exerted a direct action upon the spinal nervous centre, increasing its tissue-power, and making it more capable of fulfilling its normal function. Compare a more acute case recorded by me in the British Medical Journal, Nov. 28th, 1857. Such instances as the above illustrate the point, already notorious, that the action of malarious poison may be general or local. It may involve the whole nervous system, and produce an ague, or limit itself to a frontal or some other nerve. It may cause an hemiplegia, or, as in this case, a paraplegia. It may affect the heart prominently, as in syncopal tertian; or concentrate itself on the large intestine, as in dysentery.

Case iv. W. D., a boy, aged 8, was admitted Sept. 6th, 1861, having been ill, on and off, since he had an attack of the same kind fifteen months ago. He has blue eyes, light hair, an intelligent face, a rather prominent forehead. He is very fond of reading. He has lost much flesh. At times he has a "nasty dry cough". He complains of uneasiness at the lower part of the sternum. There is good breathing in the backs; some crepitation is audible under the right clavicle. The abdomen is normal and painless. The skin is hottish, with perspiration on the face and forehead. He does not sleep well at night; rambles and talks. He varies much; one week, his mother says, he is all life and spirits; the next, much depressed. He was ordered to take three minims of dilute hydrocyanic acid in half an ounce of citrate of potash mixture three times a day.

Sept. 9th. He lies sleeping very much, is pretty quiet at night, and takes his food (broth diet) fairly. Râles are heard all over both fronts and backs. He was ordered to have a grain of disulphate of quinine three times a day.

Sept. 12th. He is evidently better; his skin is cool; he sleeps less by day, and is quiet at night. But little râle is heard in the chest. He was allowed half ordinary diet.

Sept. 16th. He seems quite well, running about. A drachm of cod-liver oil was ordered to be taken three times a day. The quinine was exchanged for citrate of iron and quinine, with chloric ether; and he went out on Sept. 23rd, apparently quite well.

Familiar as I have been for some years with the various forms of malarioid disorder, there was much in the above case to make one very suspicious that one had to deal with a much less hopeful condition. The physical and mental constitution of the child, the emaciation, the cough, the subclavicular râle, and the febrile movement, pointed very much in the direction of tuberculosis, and made me forbear from tonics at first. When, however, these were brought into play, the response of the system was such that the true nature of the disorder became at once apparent. Truly may it be affirmed in this case, that "naturam morbi remedium ostendit".

Case v. W. Y., a boy, aged 8, was admitted July 15th, 1861, having been ill one week. He is losing flesh fast; has no appetite, and has a bad cough. The skin is cool; tongue clean. He faints away at times. He is "like a fire at night", so feverish. Two grains of quinine were given at 12 m., and at 6 and 8 p.m. He was much better in a week, and in fourteen days was reported to sleep well. Five grains of citrate of iron and quinine three times a day were now given, which he continued till Aug. 26th, when he was fairly convalescent.

This was a not very severe case of nocturnal fever, with general depression and emaciation, which, on account of its being so markedly under the control of quinine, I have termed malarioid remittent. For other and more severe examples of the same affection, I refer to my pamphlet on *Neurolytic Affections*, etc.

Case vi. H. W., a boy, aged 2, was admitted July 8th. He has been ill, on and off, from his birth. He has been complaining during the last week of his head; he lies down, and puts his hand to the right side of it. He has no rest at night. The head is not hot; the bowels are relaxed; the urine is thick and dark coloured. The following draught was ordered to be taken three times a day.

℞ Tincturæ opii ♏ij; potassii iodidi gr. j; tincturæ cinchon. ♏x; sodæ carbonat. gr. ij; aquæ cassiæ ʒij.

July 11th. He sleeps much better, and does not complain of his head. He is "nothing near so cross". His appetite is poor. After this he took a grain of quinine three times a day; and, at a later date, citrate of iron and quinine and cod-liver oil; and improved very much. He remained under observation till Sept. 26th, and had no relapse.

Case vii. J. T., a boy, aged 2, was admitted Aug. 26th, having been ill fourteen days. He has had diarrhœa lately. His aspect is distressed. He has all his teeth. The appetite is bad. His bowels are properly open. He is very thirsty. He screams by night and day, and seems to have pain in the face and head and feet. He is constantly whining and crying. He is cool now, but very feverish at night, and is worse then. He was ordered to have half a grain of iodide of potassium, and two grains of citrate of quinine and iron in two drachms of water, three times a day.

Aug. 29th. He is a great deal better, and quiet.

Sept. 9th. Pain recurred on the 7th. He has had no medicine the last four days. The medicine was repeated.

Sept. 16th. He is better. The medicine was repeated. He did not attend again.

The last two cases are both instances of a rheumatoid head-affection, probably implicating the dura mater. The symptoms of this disorder may often suggest grave suspicions of the existence or the approach of tubercular meningitis. However, the absence of vomiting and convulsions, and of drowsiness, the irritability, and, above all, the non-progressive course of the affection, indicate usually its true nature. Dr. Coldstream has already pointed out the advantages of using iodide of potassium in various inflammatory affections of the head, especially in cases of less sthenic character. (*Edin. Med. Journal*, Dec. 1859.) He does not, however, seem to regard the remedy as specially applicable to rheumatic cases; and in this his experience justifies him. Rheumatism of the head, though familiar to us in adults, is not much noticed, if at all, in works on children's diseases. Dr. West does not mention it in his valuable *Lectures*. I am, however, quite sure that the practitioner will find it well worth while to bear in mind the possibility of the occurrence; and that in many instances, where leeching and calomel would avail little, the use of that great remedy, iodide of potassium, will be attended with gratifying success.

I am anxious, in conclusion, to say a word or two with regard to the remittent fever of children. This is generally regarded as identical with the enteric of adults; and no doubt there are many cases in which this opinion is correct. There is, however, also, I am convinced, another form, which, from its general features, its prolonged course, and its controlability by quinine, approximates closely to malarious fevers. It is not a very common disorder, not so frequent lately as it was two or three years ago; but yet I have met with it much oftener than with the graver (perhaps typhoid) form. To be aware of its possible occurrence, and to be able to distinguish it, is certainly worth while, as it is positively *curable*.

The Wages of Humanity. All of the prisoners speak in terms of the deepest gratitude of the kind attention of Dr. Higginbotham, a well known physician of Richmond. He was constant in his attentions to them from first to last—so much so, indeed, that his loyalty was suspected, and he was placed under arrest by the military authorities. He was subsequently released, however, by the civil authorities, and resumed his kind ministration.

Original Communications.

ON THE TREATMENT OF VARICOSE ULCERS OF THE LEG WITHOUT REST.

By J. H. Houghton, Esq., Surgeon to the Dispensary, Dudley.

[*Read before the Midland Medical Society.*]

In the periodical literature of the day many valuable suggestions are made and read, and then forgotten by the majority of those who read them, and thus, for want of reiteration, are lost to the profession generally, as the authors themselves seldom like to be constantly writing papers enforcing the same fact.

As these papers are read, accident probably leads some of us to apply them; and if those who did so, and found the practices inculcated beneficial, would collect the facts they observe, and publish them on occasions like the present, a great benefit would be conferred on practical medicine and surgery.

In the present paper, I do not propose to enter upon the question of the radical cure of varicose veins, or of the means which have been directed for that purpose. Nor have I any new principle to offer; but I simply wish to show the results of a mode of applying an old principle, which I believe is not generally practised, and which was suggested by Mr. Hunt, in a paper read before the Medical Society of London, and published in he British Medical Journal for Jan. 3, 1857, and designated "On the Treatment of Ulcers of the Leg without Rest."

It will be understood that I am speaking of the vari- ose ulcer simple; and that specific ulcers will, in addition to the treatment herein advocated, require the herapeutic remedies indicated by the specific nature of he ulcers themselves.

Pressure, I believe, is the agent recognised as essen- ial to the palliative treatment of the varicose veins and lcers. Whately, Scott, and Baynton, have all agreed n this point of practice, though they have differed little in the means of carrying it out; and herein, in act, lies the whole difficulty; for all must know that, owever well and carefully the ordinary bandage may e applied, if the patient move about, in a few hours becomes loose, and all our labour has been in vain; nd hence varicose ulcers have become a kind of *op- robrium chirurgicorum*, and patients affected with them re either almost entirely neglected, or sent to the hos- itals (to the great horror of the hospital surgeons), nd there, by rest in bed, are pretty soon cured.

Assuming, then, that it is conceded that well-applied essure is "the essential" to the cure of these ulcers, proceed at once to the object of this communication, e application of the bandage, as suggested by Mr. unt.

"Modern surgery," says Mr. Hunt, "is competent to e treatment of ulcerative diseases of the leg. There I believe, no essential defect in it; no necessity for ything new. Why, then, is it so notoriously unsuc- ssful? Mainly, because the application of the band- e is looked upon as a simple and easy operation, ich may be safely entrusted to the patient or nurse; hereas I know of few operations in surgery more diffi- lt to perform, or requiring more painstaking practice an the application of a bandage to the human leg in ch a manner as that every portion of the limb shall ceive equal and abiding support."

He also observes that the extraordinary success at- nding the practice of Scott and Baynton consisted ainly in their skill in applying the bandage."

"Calico and linen bandages," says Mr. Hunt, "are nerally inefficient and often useless. They do not yield sufficiently to the motions of the limb; consequently, they cut the limb on one edge, and become loose on the other. The elastic cotton bandage sold at the shops is a very stupid affair. The two edges are stitched together, and form a cord, which cuts the leg if the bandage is tightly applied; and if not tightly applied, it is useless. If the ulcer is disinclined to heal, a flannel bandage is essential to its permanent cure. This bandage should be made of moderately fine Welsh flannel, from seven to eight yards long, and exactly two and a half inches wide, and without a joining."

Now, the use of flannel bandages is the gist of all Mr. Hunt's paper, and is the point which I wish specially to bring before the members of the Society. At the Dudley Dispensary, the number of cases of varicose ulcer which are constantly attending is very large; and it was whilst treating a number of them, and feeling how very unsatisfactory the treatment was, that I read Mr. Hunt's paper, and gave his plan a trial; and four years constant experience has enabled me to speak confidently of its importance and advantage. Cases which I had before looked on with horror and dismay, I now found I could manage without difficulty, and with almost a certainty of a speedy cure; and this without confinement, or without the least necessity for the patient's relinquishing his usual occupations.

If the bandage be properly applied, it will remain immovable for an indefinite period. I have repeatedly seen it remain three weeks without the least displacement; the patient, feeling comfortable, had not come up to have it changed for that time.

I do not intend to take up the time of the Society by entering fully upon the different preparations best suited to each form which varicose ulcers may assume. As a general rule, I strap the wound itself with a few strips of soap-plaister; or perhaps dress it with some simple dressing or water-dressing. For all ordinary cases these are amply sufficient; and if the rolling be properly attended to, the ulcer begins to heal in a very few days, as I believe, almost irrespective of the dressing, so long as that be not positively prejudicial. Generally, however, I prefer the soap-plaister.

Mr. Hunt gives elaborate directions for applying the roller, and for padding the hollow under each malleolus; but my experience has not shown me the necessity of this, and in fact every necessary pressure may be attained without it. I first make one turn with the roller round the bottom of the leg, then one under the sole of the foot, over the instep and round the back of the foot (keeping the edge of the roller as low as possible) and then again over the instep, till the lower edge of the bandage passes round the foot at the root of the toes, about two turns round the foot and then spirally up the leg to the knee. If the roller be thus applied it will be found that it will lie quite even, and indeed seems almost naturally to follow the course I have described, and will not require a turn in the roller till it reaches the calf; and by a little practice it may be brought down sufficiently low to afford ample pressure to the fossæ under the ankles.

I now relate a few cases which will prove the efficacy of the treatment.

Case i. Mary Cochrane, aged 37, married, the mother of four children, a pale anæmic looking woman, applied May 6, 1857, at the Dispensary, with an irritable and very painful ulcer just below the left inner ankle, of the size of a shilling, from varicose veins. She lived four miles and a half from Dudley, near Halesowen, and was a nailer. The ulcer was strapped with soap-plaister, and rolled with a flannel roller. She walked up twice a week to have her ulcer dressed (a distance of nine miles), and frequently stood at the nail-block from 7 a.m. till 9 or 10 p.m. during the treatment; and on June 10th was discharged cured, with a firm cicatrix. The pain soon subsided after the leg was rolled; and her health visibly improved as the ulcer healed. She took quinine and iron during the treatment.

Case ii. Harriet Beddoes, aged 28, a fine healthy looking woman, applied June 18, 1859, on account of a number of ulcers on the leg, resulting from varicose veins. She had had two children. The varicose veins commenced in her first pregnancy; they inflamed and broke into a wound. The leg became worse after delivery; and at one time she had sixteen wounds on her leg, which had never been cured though she had been under several medical men. Rest in bed seemed to be the only thing which produced any benefit. When she came to the Dispensary she had six angry looking ulcers, the smallest of the size of a shilling, and the largest of the size of the palm of the hand, on the leg. The leg altogether had such a formidable appearance, that I told her I feared I should not be able to do her much good, I recommended her to try to get into the hospital; but to this she objected. She lived at Well Heath, five miles from Dudley, and was brought up in a trap, as she was quite unable to walk or move about much. The wound was strapped with soap plaister and rolled with a flannel bandage; and she had some sarsaparilla to take. On the 22nd, she walked up to have her leg dressed and back (ten miles), and said she felt very much better. The aspect of the wounds had entirely changed and cicatrisation had commenced.

July 2. Four of the wounds were well; and the largest left was not so large as a florin, and was cicatrising quickly. She was free from pain and did not confine herself at all, walking about and acting as though she had not any wound.

July 6. The wound was quite well; her health was much improved. She had walked up regularly to be dressed. The cure occupied eighteen days.

Case iii. Sarah Hardwick, aged 34, came under my care July 13, 1857. She had had six children. She had an angry granular ulcer, larger than the palm of the hand, with hard raised edges; it was intensely painful, preventing sleep and seriously impairing her health. Varicose veins appeared in her first pregnancy; and a wound in her second. It healed after her confinement; till five years ago, since which it had not healed. There were large varicose veins all over the leg. The leg was strapped and rolled as usual. After the first dressing the pain was much relieved, and she told me that when she woke the first morning she exclaimed, "Thank God, I have had one good night's rest again."

Aug. 10. The wound was nearly well; her health was much improved. She was not like the same woman. The wound had been dressed twice a week.

Aug. 17. The wound was well. She was ordered to have a laced stocking. She walked six miles each time her leg was dressed, had no restraint put on her. The cure occupied about five weeks.

Case iv. Michael Gragby, aged 50, was admitted May 30, 1860. He was a remarkably fine tall man, gardener to the Earl of Dudley, residing at Green's Forge, six miles from Dudley, and two miles from his work. A large varicose ulcer, four inches by three, was present on the internal aspect of the left leg; it was deep, covered with an ash-coloured secretion, and surrounded by elevated granular edges; it was very painful, and gave off an ichorous discharge. The leg was covered with varicose veins from the toes to the instep on the internal surface; and often ramified on the external aspect. He said his health was much impaired by the pain and irritation from the wound. The ulcer was of thirty-four years duration, and arose from a kick at football. It had only been healed once since, and that was in 1830, though he had undergone much treatment at St. Bartholomew's, the Middlesex, St. George's, the General Hospital at Birmingham, and at Stafford, besides other places, where he had been under treatment. It was not strapped in London. At Stafford it was, without benefit. At Birmingham he obtained much relief, but left before it was well. He was kept in bed the whole time he was in each of the hospitals.

The leg was strapped with soap plaister and rolled. He took sarsaparilla and iodide of potassium three times a day, and opium night and morning.

July 27. The leg had been regularly strapped and rolled twice a week. He had followed his employment regularly, and walked up to be dressed six miles here and six back. There had been progressive improvement and the wound was nearly well. It had never been so near well since 1830.

Aug. 15. The wound was quite well. His health was improved. He was ordered to have a laced stocking.

Remarks. I have selected the four cases related from a number recorded, on account of the extent and long duration of the ulcers and the exertions which the patients had to undergo during treatment, to show that the most aggravated cases of varicose ulcer are susceptible of cure *without rest* when ordinary means had failed to give much relief—even, in two of the cases, with rest.

In the first case, the patient walked nine miles each time she had her leg dressed, and during the whole time stood at the block nailing many hours a day. The case occupied just over a month. "The pain soon subsided after the leg was rolled, and her health rapidly improved."

In the second case, six angry ulcers, the smallest of the size of a shilling, the largest of the palm of the hand, were cured in eighteen days. The patient walking ten miles each time she was dressed, and following her usual domestic avocations the whole time. This case was so bad that I despaired of curing it, and advised her to go to the hospital.

In the third case, an angry granular ulcer, larger than the palm of the hand, with indurated raised edges, yielded to treatment in five weeks. The patient walked five miles each time she was dressed. The ulcer had been open five years.

The fourth case may be regarded as the *experimentum crucis*. A large varicose ulcer, four inches by three, deep, covered with an ash-coloured secretion, surrounded by elevated granular edges, very painful, and throwing off an ichorous discharge, and which had existed thirty years, in spite of residence in some of the first hospitals in the kingdom, was perfectly cured in eleven weeks. The patient walked twelve miles each time he was dressed, and four every day to and from his work, and followed his occupation as gardener throughout the treatment.

It is quite unnecessary to make any further observations on the subject; the cases recorded either prove my case, or they prove nothing. As I said before, I have no new principle to promulgate and nothing original to offer; all I desired was to show what appears to me to be the remarkable efficacy of the flannel bandage, as proposed by Mr. Hunt, and which my experience fully justifies me in doing. The advantages of flannel over calico for the bandage are, that it is sufficiently elastic to give uniform support, and sufficiently rough on the surface to prevent it from slipping and getting displaced; and as I have said before, I have known the roller when wel applied remain three weeks without moving, the patien having neglected to attend during that period. There is one caution I give to the patient; and that is, to sleep with a thin stocking over the roller, as otherwise it gets kicked off in bed.

Early in the present year, I became accidentally acquainted with a material called "domette," which appeared to me to have some advantage over flannel, and experience has proved this to be the case. It is much lighter than flannel; it is equally tenacious, if I may us the expression; it is sufficiently strong and elastic fo the purpose; and, what is of some consequence, it i about a quarter the price. The same material has bee recommended by Mr. Startin for the treatment of varicose ulcers; but I had used it before I was acquainted with his paper. Patients complain of the heat of the flannel rollers, but they gladly bear it in consequence of the great relief they soon obtain from its use. Domette partly obviates this objection. I have one other observation to make: the roller must be accurately made, and in one piece. I get eight yards of domette, and have it washed. I then cut my rollers myself, measuring the width of each accurately with a rule. They should be two and a half inches wide.

CASES OF PERFORATING ULCER OF STOMACH AND OF INTESTINE: WITH REMARKS.

By Wm. Hinds, M.D., Professor of Botany at Queen's College, Birmingham; Lecturer on Botanical Science at the Birmingham Midland Institute.

[*Read at the Midland Medical Association.*]

So many questions of interest arise on the subject of chronic perforating ulcer, that it would be difficult, without some comprehensiveness, to deal with even the more prominent of them. I shall select a few only of these points for observation, and especially in relation with the following cases, which I will first relate.

Case I. *Perforating Ulcer of the Ileum in a Young and Robust Man: Rapid Sinking and Death: Post Mortem Examination.* Mr. B. P., a young florid man, aged 27, in good circumstances, and one of the healthiest looking men I have ever seen, of perfectly temperate habits, had never been troubled with ill health to any marked extent. On one occasion, about twelve months previous to the last attack, he was affected with a somewhat obstinate diarrhœa; which, however, did not in any way incapacitate him for business. This attack must have lasted ten days or a fortnight, and since that period he applied to me on account of a second attack, which yielded soon to remedies.

On December 27th, 1858, having been called to visit him, I made the following note:—"Some shivering; slight heat of skin; he is sitting up in the house, and has been slightly unwell for a day or two. The tongue s furred, white; he has passed a little blood by stool, and feels rather sick at times. The pulse is somewhat feeble. There are nervous tremors, and some agitaion." He was treated by salines and five grain doses of carbonate of ammonia.

Dec. 29th. He was not quite so well, and had vomited a little. He complained of no pain.

Dec. 30th. He was in bed with a brown and dry ongue. The pulse was small and about 120. He complained of occasional pain of the abdomen. The bowels had been twice freely opened. The abdomen being carefully examined, there was found in one spot on the right, about five inches from and nearly opposite to the umbilicus, a little tenderness. There was slight tenderness also on the left side of the abdomen. No tympanitis was present. One grain of opium and a grain and a half of calomel were given at bed-time; and a simple saline mixture, of acetate of ammonia and nitric ether, every four hours. A small quantity of sherry and water was ordered to be given occasionally.

Dec. 31st. The abdominal tenderness had all disappeared. The flat hand pressed well upon the abdomen ather gave a feeling of relief than pain. He was quite asy, and complained of no pain whatever. The tongue was very brown, very dry, and cracked across in several places. He had had three free motions since the last vening, which had not been saved. Pulse very tremuous, and about 140. The general signs of typhoid inking were intensely marked and urgent. He was rdered to take five grain doses of sesquicarbonate of mmonia every two hours; and egg-flip pretty strong very four hours; with beef-tea in the intervals.

Jan. 1st, 1859, 11 a.m. The whole of the symptoms had deepened. The tongue might be a little moist in comparison with the previous day, but the sinking was more marked. The countenance was intensely modified by the lowered condition of the vital powers; the features being sunken and contracted into the true *facies Hippocratica.* The pulse was tremulous and exceedingly rapid. There was no purging. He was ordered to continue the brandy and eggs every two hours.

8 p.m. There was no improvement. For a few moments occasionally there was excruciating pain in the bowels. Half a grain of opium was given to soothe the pain. This had the desired effect.

Death took place at 12 p.m., after one hour's sleep. He awoke up apparently free from pain, turned over, and in a few minutes expired.

This case not only gave me intense uneasiness from its result and other circumstances and relations, but it was in very truth a great puzzle to me. The brother, shocked at a result so unexpected in such a healthy subject, called upon me for my opinion as to the cause of death. Of course, I was in fact unable positively to state this; but I had carefully thought over the case, and, guided by the recollection of slight tenderness in one spot in the early period of the case, a little but stubborn diarrhœa some months before, and by the few attacks of agonising pain three or four hours before death, I suggested the possibility of perforation of the intestine; or else of some other unascertained but equally grave condition. My request for an examination of the body was at once complied with.

Post Mortem Examination thirty-six hours after death. The body was firm, well nourished, and fat. There was some blood oozing from the nostrils; and, by the stains and wet, several ounces might have thus escaped. The abdomen when cut into, showed an inch and a half of fat in thickness. The moment the knife entered the peritoneal cavity, blood flowed out freely. Many of the intestines were darkened by blood in their interior. There was no sign of peritoneal inflammation; no lymph; and no gluing together of intestines; but the peritoneal cavity contained fully half a pint, possibly nearer a pint, of blood. Moreover, nearly the whole of the intestines, from the stomach were partly *filled* with dark blood. On carefully lifting the small intestines from their position on the right side, corresponding with the spot at which some tenderness was noted at the early part of the progress of the case, several days before death, some fluid blood and a small clot were seen to escape. The intestine was then tied, and a careful search was made; when an ulcerated, rounded, and somewhat jagged and blood-stained opening of three-fourths of an inch in diameter, was seen in the ileum, very near to the cæcum, this last being filled with clotted blood, some of which had escaped when the intestines were previously lifted from their position.

I need hardly remark how thoroughly the results of this examination were calculated to set at rest the anxieties consequent upon so unlooked for an issue as this case presented; and how amply and fully every grave feature and symptom was accounted for in the appearances after death. The early and fearful sinking would no doubt be attributable to the great loss of blood from internal hæmorrhage, combined also with the depressing effect upon the nervous system of a fatal lesion, while not until some four hours previous to death was there present any of that agony and intense suffering which we look for when the contents of the alimentary canal escape into the peritoneal cavity. The supervention of this pain in short but acute paroxysms, no doubt marked the period of *actual escape*, perhaps of *successive* escapes of blood and other matters from the intestinal cavity through the opening.

[*To be continued.*]

Progress of Medical Science.

CONTRACTION OF THE ARM. M. Zuradelli has carefully described a form of contraction affecting the biceps, the supinator longus, and the coraco-brachialis muscles; all which are under the influence of the muscular cutaneous nerve. The affection is more frequently symptomatic than idiopathic, and is specially observed in regions in which rheumatism is prevalent, where it seems sometimes to be almost endemic. The right arm is more frequently affected than the left. The disease, according to M. Zuradelli, may be either slight or severe; traumatic or rheumatic; acute or chronic; simple or complicated. It generally begins slowly and insidiously; the patients feel a certain degree of stiffness and difficulty of motion in the limb; but this is at first transient, and becomes permanent only where the disease is established. The biceps is almost always first affected; then the supinator longus; and lastly, the coraco-brachialis.

Lesions of sensation are always present, varying in seat and in form. Sometimes there is severe pain, resembling neuralgia in having exacerbations; more generally there is a painful feeling of weight and of twitchings at the insertions of the tendons; or there may be an extreme lassitude felt in the whole limb or in its upper segment alone. Considerable atrophy of the limb sets in in a marked degree at the end of about a month. The degree of flexion of the forearm varies; it is at first very slight, but may become so great that the forearm is almost applied to the upper arm. In most instances, the arm is held midway between flexion and extension. When this is the case, the arm can be completely bent; but extension is impossible. In the most severe cases, the power of both flexion and extension is alike suppressed. On examining the arm, the tendon of the biceps is felt as a tense hard cord at the anterior and inner part. At the external side of the forearm, a longitudinal projection is formed by the supinator longus. The forearm is in a state of supination, and cannot be pronated. The limb is weakened in proportion to the amount of contraction; frequently, in very advanced cases, the patients consult the physician on account of paralysis of the arm. The weakness is especially pronounced in cases complicated with rheumatism. The fixation of the limb brings about partial paralysis of all the muscles which are reduced to inactivity. The movements of the forearm are impeded; but the extensors and flexors of the hand act almost perfectly. In cases complicated with neuralgic pains, the patients almost always keep the limb in a state of complete immobility. In some rare cases, there is tenderness over the brachial plexus or over the spinous processes of the lower cervical vertebræ. Sometimes only one of the heads of the biceps, especially the long ones, is contracted.

M. Zuradelli has generally observed these contractions in subjects of not less than thirty years of age; they are more frequent in males than in females, and are generally met with in rheumatic subjects. Their development is often preceded by the continued influence of cold and damp. Sometimes the cause is traumatic; such as violent contusion over the shoulder-joint; compression of the axillary plexus; wounds implicating the musculo-cutaneous nerve; shock of the brachial plexus by the recoil of a gun or a violent electric discharge; dislocations of the humerus, and the means used for their reduction; fractures of the humerus, the union of which has been attended with much shortening; and, in rare cases, exaggerated motion of the limb arises from the inoculation of strychnia for therapeutic purposes.

The muscular spasm is generally tonic; sometimes, however, it is clonic. The phenomena of the disease may be modified by neuralgic pains in various branches of the brachial plexus, by muscular rheumatism, by loss of the muscular sense, or by inflammations of the shoulder and elbow, which often act the part of causes.

The prognosis depends on the cause of the disease; on its duration and intensity; on the age of the patient, etc. The affection must always be regarded as of long duration; and a spontaneous cure must never be expected. When left to itself, the contraction has almost always led to atrophy and paralysis of the arm.

In the treatment, the indications are to remove the contraction, and to restore to the antagonistic muscles the energy of which they have been deprived. Local and general bleeding, and sulphate of quinine with narcotics, are of undoubted value in acute cases of a rheumatic nature. In the generality of cases, most dependence is to be placed on electricity. Rapidly intermitting currents (contraindicated only when joint-disease is present) are to be applied for some time to the antagonists of the contracted muscles. The results of this treatment, if it be properly persevered in, are always very satisfactory. The continuous current and cutaneous Faradisation are generally not beneficial. (*Gazetta Med. Ital. Lombarda;* and *Gaz. Méd. de Paris*, 19 Oct., 1861).

DIFFICULTIES IN THE TREATMENT OF UMBILICAL HERNIA. M. Huguier, in a discussion in the Surgical Society of Paris, gave a summary of the causes which, in his opinion, render strangulated umbilical hernia and the operation thereon specially dangerous. Some of these causes are primary—arising out of the anatomy and pathology of the parts; the others are surgical—attending and following the operation. The primary causes are the following. 1. The abdominal opening, in general circular or oval, narrow, resistent, and with thin edges, bruises and almost cuts the parts. 2. The umbelliform or mushroom-shaped arrangement of the protruded parts gives the tumour a narrow pedicle in proportion to the mass which has escaped. 3. The thinness of the coverings predisposes to accidents in three ways: by bruising of the parts; by inflammation of the distended and weakened coverings; and perhaps (as in an example related by Boyer) by their rupture through a fall or blow. Further, this state of the integuments renders the intestines liable to injury during operation. 4. The sac contains little or no serosity. 5. The sac is frequently gangrenous. 6. The large size of the tumour, and the adhesions which it contracts, render it more frequently irreducible. 7. The vicinity of the strangulation to the peritoneal cavity predisposes to visceral and parietal peritonitis; this circumstance is of great importance in a surgical point of view. The surgical or consecutive causes of peril are these. 1. In the first stage of the operation, there is great danger of wounding the herniated parts, in consequence of the thinness of the coverings, the frequent absence of fluid from the sac, and the presence of numerous adhesions of the viscera to each other and to the peritoneum. 2. In the majority of cases, it is necessary, to reach the intestines, to pass through the epiploon; which, after being wounded, is returned into the abdomen. 3. The herniated parts may suddenly burst through the incision in the coverings. Boyer and M. Huguier have both met with instances of this. 4. After the parts are denuded and liberated from strangulation it is extremely difficult, sometimes even impossible, to reduce the hernia. 5. The proximity of the incision made in releasing the strangulation to the parietal peritoneum necessarily causes this to be wounded. In inguinal and crural herniæ, the strangulation is at a distance from the great peritoneal cavity; whereas the reverse is the case in umbilical hernia. 6. Extension of inflammation from the sac to the peritoneum is more rapid and much more unavoidable than in other herniæ. 7. The dependent position of the hernial opening, when released from strangulation and enlarged, favours (as M. Velpeau has observed) the escape of blood, pus, and decomposed fluids into the peritoneum. M. Huguier says that blood is by no means innocuous; he has seen violent peritonitis produced by the presence of a small quantity in the cavity. If an operation is to be performed, he advises that complete herniotomy (incision of the coverings, release of the strangulated parts, and reduction) be practised only in small, recent umbilical herniæ, which have been previously reducible. In most other cases, he prefers opening the intestine to releasing the strangulation and reducing the parts. (*Gaz. des Hôpitaux*, November 23, 1861.)

THE FEET OF CHINESE WOMEN. At a meeting of the Surgical Society of Paris, on November 20th, Dr. Fuzier, formerly surgeon-major of artillery in the Chinese expedition, presented some specimens of the feet of Chinese women. Their object in producing deformity, he said, was to diminish the length and the breadth of the foot. The diminution in length is obtained by bending the foot into the form of an arch, the two ends of which are bound together. The os calcis and astragalus are thus made to rotate on a transverse axis, so as almost to produce a dislocation of them on the second row of tarsal bones. The movement of rotation which the calcis undergoes amounts to a quarter of a circle; so that its greater diameter becomes vertical instead of horizontal, and it no longer forms a projection behind the astragalus. The metatarsal bones and toes are bent downwards and backwards. Hence there arise:—1. The formation of a deep excavation in the sole of the foot. 2. An increased disposition to displacement of the second row of tarsal bones (it would even seem that one of these bones is sometimes artificially removed). 3. The elevation of the tibio-tarsal articulation; which elevation, increased as it is by the height of the heel and of shoe, explains the frequency with which Chinese women fall, as well as their liability to more or less severe sprains and to fractures of the leg. 4. A conformation of foot, resembling talipes in some characters, but differing in others. The diminution in breadth can be obtained only at the anterior part of the foot. It is produced by bending the toes downwards and inwards, so as to subluxate the phalanges of the outer four toes on the metatarsal bones and on each other; the great toe remaining in its place. The atrophy of all the bones of the foot contributes to its smallness. The displacement is produced entirely by means of bandages, which are generally applied at the age of three or four years. When the bones have been duly displaced, the bandages are relaxed and reduced in number; they are afterwards used comparatively loosely as a means of support and of cleanliness. The application is at first attended with much pain, which goes off when the bandages are relaxed; the children then, having been previously unable to move, begin to walk, but always with difficulty, in part from not being able to maintain their balance. The women walk with pain; the body rests almost entirely on the heel, and their wooden coverings for the feet render the anterior part almost immoveable. They appear as if walking on stilts. The power of flexion of the leg on the thigh is small; hence the relative atrophy of the muscles of the calf, and of the bones of the leg; but the movement of rotation of the thigh on the pelvis is increased. Hence, probably, arises the somewhat square form of the Chinese woman's pelvis. A comparison of the pelvis of the Mantchou Tartar women (who do not deform their feet) would aid in determining this question. Sometimes the bandages have been applied with sufficient force to produce considerable displacement of the bones of the foot, without, however, njuriously compressing the vessels and nerves; probably because these are protected by the arched form of the foot and by the thickness of the skin and cellular tissue. The practice of deforming the feet is followed by nearly all Chinese women—almost the only exceptions are the boatwomen of Canton, the field-labourers, and women of Tartar origin. It sometimes (though rarely) produces caries or necrosis of the bones of the feet; but more frequent results are, impeded development of the children, from the forced rest, and, in more mature age, debility, anæmia, chlorosis, etc., from the difficulty of exercise. (*Gaz. des Hôpitaux*, November 30, 1861.)

HYDROTHERAPY IN CROUP. Dr. Erlemneyer treated croup by applications of cold water round the neck, and has related several successful cases. M. Fraenkel has employed this method more extensively. At the first appearance of the symptoms of croup, he surrounds the neck with a compress dipped in cold water, and renews it every five minutes; the child is also at once wrapped in a wet sheet, which is renewed every quarter of an hour. The fourth or fifth application ought to be prolonged, in order to produce a copious perspiration, which is arrested by friction with wet linen. To prevent relapse, the patient is kept in bed for a day or two, the wet sheet being applied twice a day, during an hour at each time. This plan, M. Fraenkel says, has in his hands been uniformly successful. (*Gaz. Med. Prov. Venet.*, and *Presse Méd. Belge*, October 27, 1861.)

DISLOCATION OF THE FOOT FORWARDS. Dr. Demarquay relates an instance of this rare injury. The patient fell from the last round but one of a ladder which he was descending, in such a way that the left heel was fixed at the edge of a piece of wood, and the leg inclined backwards. To save himself from falling backwards, he caught a piece of wood with his right hand, and supported himself with the right foot. The left astragalus was driven forwards from its articulation with the tibia and fibula. When M. Demarquay saw him, eight hours after the accident, he found the upper surface of the astragalus forming a projection in front; the foot was rotated on its antero-posterior axis, so that the sole looked inwards, the external border rested on the bed, and the inner edge was directed upwards. The tibia touched the tendo Achillis, the projection of which had disappeared; the malleoli were displaced backwards; there was no fracture of the fibula; and the tendon of the peroneus brevis projected at the outer side. After having given chloroform so as to produce complete muscular relaxation, M. Demarquay drew the heel backwards, at the same time bending the foot on the leg, which was held fixed. This manœuvre had to be performed several times before reduction could be effected. A moderately tight bandage was applied, and kept moist with cold water. No symptoms of any importance occurred; the tumefaction gradually diminished; and the patient recovered, with perfect use of the limb. (*Moniteur des Sciences Méd.*, October 1, 1861.)

VALUE OF ÆGOPHONY AS A PHYSICAL SIGN. According to M. Landouzy, the evacuation from the chest of the effused fluid in pleurisy sometimes removes ægophony, while in other cases this effect is not produced. He therefore holds that ægophony is not a sign of the presence or quantity of effusion, but of condensation of the lung; its removal or persistence after paracentesis being dependent on the absence or the presence of false membranes preventing the expansion of the viscus. Ægophony is analogous to bronchophony, but differs from it in being produced by pressure from without; while the latter arises from pressure from within by means of the effusion into the pulmonary cells. The signification of ægophony may, he observes, be expressed in the following formulæ. Ægophony denotes compression of the lung, either by liquid effusion into the pleura, or by a false membrane, without liquid effusion. When false membranes are not present, ægophony disappears or diminishes with the removal of the effusion. When there is a deposit of false membrane, ægophony increases immediately after paracentesis, and gradually diminishes as the membranes are removed. (*L'Union Médicale*, October 24, 1861.)

British Medical Journal.

SATURDAY, JANUARY 25th, 1862.

GRATUITOUS MEDICAL SERVICES.

We have already spoken of the deep injury done to medical men by what we deem the insensate system so universally adopted by the profession, namely, that of giving advice gratis. We have asked, but have never yet received a serious reply to the question, what are the principles, the just and reasonable grounds, upon which medical men—labourers in the world's busy hive—are alone to be called upon to give away their services without a labourer's reward? Why should medical men, more than any other of the numerous classes of working men who form society, give their services gratis to the public?

We have shown—to our own satisfaction, at least—that this gratuitous labour, so far from elevating the profession in the eyes of the public, actually lowers and degrades it in their estimation. The public accept our services, because we are silly enough to offer them, and then laugh at us, and do worse than laugh at us, for offering them. The actual money loss to our profession is something very large indeed per annum; and, when we add to this pecuniary loss, the disesteem of the world at large for our folly, and the injurious consequences which indirectly result to us from this cheapening of our services, we get some notion of the sort of suicidal system we are thus pursuing. The world is only too apt to put that value on people's services which they themselves put on them; and only too glad to value them at a low price, because it saves their pocket. It is a fact of which we have long been convinced, and of which, we are satisfied, no one who will seriously give his mind to the case can help being convinced, that this gratuitous doctoring not only injures us directly, by preventing us taking the wages due for labour done, but it injures us still more seriously indirectly, by teaching the public generally—high and low, rich and poor—to hold our services cheaply, as a thing always to be had whenever asked for; and, indeed, to expect from us, as a right to be asked at our hands, gratuitous advice in some shape or other, either for themselves or for others. Not unnaturally, we must confess, the world only too readily falls into this way of valuing us at what seems to be our own price. Can any one believe for a moment that poor-law medical pay could be so shameful and beggarly a pittance, if poor-law authorities had not daily before their eyes and minds the fact, that the poor in our hospitals are administered to gratis by the profession?

It hits us, as we have said, directly and indirectly, does this absurd system. The enormous scale upon which we tender our gratis services indoctrinates the whole population into the idea that medical advice is a very cheap sort of article. Where is the butcher, the lawyer, the baker, the architect, the coal merchant, the brewer, the builder, to be found weak enough to give their meat, their advice, their bread, their beer, and their bricks, for the benefit of the sick—"all for love"? Gladly would we hear, from any one who can give it, an explanation of this strange folly of ours. Gladly would we find that in all we have stated we are in error. But, unfortunately, until otherwise convinced, we cannot do other than lament over this gratuitous system. The public have taken full measure of the grounds upon which we tender these services. The public know well enough that it is from no love of the thing, that we go about doing good gratis. The public know that we do so, because we think it answers our purposes—in other words, from motives of self-interest. The heads of the profession begin this game of gratis advice, and then comes competition in the gratis line; and so all the way down in the scale to the very end of the tail of it. Every man has thus, directly or indirectly, to suffer for the folly. The results of the whole thing are, as we are forced to see the case, something of this kind: we suffer in public estimation; we suffer enormous direct pecuniary loss; we suffer also enormous losses indirectly, as above shown; and can we turn round with the calm consciences of those saintly men whose kingdom is not of this world, and pretend that the internal satisfaction derived from the performance of these good works done by us is the only reward we desire, or would accept? We know perfectly well, and the public know it as well as we do, that it is, and always has been, from motives of self-interest alone that we accept, and have accepted, this position. Is it not time that we endeavoured to get ourselves out of this false position?

A TRIAL FOUNDED ON A CROTCHETY IDEA.

The remarks made in this Journal relative to the medical and other evidence tendered in favour of the hypothesis of the unsound state of mind of Mr. Windham have been reechoed in all the leading journals of the country. The common sense of mankind revolts against the idea of all the past follies and sins of a man's life being, at a given day, lumped together, and made evidence of his insanity; whilst he himself presents, to the strictest scrutiny, no sign of unsoundness of mind.

Ve are very glad, also, to see that the *gros batail-ns* of our profession will not sanction such a crot-et—for really it is nothing better in our opinion. rs. Sutherland, and Conolly, and Babington, and ood, and Tuke, and others, will not accept such position. They examine the man; they put him rough an ordeal; and if he comes well out of it, ey refuse, on any external evidence whatever, to elieve that the man is guilty of lunacy.

If the jury in this case come to this conclusion lso; we may then have it very fairly thrown in ur teeth that this remarkable trial owes its exist-nce to a crotchety idea; in fact, to the idea that man in whom no tangible sign of insanity exists ay yet be made and deemed condemned as insane, the strength of historical evidence.

THE WEEK.

ir Charles Hastings last week received, through e hands of Lord Lyttleton, a splendid testimonial the respect and gratitude which his fifty years of ublic service have won for him from his fellow-tizens. About three hundred of the notabilities of e county and city of Worcester were present to honour to the occasion. The remarks, which we ave elsewhere given, will fully testify the feelings nd intentions of Sir Charles's friends in presenting im with this token of their esteem. The Associa-on over which Sir Charles Hastings has so long nd truly presided will feel personally gratified by e honour thus bestowed upon their founder. Na-urally, whatever raises him in the estimation of the ublic and of the profession reflects its credit upon ur Association.

"The presentation", we read, "took place in the ssembly-room, in the centre of which the splendid tes-monial was arranged for the inspection of the com-any. The principal piece consists of a large centre rnament, with six branches, surmounted by a basket ontaining a beautiful cut-glass dish. Around the centre, anding on a triangular base, are three figures repre-enting Benevolence, Industry, and Wisdom, all of them rtistically executed. Between Benevolence and In-ustry, on a chased medallion, is a finely executed bust f Sir Charles Hastings, in bas-relief. Beneath this, on ne of the triangular facings, is engraved the following scription:—'Presented to Sir Charles Hastings, M.D., .C.L., F.G.S., on his retirement from the office of onorary Physician to the Worcester Infirmary, in cknowledgment of his unwearied and important ser-ices to that institution for a period of forty-nine years, f his unceasing efforts to promote the scientific and ocial interests of his native city and county, and to nite in cordial cooperation the feelings and energies of he provincial medical practitioners.' On the next acing is the monogram 'C. H.'; and on the third, Sir harles's arms and crest, with the motto, 'Justly and earlessly'. These are beautifully cast in solid silver. To orrespond with this principal piece are two candelabra, e top supported by female figures. The branches of these ay be taken off, and holders of cut-glass dishes put n, thus forming dessert-stands. There is also an oval ray, twenty-six inches in length, with an exquisitely wrought border, representing wild animals, although not especially designed, yet well selected for Sir Charles Hastings, who is well known for his love of natural history. The tray is beautifully engraved, and bears the crest of Sir Charles and also the above inscription. The whole of the articles are of solid silver, and weigh nearly 1,000 ounces, of the value of 600 guineas."

The Mayor of Windsor's late letter to the journals, telling of the satisfactory hygienic state of his town, does not, it seems, satisfy Mr. Simon. Mr. Simon, dating from the Medical Department of the Privy Council, puts some rather awkward and close questions to the Mayor, and very distinctly hints that there is a good deal yet to be done for the sewerage of Windsor. He asks first of all, in the name of the Lords of Her Majesty's Council, what steps of the kind recommended by their lordships in a letter dated April 27th, 1860, have been taken by the Windsor municipality in the matter of the drainage of the town. The mere fact of there having been only a few deaths from typhoid fever during the past year is not so satisfactory a proof to Mr. Simon of the good sanitary state of Windsor as it appears to have been to his worship the Mayor.

"Particularly their lordships wish to be informed what has been done to provide proper ventilation for the sewers and house-drains in Windsor. For you will remember that the absence of this important provision was believed by their lordships to have had much influence in causing the lamentable epidemic of typhoid fever which prevailed in Windsor about three years ago. . . . The town of Windsor has had a severe lesson, from which the local board have profited to some extent; but, whatever other improvements may be secured, I feel sure that every medical man who has devoted attention to this subject will say that the inhabitants will not be safe so long as the only escape of the pent-up gases of the sewers and drains is into the houses themselves. Constantly flushing will keep the sewers free from deposit, but it cannot touch the house-drains; and even the foul air of the sewers will be driven into the houses through the house-drains by the very operation of flushing, in the absence of readier outlets."

Our attention has been called to a saying of Mr Liston's, quoted by the writer of a review of the *System of Surgery* which appeared in this Journal; viz., "that a surgeon was a physician, and something more". A correspondent objects to the inference drawn from them by the reviewer. The correspondent, who is doubtless a physician, takes the remark up too warmly. Mr. Liston, of course, merely meant by these words to say, not that every surgeon was, but that he *ought* to be, a physician. Sir Astley Cooper, justly or unjustly, has had the credit (?) of saying that he thanked God he knew nothing about medicine; and we all recollect what sort of a value was, up to no distant period, put upon its study by the Royal College of Surgeons of England. Only the other day, M. Velpeau explained what he considered the greater love of operating felt by the Englishman than the Frenchman by the fact that the French surgeon and the French physician are educated in a precisely similar mode; whereas, as he asserted, the English surgeon knew very little about medicine. We suppose our surgical brethren will hardly accept M. Velpeau's doctrine.

A Report to the Secretary of War of the Federal States has just been issued by the Sanitary Commission appointed to investigate the state of the Federal army. We give a few extracts from the summary of the Report in the *American Medical Times.* They afford us an insight into the condition of the aforesaid army. From the returns of two hundred regiments, the following results are obtained.

"*Average Time of Recruiting*—six weeks; *Nativity*, 76½ per cent. are native Americans, Germans 6¼, Irish 5½; *Average Age*—a little below 25 years, more than half are under 23, and the number at 20 is twice that at 25 years. *Inspection at Enlistment*—not inspected in 58 per cent.; in 9 per cent. there had been thorough re-inspection. A careful examination of the causes officially assigned for the discharge of 1,620 men from the army of the Potomac, as unfit for service, during the month of October, leads to the startling conclusion that fully 53 per cent. of the whole number were thus discharged on account of disabilities that existed at and before their enlistment, and which any intelligent surgeon ought to have discovered on their inspection as recruits. This conclusion is sustained by information from other sources. These men had each probably cost the government at least one hundred dollars for his pay, rations, clothing, transportation, medicines, etc., making an aggregate of over eighty thousand dollars absolutely wasted on men who ought never to have been enlisted.

"*Situation of Camps.* The regimental surgeon has seldom been consulted on the subject.—*Cleanliness.* In 80 per cent. daily washing and personal cleanliness was attended to by authority, and shirts washed once a week.—*Food.* Everywhere abundant, but with a lack of fresh vegetables.—*Recreations.* One-fifth of the regiments have libraries, 42 have athletic sports, 143 have bands of music.—*Camp Hospitals.* The arrangement, equipment, and supplies of the regimental hospitals are reported to have been in one hundred and five (105) of the regiments good; fifty-two (52), indifferent or tolerable; twenty-six (26), bad. In thirteen (13) regiments, no hospital whatever had been organised."

On a visit to these two hundred regiments in October, it was found that their strength was 176,042 men, and that of these 12,841 were on the sick-list.

"*Mortality.* The average mortality of the army of the Potomac has been, during the summer, at the rate of 3½ per cent. (allowance being made for those who die after their discharge, from causes connected with army life). Imperfect data received from the West indicate a considerably larger rate for the whole army; probably it will not be far from 5 per cent., if sweeping epidemics should be escaped."

The *Annuaire Encyclopédique* gives us the statistics of French suicides during the year 1861.

"Three thousand eight hundred and ninety-nine is the exact figure, which represents a daily average of more than ten. It would seem that the large majority of suicides are of males. Not more than 842 of the total number of self-murders were committed by women, 16 by children, and 3,057 by men. Disappointed passion contributes less than we should expect from French society, and mainly to the male account. 3 men and 11 women, being all of 90 years and upwards may be set down as self-destroyers who sought nothing but to escape the tedium and painful decays of age. The majority of cases were with persons under 60 years old and over 40, and they occurred with greatest frequency in April, May, June, and July. In England, also, November has by no means the fatal preeminence ascribed to it in popular belief; and the influence of weather is not in any way easily connected with these phenomena. The modes of suicide adopted were, by the statement we quote, very few and inelaborate. Hanging and drowning were resorted to in 2,883 cases; suffocation with charcoal in 271; shooting with gun or musket in 206; with pistols in 189. Death by sharp instruments was procured in 153 instances; by jumping from windows or high places in 110; while the use of poisonous drugs contributed only 93 names to the ghastly list. These figures seem to us an illustration of the impulsive character of the crime. That poison should be so infrequently resorted to is due, we think, to that cowardice which is the characteristic of suicides, and which prevents them from forcing their way to death by so painful a gate. The general ignorance of chemistry, and the restrictions imposed upon the sale of drugs in France, are additional reasons why toxical suicides occupy the lowest place in the list. By strangulation, drowning, and shooting, something like eight-ninths of these self-murders were effected."

The Federal Army at Fortress Monroe does not seem in a flourishing state. We read in the *American Medical Times*—

"There were reported on the last day of October, 9,821 enlisted men, and 408 officers. There were during the month, 3,982 cases under medical treatment; 96 of whom were sent to the General Hospital, 2,998 were returned to duty, 21 received a furlough, 34 were discharged from service, 1 deserted, and there were 22 deaths. There remained sick 285, and 535 were convalescent. The principal diseases were: of fevers, 28 cases of congestive, 24 of continued, 464 of intermittent, 326 of remittent, 3 of typhus, and 61 of typhoid; 11 of cholera morbus, 110 of colic, 552 of diarrhœa, 75 of dysentery, 35 of tonsillitis, 99 of bronchitis, 179 of catarrh, 16 of pleuritis, 13 of pneumonia, 118 of acute rheumatism."

Again, we find that during the month of November, out of a body of 12,600 men, there were 4,009 under treatment; and 38 deaths.

The profession will read the following extract from a daily paper with much satisfaction. It is sincerely to be hoped that the reasonable and just expectations—we may say the rights—of our army medical brethren will not again be disappointed.

"The complaints made for some time past by the medical officers of the army, with reference to the retrogressive step taken by the warrant of last year, have met with prompt and satisfactory attention from the authorities of the War Office. We last week stated that a deputation of this important and most useful body had waited on Secretary Sir George Lewis, with a memorial embodying their grievances, and praying for a restoration in their integrity of the advantages conferred by the Royal warrant of 1858. The Secretary of State told them, in reply, that the question had been referred to a committee of experienced officials. We are happy to be able to say that the pro-edings of this committee have now so far progressed at their decision is no longer in doubt. That decision substantially in accordance with the representations the medical officers, who are replaced in the position ey occupied before the issue of the warrant of 1861. e have no doubt that this prompt and satisfactory ncession will have the effect of consolidating the great provement begun by the operation of the warrant of 58; and that the army medical service, once more ade as attractive and remunerative as it ought, will be led by a superior class of the profession."

E cannot help referring to an incident which curred the other day at one of our great west-end etropolitan hospitals. This hospital makes use of e services of a qualified medical man as obstetrical structor. The gentleman resides in the hospital, perintends this important division of the hospital, d inducts every new pupil personally into the siness by attending with him his first labour case. he salary of this officer has hitherto been £100 *per nnum*, with board and lodging in the hospital. ow, we understand that the medical officers of the spital lately proposed to the weekly board that is qualified gentleman's salary should be reduced om £100 to £50. The governors, at a quarterly ard, however, rejected the proposal to reduce the lary, but added to the professional qualifications, aking it compulsory on the officer to have the icense in Midwifery from the College of Surgeons, the new license to practise medicine of the Colge of Physicians. The governors argued that it ere wiser to have a highly qualified officer, and to y him well for his services.

UR attention has been called to the report of a unty court trial given at another page—Jackson Gee—as being an example of the too common stem of decrying the value of each other's services medical men. Mr. Jackson sends in a bill to Mr. ee for £15 : 17 : 6, for medical services, etc. His arges were made at the rate of 1*s*. 6*d*. per visit, d separate charges made for medicines supplied. n the face of it, these charges are most moderate; t so do not think Mr. C. R. Crossley (who has en recently elected surgeon to the Leicester Inmary, and therefore holds a prominent position fore the public) and Mr. Lilley. They think the arges exorbitant; and they come into court and y so. In their opinion, £10 or £11 are ample payent for the medicines and services rendered. n such advice, the judge recommends a comproise of £12, which was, perforce, accepted by Mr. ckson. How Messrs. Crossley and Lilley can remmend such a valuation to their consciences and mmon sense, we cannot understand. By cheapeng this very moderate bill, they have, in our opinion, t only injured Mr. Jackson, but they have also inred their profession, and gained no credit to themlves.

We hear with much satisfaction that it is the intention of the Royal Medical and Chirurgical Society to entertain the members of the British Medical Association, during their meeting in London, at a *soirée* to be held in the rooms of the Society.

M. Pajot, in *Gazette des Hôpitaux*, describes a case in which he twice performed successfully the operation of cephalotripsy. The parturient female was rachitic, and the opening of the pelvis five *centimètres* only in diameter. "When the child is dead," said M. Pajot, "the idea of the Cæsarean operation is monstrous; but, even if it were alive, I would not attempt it. It is said that cephalotripsy is as dangerous as the Cæsarean operation; but this can only be when it is improperly performed. The danger lies in attempting to extract the child after fragmenting it. The operator, after using the instrument, should wait and allow the uterus to act upon the broken-up child; and should again and again, at intervals, use the instrument, so that at last the broken-up fœtal mass is expelled by the uterus itself. In my opinion, the only dangerous part of the proceeding consists in attempts at extraction. There is more danger in one attempt at extraction than in twenty times cephalotripting the fœtus."

The French Ministry is about to appoint a commission to inquire into the causes of cretinism existing in certain parts of France.

Neither physician nor surgeon can practise in the Department of the Seine without being duly registered. In 1861, we find that 1729 doctors, medical and surgical, thus registered, practised their profession in Paris. Of these, 440 were members of the Legion of Honour; there being 1 grand officer, 15 commanders, 63 officers, and 361 *chevaliers*. Thus one in every four doctors is decorated; whilst, out of 696 advocates, only forty are decorated. Are doctors, consequently, more esteemed than the men of law in Paris?

A patient once gave Marjolin a two-franc piece as a fee. Marjolin, without looking at the money, at once discovered its value by the weight. "Oh," said he, "excuse me, sir, my fee is not a two-louis piece, it is only one louis."

The late Count Cavour left 50,000 *francs* for the founding of a hospital for children at Turin. His heir has added 40,000 *francs* to the sum.

The French Faculty of Medicine has suffered another loss in the person of M. Moreau, Professor of Midwifery. M. Moreau was a septuagenarian. He was presented to his professorship before the revolution of July 1830.

M. Flourens has shown that the bones of the sucking young of rats and rabbits fed on food mixed with madder become discoloured with the substance.

Dr. Galinzowski has presented to the Academy of Medicine a novel ophthalmoscope, by the aid of which, as he says, the eyes of patients may be examined in all positions and in daylight.

Dr. Chassaignac has written an octavo volume containing 1473 pages, entitled *A Treatise on Suppuration and Surgical Drainage.* The first part of the work treats of suppuration in general; in the second part, the author reviews suppuration histologically; and in the third, he gives the history of suppurations of different parts and organs of the body.

PROFESSOR TIEDEMANN.

The following facts concerning Professor Tiedemann are taken from Flourens's *Eloge* on Tiedemann, lately delivered at the French Academy:—

Frederick Tiedemann was born at Cassell in 1781. His father was an illustrious philosopher. He first studied at Marburg; and in 1804 was received doctor of medicine. Shortly afterwards he lost his father through some contagious disease; and thenceforward, and in consequence, it is said, entirely gave up all thought of practising his profession, though his prospects were brilliant. He went to Würzburg to attend Schelling's lectures. "The great philosopher," he wrote thirty years later, "cured me of the temptation of leaving the path of empirical research and observation." He next desired to hear Cuvier's voice; and on his road to Paris accidentally met Soemmering at Frankfort. To acquire Soemmering's acquaintance, he made, in the hotel, a preparation of the nervous system of a pigeon, sent it in to Soemmering, and requested an interview. He thenceforward obtained Soemmering's good will. In Cuvier's cabinet he first learnt to reason and talk upon anatomy. In 1807, he was nominated Professor of Anatomy at the University of Landshut. In the following year, appeared his *Treatise of Zoology*. In 1811, he visited the Adriatic, in order that he might study the circulation of the echinodermata, a prize question proposed by the French Academy. His treatise on the subject obtained the prize. Cuvier said of it, "That it was the most beautiful monogram ever written on invertebrate animals." In 1816, appeared his admirable work, *On the Formation of the Human Brain*; and in this year, he removed from Landshut to Heidelberg. In 1817, in concert with his friend Oppel, he published *The Anatomy of the Crocodile;* and in 1821, his work, *On the Brain of Monkeys;* in 1822, his work, *On the Arteries of the Human Body*; and in 1826, his well known *Experiments on Digestion*, made in conjunction with Gmelin. Between 1824 and 1827, appeared several volumes of a *Journal of Physiology*, published by Tiedemann and the Brothers Treviranus; and in 1836, his work, *On the Brain of the Negro*. In 1830, Tiedemann had commenced a *General Treatise on Physiology;* but he did not complete it. Few men, adds M. Flourens, have possessed the force necessary for such energetic labours as those which occupied the whole life of Tiedemann. In addition to the works above referred to, he performed the duties of his professorship during forty-four years. Bonn, in 1818, endeavoured to obtain his services; and in 1833, he was in vain solicited to succeed to the chair of the celebrated Rudolphi at the University of Berlin. His erudition, moreover, was very great. Family sorrows weighed down the noble old man. Three of his sons had entered the army. The eldest, who had taken arms in behalf of the freedom of Greece, in 1848, threw himself into the Baden revolution. He had charge of the fortification of Rastadt, and, shortly before its capitulation, was made prisoner and shot. Hi two brothers went to America. "In the spring of 1848, said Tiedemann, "I quitted Heidelberg, to withdra myself from the troubles and tempests of a disastrou revolution; I took up my residence at Bremen, and b study endeavoured to forget the sorrows of my dea country." His health, however, failed him; and he los his sight. He then went to Frankfort to be near hi former pupil and son-in-law, Bischoff; and it was the that he was made an associate of the Academy. Afte several years blindness, he was successfully operate upon for cataract. Quiet and varied studies passe amongst his grandchildren brought to a close the life the wise old man. He died on January 22, 1861, in th 79th year of his age.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, January 1st, 1862.

W. Tyler Smith, M.D., President, in the Chair.

THE ANNUAL ADDRESS. BY THE PRESIDENT.

The President referred in terms of congratulation the prosperous career of the Society. It had been i existence three years; and during that time two volum of *Transactions*, which might challenge comparison wit the volume of the older societies, had been publishe and a third volume was preparing. All the prelimina expenses incidental to the establishment of the Socie had been paid, and the treasurer had a balance nearly £500 ready for investment. The total number Fellows was now 482, of which 82 had joined during t present year. The Society included among its Fello practitioners in the East and West Indies, Australi New Zealand, Constantinople, and other places in di ferent parts of the world. During the past year, t reputation of the Society had been well maintained the papers and discussions, and the attendance of Fe lows had been uniformly good. The formation of obstetrical library was a matter in which little progre had been made, and it required the future exertions the Fellows and Council.

The proceedings in relation to the proposed amalg mation of the Medical Societies were then passed review. The points elicited at the meetings of t councils and committees, and at a public meeting the Royal Medical and Chirurgical Society, seemed to that our profession greatly needed the existence of so authoritative body, representing the whole professio which should be the recognised medium of commu cation between medicine and the state; and that so adequate machinery was required by which reports a decisions should be made upon prominent profession subjects. Without undervaluing the advantages union, he questioned if any mere organisation cou give the profession its fair influence in matters government. We were steadily increasing our politic power and influence by the formation, under vario Acts of Parliament, of a considerable body of officials w were in the employ of the State in connexion wi lunacy, coronerships, inspectors of factories, the Poor-l registration, sanitary laws, and other subjects. In t end, this must create a political life for the professio and we should not obtain our legitimate influence extend the political arena, until some of our membe were found in the Houses of the Legislature. He trust the time might come when it would be considered necessary for the legal head of our profession, name the president of the Medical Council, to be in Parl ment, as the Archbishop of Canterbury or the Lo hancellor. It was only, he believed, in this way that e profession could obtain a political recognition. part from political life no governments would refer any particular body: they would continue, as now, metimes to consult one college, sometimes another, or ore frequently some private individual. With regard the second point, no doubt any new means for the vestigation and discussion of disputed or important ints would be useful, but he questioned if the cisions of any body of men would supersede the esent machinery, consisting, as it did, of discussion, ntemporary literature, the medical press, and the llection of public medical opinion based upon all ese. In the meetings of the joint committees of e several societies, something like a plan of amalga-ation was proposed and in part adopted. Subse-ently, the younger societies were invited to suggest some ethod by which the objects proposed might be carried out. rious causes operated to prevent the accomplishment this object. A difficulty arose with the charter of e Royal Medical and Chirurgical. Some of the older llows of that society strongly opposed any scheme of e kind. In the councils of the younger societies, a ss of independent action was apprehended. Under ese circumstances, the proposed amalgamation re-ained in abeyance. For himself, and he believed he ight speak for the council and fellows, there was no jection to any union which should preserve the in-pendence and vigour of their own society. He thought e various societies might unite to form a supreme uncil, just as the colleges and universities united to rm the General Council under the Medical Act. To is supreme council should be committed the duties ich it was thought might be better preformed with ion than under present arrangements, and the expenses such a council might be shared in common. This uld be a real growth or development of the existent cieties, and not a process of mere fusion or re-odeling. In any future negociations, he thought the st step should be some understanding between the unger societies.

He now made a few remarks on the functions performed medical societies, and by their own society in parti-lar. Societies, as a means of scientific and practical vancement, have been brought to great perfection in edicine. There was nothing like them, either in e law or the church. Our colleges devoted them-lves chiefly to the care of the student from the date of atriculation to the day when he obtained his first ofessional qualification. After this, the medical man s left very much to himself, and the unions of our embers in societies were the chief means of public ofessional intercourse. These bodies carried on, as it re, and matured the education of the practitioner, and ey also promoted in a very great degree the improve-ent of medical knowledge. In obstetrics, the want of society in this metropolis had long been felt. No eater proof of this could be adduced than the remark-le success which had attended its operations. Every il augury had been falsified and the best anticipations its advocates had been more than fulfilled. We had t alone the duties pertaining to all other medical cieties, but the Obstetrical Society was the only point union for those engaged in this department of practice. r colleges, which were founded to promote medicine d surgery, naturally preferred these departments to idwifery. No subject could be more interesting to this ciety than any matter relating to the improvement of stetric education. He was happy to be able to state at, during the past year, the College of Physicians had mpleted arrangements for examining and granting a ense in medicine and midwifery. The attendance re-ired upon lectures was less than many of them would ve thought necessary; but attendance had for the st time been enjoined on clinical diseases of women, which was a step in advance. He ought not to omit to state, that in the discussions arising out of this subject, their honorary president, Sir Charles Locock, bore a distinguished part. On two occasions he came from the country at considerable personal inconvenience, to attend the meetings of the college, and advocated the interests of midwifery with such zeal and ability as to deserve their warmest gratitude. He begged, in conclusion, to direct their attention to the present social and professional position of obstetrists. There was a tendency to consider us as specialists, against which we should all contend. We were not specialists in the sense in which the ophthalmic or aural surgeon followed a specialty. Midwifery was one of the three great departments into which the wants of society and the lapse of time had divided the profession; and if the charge of specialty was brought against the obstetrist, it might with equal justice be urged against the physician or the surgeon. It should be the aim of the society to raise the department to which it was devoted, and to obtain the general recognition of its importance. It was often assumed that midwifery was behind medicine and surgery in a scientific and practical point of view, but this was to a great degree untenable. Well-ascertained facts, rules of action, and established principles, were the characteristics which marked the approach of any art to the exactness of science. Viewed impartially, he did not think midwifery could be considered behind either medicine or surgery in these respects. In the many dangerous contingencies met with in the practice of midwifery, there were few in which the plan of action was not definitely and clearly laid down. We were fortunate in having to wield some of the greatest resources of medical art. The midwifery forceps was acknowledged to be the most perfect and life-saving application of mechanical genius which had ever been made. No other instrument equalled it in importance and perfection. It fell to the accoucheur to dispense to mankind the blessings of vaccination, the grandest discovery within the realm of medicine. For another wide-world blessing, the use of chloroform, mankind were indebted to an obstetrician. Let us, then, be proud of the privileges we possessed, while we endeavoured to increase and improve them. The mistaken idea has been sometimes broached that the cultivation of midwifery, as one of the great departments of the art of healing, tended to separate it from medicine and surgery. He believed that the more perfect the three great departments became, the more assured would their union become. Who could say that the union between medicine and surgery was not more perfect now, than when surgery was in the hands of the barber-chirurgeon? Let us, then, cultivate the department in which we are engaged, not in any spirit of disunion, but with the conviction that the more perfect we become, the more intimate will be our union with the sister departments. No mere alliance, in which our department is treated as inferior to the others, can ever prove as real or useful as a union cemented by, and depending on, mutual respect, general advancement, and equality.

Mr. SPENCER WELLS proposed a vote of thanks to the President for his address. The President had shown very forcibly how necessary it is that our profession should be represented in the legislature, and he (Mr. Wells) trusted that every fellow of the society would do all that lay in his power to attain so desirable an object; and many of them had the power. There were very few medical men who might not exert considerable influence in the selection of candidates for various counties or boroughs, or in influencing the views of candidates. Some, perhaps, might assist in the selection of some eminent medical man, partly retired from very active practice, as a candidate for a seat in the House of Commons. Others, who might be unable to exert such influence as this, might impress upon the mind of some other candidate the necessity for advocating a great constitutional question—one which has already been advocated by an influential section of the press—the creation of life peerages. If life-peerages were to become a part of the institutions of the country, we should soon see medical peers sitting in the House of Lords beside the law-lords and the bishops. Surely the venerable surgeon who was led to this room last night, to move the address of condolence to her Majesty from the Medico-Chirurgical Society, would do as full honour to the House of Lords as any lawyer or divine who now has a seat there; and many other medical men might be named, who, if they had made the large fortunes gained in the church or at the bar, might accept an hereditary title, and might now do honour to a life-peerage.

The motion was seconded by Dr. T. Pollock, and carried by acclamation.

HARVEIAN SOCIETY.

Thursday, January 2nd, 1862.

E. H. Sieveking, M.D., President, in the Chair.

The annual meeting of this society was held at the Stafford Rooms, Titchborne Street, Edgware Road. The Council resolved to celebrate this anniversary by a *conversazione;* consequently, there was a large attendance of both members and visitors.

Election of Officers. The following gentlemen were declared unanimously elected. *President:* Weeden Cooke, Esq. *Vice-Presidents:* William Adams, Esq.; J. Burden Sanderson, Esq.; Spencer Smith, Esq.; H. C. Stewart, L.R.C.P.,Ed. *Treasurer:* Henry W. Fuller, M.D. *Hon. Secretaries:* William Wadham, M.D.; J. B. Curgenven, Esq. *Council:* Albert Bernays, M.A., Ph.D; Frederick Cock, M.D.; T. K. Hornidge, M.B.; E. S. Haviland, M.D.; W. Boyd Mushet, M.B.; J. C. Langmore, M.B.; W. O. Priestley, M.D.; W. Sedgwick, Esq.; Patrick Burke, Esq.; Charles R. Drysdale, M.D.; Ernest Hart, Esq.; and T. H. Hill, Esq.

Report. Dr. Browning read the annual report and the balance sheet, which showed that the society was in a prosperous condition, the treasurer having a balance of upwards of £38 in hand. The names of two candidates for election were read, and other names were given in to the honorary secretaries, during the evening, for proposal at the next meeting.

Mr. Weeden Cooke proposed, Mr. Curgenven seconded, and it was carried unanimously, "That the report be adopted."

Annual Address. The annual address was then delivered by the President; his main topic was the consideration of Harvey, as a type of the unity of the profession. He commenced by illustrating the dark condition of medical science before Harvey's time, by relating the citation of Dr. Geynes, in 1559, before the College of Physicians, for having asserted that Galen had erred in certain points of doctrine. Dr. Geynes only escaped incarceration by a full recantation of his heresies. He was, in consequence of this act, made a Fellow of the college. The president then gave a short summary of the views held by Galen regarding the anatomy and physiology of the vascular system, and dwelt upon the light thrown upon these subjects by the discovery of Harvey, "ubique amor et desiderium." He strongly urged upon the members the study of the *Exercitatio de Motu Cordis,* the greatest work in medical literature, the basis of all rational medicine; and then drew attention to the fact, that Harvey delivered his lectures at the College on the Circulation as a lecturer on surgery, by virtue of his appointment under the foundation of Lord Lumley and Dr. Caldwell.

The president showed that this foundation was destined for the teaching of surgery in the College of Physicians, the original deed stating explicitly that the money left by Dr. Caldwell was to be paid "ad usu lectoris artis seu scientiæ chirurgiæ." He dwelt upc the fact that the Lumleio-Caldwellian lectures had n realised the intentions of the founders, inasmuch as tl teaching of surgery had been altogether neglected the College of Physicians, although the gift had bee received by that body with every mark of respect ar gratitude. After various remarks upon the importan of unity without uniformity in the profession, tl speaker urged that it was most desirable that the Cc lege of Physicians should even now seek to repair fault that had been so long perpetuated, and appoi lecturers on surgery at the College,—a feature that w the more desirable, since the College now gave a licen to the general practitioner. He urged that it would a graceful way of showing the sense the College ente tained of the social and political, as well as scienti importance of a real unity of the profession, if th were, in the present absence of surgical members in body, to elect into its fellowship eminent surgeons. such means the best proof would be given that the co lege acknowledged the responsibilities undertaken its ancient charters, which assert that "the science physic doth comprehend, include, and contain the kno ledge of surgery."

In conclusion, the president congratulated the Socie upon having returned to a newly enlarged and redec rated meeting hall, which he hoped would prove an a gury of the increased prosperity and success of the H veian Society. In adverting to the fact that this w the first time that the society had been enabled to i vite their friends and neighbours to a *conversazione,* t president paid a well-merited compliment to the tre surer, Dr. Fuller, by whose able management the fun had been brought to so flourishing a condition as justify such an undertaking.

The president terminated his address with an pression of thanks to the members of the Society for t honour they had done him in electing him to the offi he had held during the past year, and to his audien generally, for the kind attention with which they h listened to his attempt to present Harvey to them un a new aspect.

Mr. Weeden Cooke proposed, "That the thanks the society be given to the President and the retiri officers for their services during the past year."

Mr. Curgenven seconded the resolution; and it w carried unanimously.

The Conversazione. The meeting then adjourned partake of refreshment, and to examine the vari works of art, surgical and philosophical instrumen chemical preparations, etc., which were kindly lent exhibition in the room. The President exhibited pathological drawings; Mr. Curling a portfolio of dical portraits; Mr. Cleveland, an ingenious instrum showing, by rapid rotation, the combination of the mary colours to form a neutral tint, and their modifi tion by white and black. Dr. Vinen, Dr. Hare, Browning and Mr. Lawrence also contributed article interest. Mr. Bottomley decorated the sides of room with water-colour drawings; Mr. Cropsey len large oil-painting, "Autumn on the Susquehanna;" Clarkington and Messrs. Heath and Bean exhibite select collection of photographs; Mr. Kuntze, statuet and medallions; Mr. Pillischer and Mr. Baker, mic scopes with preparations, stereoscopes, ophthalmosco etc.; Mr. Coxeter and Mr. Pratt, a variety of ingeni surgical instruments and appliances; Mr. Twinberr chemical preparations; and Mr. Coombe, small block Bath and other building stone that had been prepa by fluosilicic acid, according to his method for prese ing stone from decay, sulphuric and the other min acids producing no effect when applied to the prepa surface, while the cost of its application to stone bu ings would not exceed that of paint.

Correspondence.

USES OF ALCOHOL.

Letter from C. R. Bree, M.D.

Sir,—Every practitioner of medicine must entertain e most sincere respect for the classic name of Higgin- ttom. No one will make exception to the praise nich is due to the man who taught us how to cure in- mmation by the use of caustic. I hope, however, he ll not monopolise all the credit for the major, but ow that there may be something in the treatment of at little understood pathological condition due to the e of the minor stimulant, alcohol. Mr. Higginbottom aims an experience of forty years, and denounces cohol as neither food nor physic. I began practice n years after he did; but my experience is totally op- sed to that which he has enunciated as he triumph- ntly threw down the gauntlet, which I take up with eat humility, in order to prove to him that alcohol is potent medicine, and, in certain conditions, a valuable od.

How often have we heard the remark, that a shepherd nows every sheep in his flock, and that you never see o ovine faces alike. So it is with the human face, and ill more with the human mind. You hardly ever find o human beings who will draw exactly the same con- usions from the same premises; and so, I dare say, r. Higginbottom will draw a different conclusion from at which I have done from the facts I am about to late.

But first, let me say that this question of alcohol has en very much abused. Party feeling has been made occupy a larger space in the argument; and everyone nows how little truth results when this is the case. riend R. will give all his patronage and all his interest Mr. So-and-So, because he is a tee-totaller, and does t advise stimulants in the treatment of disease; and rs. Bountiful recommends all her friends to call in r. Here-and-There, because he reprobates the use of cohol, is a professed water-drinker, and only has re- urse to his "nightcap" when he thinks all chance of tection has passed away with the sunshine.

Let me inveigh, then, with all the force which contro- ersial language will permit, against the evidence or the gument of such men being permitted to have any eight, either in a discussion like the present, or in any her in which truth, morality, or honesty are expected play a part.

One may breathe freely, however, in talking over the atter with a man of distinguished position like Mr. igginbottom. One feels no fear of being answered udely, or having one's facts doubted. Mr. Higginbottom as his views, and perhaps his prejudices; but I feel safe taking up the gauntlet he has thrown down.

First, then, let me compare my experience with his. hirty years ago, I became acquainted with a medical ractitioner, who had lately succeeded to a large and borious practice; and, some two years afterwards, I rmed the acquaintance of another, placed in precisely e same position, and of about the same age. Both these en had been what are called weakly children; both of em had had repeated chest-attacks; and both were onsidered by their friends and relations as having a trong tendency to phthisis pulmonalis, and uncertain ver. Both my friends took wine daily—seldom less than pint *per diem*, and sometimes "a little more"; and not- ithstanding this, they were both temperate. The wine as essential to restore the waste caused by a large, and nxious, and laborious practice. They have done this r thirty years, and are now both hale and strong. One is married, and is the father of a well known and distinguished member of the profession. The other is still a bachelor, but I have no doubt intends to "go and do likewise." Now, many men are unaware of the immense amount of bodily fatigue which is required to keep up a large purely country practice. And yet here are two instances of weak and delicate men originally, undergoing all this fatigue and exertion, and drinking a pint of port daily, for thirty years and more, not only with perfect impunity, but with highly beneficial consequences to their bodily health.

Mr. Higginbottom says alcohol is a slow and cumulative poison. I give him two examples, selected from a long list of others, which utterly disprove his statement. Depend upon it, that prejudice is a much stronger poison than alcohol. He does not tell us whether his friend F. took his ale *in excess;* most probably he did, whether Mr. H. knew it or not; for nothing is more beneficial to health than a moderate daily allowance of malt liquor. On the contrary, if you require a stimulant, it is the very worst you can take; for the quantity which it is necessary to imbibe to produce this effect, is sure to destroy the digestive organs, and, as a necessary consequence, ultimately to produce organic disease, and death.

I have given Mr. H. two instances, which are diametrically opposed to the case he has related of his friend F. I will give him another, to illustrate a second class of cases.

A near relative of my own, with a strong tendency to chest-disease, was a few years ago always out of health, and unable to bear the slightest fatigue—even that of society. She had several alarming attacks, from which she was happily restored. About four years ago, I overcame her rigid scruples against stimulants of all kinds: up to that time she had been a water-drinker. I persuaded her to take one glass of port wine every day at dinner; and she has done this ever since, not only without any evidence at all of the "slow cumulative poison" mentioned by Mr. Higginbottom, but with a most decided and very remarkable improvement in her health. *I am quite sure that it has saved her life.*

Drawing solely from my own personal experience, I will relate two other cases, illustrative of many which I have thus successfully treated.

A man of intemperate habits leaves a convivial party, and, careless of the cold night, exposes himself to the weather. In three days, he has pneumonia, consolidated lung, cough, and sanguineous expectoration, fever, restlessness, anxiety, with a quickening pulse. Give him a glass of port wine day and night every three hours, and support him with beef-tea, and he will, almost to a certainty, recover. Bleed him, antimonialise him, mercurialise him, and drench him with purgatives, and he will as assuredly die.

Once more. You have to treat the variations of continued fever—typhus, or the so-called typhoid. I say, as the result of thirty years experience, that, if you commence a judicious system of support and stimulant, from the very first day, you will generally save your patient. And I further maintain that every day that you omit this—every day of starving and drenching—the patient's chances of life are by so much diminished. Half the worst symptoms of disease are, in my opinion, produced by starvation and the injudicious administration of drugs.

I have thus given Mr. Higginbottom my reasons for dissenting from his dogma that alcohol is poison. I have no space now to enter into the larger question, Is Alcohol either Food or Physic? or the still more expansive one, of the reason why a stimulant and analeptic plan of treatment is so valuable in the treatment of disease. But I do not shrink from these questions.

In conclusion, let me state that, however strongly I feel as to the value of alcohol in the treatment of disease, or as a renovator of exhausted force, I am as strongly imbued with the certainty of its injurious tendency if taken in excess. I have never known it indulged in thus without producing disease, and, too often, death. The moment it is not required it becomes a poison, if persisted in habitually. I do not myself require it, and only occasionally take it in any form. I am not writing, therefore, under the influence of a cherished habit; but I am writing under the conviction of facts, and a success in practice which has been large and undeviating.

Let me, in concluding this letter, protest in the strongest manner against this important question being, directly or indirectly, mixed up with ethics or religion; or being made subservient to forward the well-meant, but mistaken views of the bigot or the partisan.

I am, etc.,
C. R. Bree, M.D., F.L.S,
Physician to the Essex and Colchester Hospital.

MR. I. B. BROWN AND A "DISTINCT LIBEL."

Letter from I. B. Brown, Esq.

Sir,—In handing you the enclosed for publication, I beg you to understand that I consider the letter which you have published in this day's Journal, *as not being mine*, in consequence of the manner in which you have garbled the original. As you have printed and published it, it constitutes a distinct libel of your own against me. If you decline to publish the enclosed, please to let me know by return, that I may adopt some other course. I am, etc.

I. B. Brown.

17, Connaught Square, Hyde Park, W., Jan. 18, 1862.

"Sir,—I must complain of your suppression in your Journal of this date, of the *last* paragraph of my original letter to you of the 14th instant. The reason you urge, that the paragraph introduced new matter, is quite erroneous; for Dr. Stewart's communication, to which mine was a reply, said (speaking of myself), 'I attribute to him certain highly unprofessional words, *which he has got others to contradict for him*; but does not and, I am persuaded, dares not contradict for himself.' The 'others,' here referred to, were the very parties, Lord and Lady —, mentioned in the suppressed passage, and therefore I had a right to show that the parties to whom the words, charged against me, were addressed, and who alone are entitled to say how they understood them, did not understand them in Dr. Stewart's sense.

"Again, the extract I quoted from Dr. Stewart's letter, of 28th November last, attributed to me the 'mischief' there alluded to. The extract only gave a fuller version of his charge against me, than his letter to you did; but the 'mischief' relates to the very same charge; it forms part of it, it is in his own words. I could not have omitted it without garbling the quotation; and, therefore, I had here, too, a right to show that the parties who are best entitled to be heard on the question, whether they or I did the 'mischief,' wholly exonerate me.

"You were mistaken, therefore, in supposing that I introduced new matter. But the same excuse does not apply to your omission of the first sentence of the suppressed paragraph, which destroyed Dr. Stewart's charge, by pointing out his self-contradiction with regard to it.

"I must now, therefore, ask you to do me justice, by communicating to your readers, through this letter, the following passage, which formed part of my letter to you, but which you have, under an erroneous impression, not published:—

"'As Dr. Stewart is thus proved to have contradicted himself, I need no other comment. I will only add, that his statements (in the extract), that Lord and Lady — understood my words in the sense he ascribed to them, and that I did him the 'mischief' there referred to, have, as he well knows, been refuted by an equally unquestionable authority, being no other than Lord and Lady — themselves.'

"I am, etc., I. B. Brown."

[Mr. Isaac Baker Brown appears to be, at the presen moment, in a most belligerent mood. He has, he tells us, commenced legal proceedings against Dr. Stewart and now treats the Editor of this Journal with some gasconading threats of a similar nature, and in reference to the same affair. So desirous is he of distinguishing himself in this line, that he actually frames the libel which he asserts has been committed against him by us, out of a letter sent by himself to this Journal for publication! We fancy this is a feat which has never yet been surpassed in the annals of the Law of Libel, or Slander. If the Editor of a Journal, in his wisdom or folly, cuts off the end of a letter sent to him by Mr Brown for publication, Mr. Brown ceases to be the writer or owner of any part of it. It is no longer his letter at all; but what is still more remarkable, the publishing Editor is the agent responsible for its contents—is, in fact, the father of it, and, as in the presen instance, has thus actually libelled Mr. I. B. Brown out of his own hand and mouth! Now, as Mr. Brown already knows, we left the passage out simply because we did not wish our pages to be opened to a dispute o the kind to which this correspondence might lead, as we were afraid it might. We considered that the dispute was in the hands of a committee of our professiona brethren—undoubtedly the proper court for the adjudication of such a question. Mr. Brown, however, rejects it seems, the judgment of the Committee of Council o the British Medical Association, appealed to by Dr Stewart, and throws himself on the laws of his country and the wisdom of twelve jurymen. Under such circumstances, and, notwithstanding his silly threats, we can have no possible objection to the insertion of the omitted tail-end of his letter. Our readers will, therefore, understand that a letter in our last week's number signed Mr. I. B. Brown, is a libel published by the Editor, and is no offspring of Mr. Brown's pen; but that by the appending of the above omitted lines to the aforesaid letter, the libel ceases, and Mr. I. B. Brown becomes the acknowledged writer of that which last week libelled him, and the Editor ceases to be a libeller! We cannot congratulate Mr. Brown on either his logic or his law; but we can assure him that a simple request made by him to insert the omitted lines of his letter, would have answered his purpose just as well as the above uncouth epistle. Editor.]

ETHER versus CHLOROFORM.

Letter from C. Kidd, M.D.

Sir,—The remarks, clear and admirable, in the Journal of last week, on Ether and Chloroform, are painful and suggestive. True, it has been eliminated now out of all the recent statistical inquiries on this subject, that nearly all the danger of chloroform especially is in the mode of its application. Ten surgeons perform the operation for cataract or glaucoma; and we know especially, in the former, where we are to look for the *tactus eruditus* which leads to a cure of blindness; and where other men, who boast of "losing a hat full of eyes," are content without a cure. So is it with chloroform. Ten men, students, or nurses, administer it; but not five out of the ten know how to anticipate or escape mischief when it is impending.

The profession has been frightened into the idea, too that chloroform is a thing not to be studied, but always

be avoided; it is a *bête noir* of journalists. Thus, in
s very Boston report so lauded at this side of the At-
tic, it is gravely stated by the partisans for ether in
ierica, that chloroform is like "bullets in battle";
eral hundred bullets kill no body, but still one bullet
ls somebody; the function or utility unmistakable of
llets is to kill, and, *argal*, so is the normal use of chlo-
orm.

This mode of argument in a circle is exceedingly dis-
genuous. Chloroform accidents are not at all like
llets in battle; they are much more like railway acci-
its; and surely no one would say—even our mystified
serviceable writers of the *Lancet*—that the normal
iction of railways is to kill people; and yet we have
en assent to this most American logic, that chloro-
m is like bullets in battle. Deaths, no doubt, miser-
e, mournful, and horrifying to the surgeon, occur from
oroform; but they are as purely accidental and infre-
ent as the death of the late lamented Dr. Baly in a
lway carriage. Artificial respiration, tracheotomy,
d Faradisation of the phrenic and respiratory nerves,
l restore to life animals placed as much as possible
der the same conditions as patients in chloroform ac-
ents. Ether is about one-third to one-half more
e than chloroform—not more. The deaths from
oroform are sudden, as if from spasm of the glottis;
ose from ether slow, and much more like deep intoxi-
ion. Diseased heart as a cause of death is a mere
le. These are the chief facts yet arrived at, after a
reful examination of about 150 accidents from chloro-
m, and 50 from ether or amylene. The subject, in
t, was thoroughly exhausted at the last meetings of
British Association at Oxford and Manchester; but,
said already, students and surgeons are led to avoid
subject till mischief arises.

I am, etc., Charles Kidd.

Sackville Street, Jan. 20, 1862.

P.S. You have commented on the extraordinary
tum of a great pharmaceutical editor of one of the
ef journals, who states, *ex cathedrâ*, that the only
gible addition to practical medicine for the last
nty-five years has been the single discovery of iodide of
assium; but, surely, the discovery of the anæsthetic
ion of chloroform, when inhaled, say in an ordinary
e of agonising labour, is a tangible and beautiful ad-
ion to practical medicine in the same period, which
has overlooked or underrated. This *dictum*, too, as
the iodide, is but a new reading of that most stag-
ing preface to his works, left as a legacy to the pro-
sion by the late Dr. Todd, who looked on the iodide
a perfect specific for all the ills to which clinical lec-
e flesh is heir. That anæsthetics in convulsion cases,
anus, agonising labours, are real and tangible addi-
ns to medicine, it would be easy to show this editor,
everything of that kind were not suppressed, and
idents taught to avoid the subject; the American
isation verity of chloroform being as destructive as
llets, etc., being brought more prominently into notice
loroform, I agree with you, rather is a great boon
suffering humanity; and, according as the subject
more and more examined by competent observers (not
ently suppressed), will it become more safe, and mis-
ief, when impending, be obviated.

Our two leading medical editors are violently preju-
ed against chloroform, which will be some apology,
rhaps, for this kind of "defence not defiance" treat-
nt of the subject. For once, these men have per-
tted chloroform to be used in their august presence.
hers have seen it, and watched it steadily in at least
) cases. It is possible, iodide of potassium is a
eater discovery; but does the public or the profession
nk so?

Medical News.

Apothecaries' Hall. On January 16th, the following licentiates were admitted:—

Edwards, Morgan J., Rhunda Valley, Newbridge
Makens, John, Ringshall, Suffolk
Nightingall, Robert S., Commercial Terrace, Limehouse

APPOINTMENTS.

Royal Navy. The following appointments have been made:—

Brown, Francis H., Esq., Acting Assistant-Surg., to the *Imaum*.
Lawrance, Walter, Esq., Surgeon, to the *Shannon*.
Lockhart, William, M.D., Assistant-Surgeon, to Jamaica Hospital.
Magill, Martin, Esq., Assistant-Surgeon, to the *Russell*.
O'Connor, Daniel, Esq., Assistant-Surgeon, to the *Shannon*.
Robertson, G., Esq., Acting Assistant-Surgeon, to the *Shannon*.
Thomas, David, Esq., Surgeon, to the *Donegal*.
Watson, Alexander, M.D., Surgeon-Superintendent, to the *Norwood*, convict-ship.

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Elliot, S. N., Esq., to be Assistant-Surgeon 2nd Administrative Brigade Devon A.V.
Longmire, W., Esq., to be Surgeon 1st Administrative Battalion Westmoreland R.V.
Noble, S., Esq., to be Assistant-Surgeon 3rd Westmoreland R.V.
Reid, J., Esq., to be Surg. 2nd Administrative Brigade Devon A.V.

To be Honorary Assistant-Surgeons:—

Baddeley, W. E., Esq., 18th Shropshire R.V.
Barron, G. B., M.D., 12th Lancashire R.V.

DEATHS.

Arnoldi, Francis C. T., M.D., at Toronto, aged 56, on January 1.
Black, Alexander O., Esq., Surgeon, at Couva, Trinidad, on December 11, 1861.
Boddy. On January 19th, aged 22, Alice Octavia, third daughter of William B. Boddy, Esq., Surgeon.
Cooke. On January 15th, at 72, Charlwood Street, Pimlico, aged 66, the widow of the late W. H. Cooke, Esq., Surgeon.
*Hurst, Robert C., Esq., F.L.S., Secretary to the South Midland Branch, at Bedford, on January 16.
Oldfield. On November 18th, 1861, at Khatmandoo, Nepal, aged 1 year and 5 months, Philip Henry, only son of Henry A. Oldfield, M.D.
Steele. On January 15th, at 62, Mount Pleasant, Liverpool, aged 2 years and 4 months, Elinor Augusta, third daughter of *A. B. Steele, Esq.
Whiting, Charles, Esq., Surgeon, of Upper Ebury Street, aged 55, on January 16.

University of Cambridge. The Duke of Devonshire has been chosen Chancellor of the University of Cambridge, in the room of his late Royal Highness the Prince Consort.

The "Gastroscope" has not been introduced into this country. The locality of the instrument alluded to was Paris, and it is probable that it will not be introduced here until we have a "stomach man" amongst us. This will perhaps not occur until the "uterus men," now flourishing, have had their day. (*Phil. Med. Rep.*)

Training School for Nurses. A meeting was held in Liverpool last week for the purpose of inaugurating an association for the training of nurses. The mayor (Mr. Robert Hutchison) presided, and the meeting was numerously attended by ladies and gentlemen. Among whom were the Lord Bishop of Chester, the Ven. Archdeacon Jones, the Rev. Canon M'Neile, and many influential laymen. Letters were read from T. B. Horsfall, Esq., M.P., enclosing a request to have his name put down for a donation of £100, and a subscription of £5 5s. to the general, and of £5 5s. to the special fund; one from J. C. Ewart, Esq., M.P., containing a similar request as to an equal donation, and subscriptions to the respective funds named; and one from Mr. Adam Hodson, contributing £20, and a subscription of £2 2s. each to the general and special funds.

HOMŒOPATHIC WARRIORS. General M'Clellan is slowly recovering from an attack of fever of a mild typhoid type, which has been treated homœopathically, and was probably much exasperated in consequence. General Marcy, his father-in-law, and chief of his staff, has also been undergoing homœopathy and an attack of some other illness, from which he is getting better; but neither is fit at present to direct operations.

CHARING-CROSS COLLEGE. A public meeting, to inaugurate the Science Classes of Charing-cross College, was held yesterday evening at the lecture-room of the institution, at 25, King William Street, Strand. The science classes are in connection with South Kensington. The Hon. Arthur Kinnaird, M.P., presided over the meeting, which was not numerously attended. Dr. Edwin Lankester delivered a very eloquent address, in which he explained in detail the objects which the college had been established to accomplish.

MEDICAL MISSION IN PEKIN. The Rev. Joseph Edkins, writing to the *Patriot*, from Tien-tsin, says:—"Dr. Lockhart, by the assistance of Mr. Bruce, has now commenced a hospital in the metropolis itself, but some months must elapse before any further step can be made, so we are informed, in proceeding with missionary work in that vast and important city. We have, however, the assurance now given us that ultimately Protestant missionaries will be allowed to reside in Pekin, and carry on their labours there with as much liberty as missionaries of the Papacy. Admiral Hope and Mr. Bruce have both expressed their opinion that by the treaty, this right cannot be denied to us."

SUPPLY OF ATMOSPHERIC AIR TO PUBLIC BUILDINGS. The Commission appointed to report on the question of warming and ventilating the Palais de Justice, Paris, comes to the conclusion that the following quantities of atmospheric air should be supplied per hour for each individual placed in the respective localities: Hospitals, day and night, 80 cubic *mètres*; during the period of dressing the surgical patients, 120 *mètres*; and during an epidemic, 150 *mètres*. Laboratories, 60 *mètres*. Barracks, during the day, 30 *mètres*, during the night, 60, and during epidemics, 120 *mètres*. Prisons, 60 *mètres*. Amphitheatres, theatres, and assembly-rooms, 60 *mètres*. Schools, 30 *mètres*. (*Presse Belge*, No. 48.)

TREATMENT OF COMPOUND FRACTURES. Writing from Springfield, Mo., after a visit to the hospital in which were many of the wounded at the battle of Wilson Creek, where the brave General Lyon lost his life, Dr. Rawson, surgeon to the 5th regiment, Iowa Volunteers, says:—"I was shown several cases of compound comminuted fracture of the thigh, leg, and arm, in all of which the bone had united, and some healed up permanently, and in others there was more or less of exfoliation, but with every prospect of final recovery. I saw one case of badly shattered ankle-joint, by a large grape-shot burying itself within. The shot was removed, and the doctor said the limb would have been amputated, only that there was no adhesive plaster in the town.... Considering the number of cases, the serious character of the injury, and the result in all of them that I saw, I can but come to one conclusion, that many, very many, limbs are removed that might be saved, and this I will show at some future time." (*American Medical Times.*)

ACTION FOR RECOVERY OF MEDICAL CHARGES. Jackson *v.* Gee. An action to recover £15:17:6 for medicines and medical attendance. Plaintiff resides at Somerby, but formerly lived in Leicester, during which time he attended the defendant's family. The charges defendant considered exorbitant. Plaintiff said he charged 1s. 6d. a visit; medicine 2s. 6d. a bottle; ointment 2s. 6d. a box; pills 2s. 6d. per box; charged 8s. for lint; powders 3d. each; special consultation £1:1s. Consulted with the parties themselves, and the amount was suggested by Mr. Gee himself. Charged 5s. for syringe; five consultations 1s.; charged that when was attending another member of Mr. Gee's family the same time. Defendant was examined, and said did not tell plaintiff to charge a physician's fee at a time. He had not promised to pay the account, but said he would if the charges were reasonable. Plaint never came to visit him except as a friend, to eat a drink at his house. Sent an account in to plaintiff f goods, but which he had not paid. The account w £4:0:11. Did not consider he was paid by what had. He was willing to pay a reasonable charge. Gee said he had had pills from plaintiff, and there we not more than three or four in a box. Mr. C. R. Cros ley said he had examined the bill carefully; it was n usual to charge for medicines and attendance at t same time; nor had he heard of the term consultati being used except when two medical men consulted t gether. Had considered the bill, and considered it be exorbitant. The usual charges for bottles of med cines were 2s. 6d.; ointment 1s. The bill he consider should amount to about £10 or £11. Should not charge f visits if he attended two or three at once. If he charg for visits, he should charge 3s. 6d., but he should n charge for medicine as well. If he made an examin tion, and did not see the patient afterwards, he shou charge a guinea. Dr. Lilley gave similar evidence, a at the suggestion of his Honour a verdict was taken f £12, on the understanding that plaintiff should pay due to defendant for goods supplied. (*Leicester A vertiser.*)

TESTIMONIAL TO SIR CHARLES HASTINGS. Last we Sir Charles Hastings was presented at Worcester with testimonial for fifty years of honourable and excelle service in various ways. Rarely has a resident in t city joined so much ability with so thorough a will to good to his fellow townsmen and the poor, and bene more or less the whole public of the kingdom, than his day and generation has Sir Charles Hastings; a rarely have efforts for the public good received a mo marked and generous recognition. It is now, as will gathered from our report, something like half a centu ago, when, at that time young in years, Sir Charl Hastings's promising talents procured his appointme to an office of trust and importance in connection wi the Worcester Infirmary. Ever since his name has be linked with that noble institution, till at last he has be appointed a consulting physician, in which position trust his services may be long and usefully render He has watched the vicissitudes and changes attendi the institution for many years. Entering it at a ti when from causes he has himself stated, viz., war a consequent distress throughout the whole country, was in a state of great financial difficulty, his servic have never been wanting when occasion served to a vance its welfare, to improve its general management, perfect its laws, and to bring it to that state of efficien eminence, and prosperity, which it now enjoys. But is by no means alone in connection with the Infirma that Sir Charles Hastings's worth, his talents, and h active goodness, have become known. Sir Charles h endeavoured in this city of Worcester to increase and all means in his power to maintain amongst his neig bours a taste for the study of the natural sciences, a a due appreciation of the benefits accruing therefro In the year 1832, as he tells us in his speech, he, in co junction with other gentlemen, set on foot the project erecting a suitable edifice to contain specimens of a mate and inanimate creation, and thenceforward he a his friends worked diligently till the erection of t Natural History Society's building, and the establis ment of a Museum, was *un fait accompli*. Through h powerful aid the Natural History Society has so e tensively prospered. Sir Charles Hastings has been

luable service to his own all-important profession,
medical body of the United Kingdom of Great Bri-
and Ireland. Long and arduous were his exertions
ıis behalf, and he has at last had the gratification of
ıg them crowned with success. Now turning from
past, let us for a moment think upon the "crowning
t" in Sir Charles's life, for by no other name can
o fitly represent the event of last Thursday night.
ıt have been Sir Charles's views through life?
ı what success have his past desires been attended?
there not a peculiar beauty and frank truth in the
ls of the hon. gentleman the other night when in his
ch, after referring to reminiscences of his early days as
lled by the inscription on the testimonial, he said:—
ese are circumstances which awaken in me the
ıgest emotions, and I cannot conceal from myself
fact that in early life I resolved so to run my course
obtain a prize—so to fight the battle of life as to
ı victory. (Applause). And now, in all humility, I
k I may say I have won a prize—I have got a
ory. But I hope I may at the same time say, I do
presume to think that I have done it by my own
ıgth and my own labour, but in dependence on His
er who can alone adjudge the prize, who can alone
the victory." Truly, Sir Charles has not only run
ıe has obtained, not only fought but he has won the
e, and that in a manner which well entitles him to
est honour. It could not but be most gratifying to
with thoughts of the past fresh in his mind, to
the testimonial presented to him by the son of one
whom he had, as he tells us, friendly relations in
life, and, it is quite as evident, that Lord Lyttelton
ed in the general feeling of respect for Sir Charles.
onclusion, we would also congratulate Sir Charles
tings upon his yet unimpaired vigour, his continued
ity and energy, and we would hope that he may live
nany a long year to receive the respect and esteem
ıose amongst whom he has laboured, and who,
ving his life and conversation, know well how to
eciate his energy of character, and indomitable per-
rance, his ability and general worth. (*Worcestershire
nicle.*)

Varieties.

ENTISTRY IN TURKEY. The aristocratic nerves of
ıajesty (the late Sultan Abdul Medjid) were cruelly
rung by the vulgar twinges of a toothache, which,
ıting the example of many a rebellious pasha,
orously entrenched itself within a molar, and
sed to capitulate to the innumerable ptisans, fomen-
ns, nostrums, spells, and incantations, of the whole
irical and non-empirical faculty. Spurning the tears
ıe Sultanas, and the entreaties of all the favourite
iques of the Harem, the royal sufferer sleeplessly
d his ancestral halls for several days and nights,
re he could screw up his courage to the pulling
t. But to the dismay of the chamberlain, in all
ıbul not a barber or dentist for love of money
eputation, was found so disloyal as to aspire to
rown of his imperial sovereign. American dentists
smile at the pusillanimity of their Oriental brethren;
et them remember that any accident in the extrac-
of a royal tooth, whether fracture, delay, or any
ional pain, might consign the bold operator to the
nado, or to the tender mercies of the bowstring.
ıst, an obscure Jew, who had never looked higher
the jaws of his Hebrew customers, was induced
k his heels and his neck in the dental encounter.
ce prostrating himself, he entreated the sultan
show his slave the offending molar. Quick as
ght the forceps were applied, and immediately
the Jew fell down, with a piercing shriek, at the feet of his master, in a well-assumed fit of epileptic convulsions. Up jumped the sultan from his throne, forgetting, in his terror, his toothache, his dignity, and the pain of the extraction, and ordered his pages to bring cordials and water for the unfortunate dentist. The wily Jew, perceiving that a hydropathic treatment was imminent, and that his buffoonery had produced the desired effect of distracting the royal attention, now convalesced with great promptness, triumphantly exhibited the tooth to the astonished monarch and courtiers. It is hardly necessary to add, that not only was the integrity of his gluteal fascia respected, but Israel went forth from the palace, even unto his kindred, with shekels of gold and shekels of silver. (*Dr. Goodell in North American Med.-Chir Review.*)

THE HOSPITALS OF LONDON AND PARIS. In a discussion which took place at one of the sittings of the Paris Académie de Médecine, on the relative sanitary condition of the hospitals of Paris and London, M. Gosselin stated that from what he had been told by various foreign surgeons and also by French physicians who had visited foreign hospitals, there existed a considerable difference in the results obtained in the English and German establishments of the kind compared with those of Paris. In foreign hospitals, he said, patients who had been operated upon were treated with much more care, and many more sanitary precautions were taken with them, than in Paris. The sick wards of the London hospitals were much better aired, being provided with large stoves which gave rise to draughts and consumed the vitiated air of the rooms; patients who were able to walk took their meals in dining-rooms apart from the sick wards, an arrangement which greatly diminished the crowded state of the infirmaries, and contributed towards maintaining the purity of the air; the floors were frequently washed, which prevented the accumulation of dust, while the beds had no curtains, whereby miasmatic emanations were better dispersed; and lastly, the linen department was the object of particular care. Dr. Davenne maintained that the manner in which the Paris hospitals were conducted was far superior to the London system. If the sanitary condition of the latter was better, it was owing to the fact that their population was smaller, because the paupers relieved by the poor tax were not admitted into them. He then quoted some statistical documents to show that the mortality in the Paris hospitals had been constantly diminishing since the commencement of the present century. M. Malgaigne said he would confine himself to the sole question of mortality among patients who had undergone an operation, and quoted certain statistical details published by himself some years ago, shewing that the results were lamentable. Adverting to an old report of M. Tenon's who had visited the hospitals both of London and Paris, he remarked that the author proposed to limit the sick wards to the ground floor and first storey only, every sick ward containing twenty-four beds at the utmost. In 1814, he added, the slaughter-houses of Paris where transformed into hospitals and the result of this measure, afterwards published were curious. The mortality of the French operated on in the common hospitals was one in 5, 8, 9; in the slaughter-houses, one in 10, 12, 13. The mortality of the foreign soldiers operated on in the hospitals was one in 7-13; in the slaughter-houses, one in 10-19. This showed that the mortality was lowest in the best aired situations. As to the London hospitals, there was one fact to be taken into account—viz., that the sick admitted into them were much more seriously ill than those admitted into the Paris hospitals. Out of 100 patients operated on in each city, 56 died in Paris, and only 30 in London. Out of 100 amputations of the thigh, 60 ended mortally in Paris, 21 in London, and 19 at Manchester, where the hospitals have the advantage of the country air. Now what was the reason of this enormous difference? Simply, that while in the Paris wards there are as many as 80 beds, there are only 12 in the London ones.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.
TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
FRIDAY. ...... Westminster Ophthalmic, 1·30 P.M.
SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Geographical, 8 P.M.—Entomological, 8 P.M. (Anniversary.)—Institute of Actuaries, 7 P.M.—Medical Society of London, 8.30 P.M.: Clinical Discussion.
TUESDAY. Royal Medical and Chirurgical, 8.30 P.M.: Mr. Sidney Ringer, "On the Temperature, Urea, etc., in Scarlet Fever"; Mr. Ernest Hart, "On Treatment of Aneurism by Flexion."—Civil Engineers, 8 P.M.—Zoological, 9 P.M.
WEDNESDAY. Society of Arts, 8 P.M.
THURSDAY. Royal, 8.30 P.M.—Antiquaries, 8.30 P.M.
FRIDAY. Royal Institution, 8 P.M.
SATURDAY. Army Medical, 7.30 P.M.—Christian Medical Association, Freemasons' Hall, 8 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—JANUARY 18, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week....................	Boys ..1007 Girls.. 989	1996	1391
Average of corresponding weeks 1852-61		1890	1439

Barometer:
Highest (Sat..) 29.934; lowest (Tu.) 29.497; mean 29.747.
Thermometer:
Highest in sun—extremes (Sat.) 75 degs.; (Tu. and Wed.) 48 degs.
In shade—highest (Sun.) 48 degrees; lowest (Sat.) 22 degs.
Mean—35 degrees; difference from mean of 43 yrs.—0.7 deg.
Range—during week, 26 degrees; mean daily, 9.6 degrees.
Mean humidity of air (*saturation*=100), 82.
Mean direction of wind, S.W. and S.E.—Rain in inches, 0.19.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

FELLOWS OR MEMBERS?—SIR: "Chirurgus" wishes to know, *out of curiosity*, whether there is any particular rule under which the members of new medical societies take their title. And he objects, in particular, to the title of *Fellow* conferred by the Obstetrical Society on its members. And you express the opinion, that the Society in question may have committed an incongruous act in so calling its members "Fellows." Surely, it cannot be "incongruous" in a member of a *Society* being styled a *Socius* or Fellow. A *Society* is necessarily composed of a number of parts, each of which is a *Socius*. In fact, the word "Society" is derived from the word "Socius." The title Fellow is, therefore, in reality the only *congruous* title. I am, etc.,

R. UVEDALE WEST, M.D.,
Fellow and Vice-President of the Obstetrical Society.
Alford, Lincolnshire, January 18th, 1862.

DR. STEWART AND MR. BROWN.—A correspondent writes:— *Lancet* of the 18th instant, boasts that, being "actuated by a s of fair play", it "cautiously refrained from making any *ex* statements" in reference to the matter in dispute between Stewart and Mr. I. B. Brown. Now, as a specimen of this play, I beg you to note that in Notices to Correspondent the 4th instant, the *Lancet* blames (an *ex parte* statement) Stewart in these terms:—"As Mr. Brown offered in the instance to submit the case to arbitration, we think Dr. Ste was in common fairness bound to accede to that offer." again, in this very number of the *Lancet* which boasts of fair we read another hit *ex parte* at Dr. Stewart:—"Dr. Stewart mitted to arbitration, or, at all events, to inquiry, at the ex tion of nearly three-quarters of a year." Is this *Lancet* in tiality?

WE have received the following from Professor Williamson, refe to a note of his published in last week's JOURNAL.

"Manchester, January 21st, 1862

"SIR,—I observe that in your last number of the BRI MEDICAL JOURNAL, at the request of some person unnamed, have published, not 'a circular', but a *private* communica which I have lately sent to some of my patients.

"Threatened serious indisposition having made certain porary changes in my arrangements necessary, it became r site that those habitually under my professional care shou informed of them. The note sent (lithographed merely be of the number required) *was entirely confined to these p patients.*

"Under such circumstances, will you state your reason allowing an obviously offensive publication of the same.

"I am, sir, yours truly,
"W. C. WILLIAMSON, F.R.

[If Professor Williamson considers that it is consistent standard notions of professional etiquette to issue to his p patients a lithographed communication of the nature her ferred to, he cannot surely object to the fact of its publicati the profession. We were requested to publish it by those did not approve it; and we published it because, we candidly confess, we agreed in their disapproval of it. A graphed letter addressed by a medical man to his patients c be considered a private communication. His private patient in fact, the public. The very fact of a copy of the letter sent to us, shows how little there is of "private" in it. EDIT

COMMUNICATIONS have been received from:—Dr. WI HINDS; Mr. J. H. HOUGHTON; Dr. T. H. BARKER; PROF WILLIAMSON; Dr. BREE; Dr. GRAILY HEWITT; Dr. HAND JONES; Dr. ROUTH; Mr. S. BANNER; Mr. BARTER; Mr. H LEE; Dr. WADHAM; Mr. C. H. MOORE; Mr. DUNN; M. C. POU DE VALENCÉ; Mr. J. A. BOLTON; Dr. LIONEL BEALE; TH GISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. G. BO TON; THE SECRETARY OF THE JUNIOR MEDICAL SOCIETY Mr. I. B. BROWN.

ADVERTISEMENTS.

The Diseases of the Breast, a their TREATMENT. By JOHN BIRKETT, F.R.C F.L.S., Surgeon to Guy's Hospital. 8vo, 12 plain and col Plates, 12s. 6d.
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Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; ASSISTANT PHYSICIAN TO THE HOSPITAL.

LECTURE I.—REGURGITANT AORTIC DISEASE.

CASE. *The Three Varieties of Orthopnœa. Explanation of the Peculiarities of Heart-Dyspnœa. The Pulmonary Congestion of Lung and Heart-Disease contrasted. Cardiac Cough. Aortic Regurgitant Pulse: its Mechanism. Circumstances conspiring to Heart-Displacement. Cardiac Sputum. Diagnostic Value of Age. Treatment.*

GENTLEMEN,—The case to which I wish to-day to call your attention is that of a man lying (or rather itting, for he cannot lie) in bed No. 9 of Bow Ward. The case is one of regurgitant aortic disease, and its history is as follows.

Robert Carey, aged 40, a widower, by occupation a bill-poster, and has been engaged in that occupation seven years. He has been what he calls a temperate man, taking, on the average, "two pints of porter and a drop of gin" a day, and rarely exceeding that quantity.

Up to three years ago he was a healthy, strong man; at that time he had rheumatic fever, which affected his head, back, and every joint in his body, and for which he was under treatment seven weeks in the Kingsland Road Infirmary. When he came out, he was quite well n every respect except his heart, which had suffered greatly during the rheumatism, and which was still the seat of pain when he left the infirmary. He suffered a good deal too from palpitation, which to a certain exent embarrassed his respiration and incapacitated him from violent exertion. These symptoms gradually diminished, and almost vanished; but he has never been quite the man he was before. From his occupation he was very much exposed to wet and cold, and frequently caught colds. These, with occasional palpitations of his heart, obliged him two or three times during the past year to lie up for a day or two; otherwise, he went on well till about six months ago, when he took a violent cold, which affected his chest and breathing a good deal, but for which he did not give up work. But ever since this his breathing has been worse than it ever was before, and he has suffered more from palpitation; but he slept, and ate, and drank, as well as usual. He continued his pill-posting up to three weeks ago, when it was that his present condition came on him. It developed itself gradually, and consisted in an increase of his former symptoms. He coughed more; his breath was shorter; he had more palpitation; was unable to lie down at night; the feet took to swelling; the face also; and he experienced great incapacity of exertion; it took him three-quarters of an hour to walk from Temple Bar to Hungerford Market. He was then not utterly unable to lie down at all, but slept about an hour and a half, and then was suddenly awoke with a sense of mpending suffocation and choking. In this state he came to me this day fortnight.

Such is a brief history of his case. His condition since his admission is such as you have watched from day to day, and such as I shall make it the purpose of my lecture to-day to unfold and explain to you.

The first thing that would strike you on looking at this man would be his dyspnœa. There are great differences in dyspnœas, according to the different causes that produce them, and which suggest many interesting physiological questions, into which, however, I must not enter. Now this patient's dyspnœa is eminently *cardiac*. The peculiar characteristics of cardiac dyspnœa are these:—It is rather a breathlessness than a difficulty of breathing; it has a panting, gasping character; the sensation complained of is that of oppression, not tightness, and has a strangling, choking throat-feeling about it. The breathing is always greatly accelerated; many dyspnœas are not—laryngeal dyspnœa, for instance, which is often slower than natural; but cardiac dyspnœa always is. This man is breathing forty-six respirations in a minute.

Another peculiarity of heart-dyspnœa, well illustrated in this case, is its great intolerance of movement, or any exertion whatever. Very often, in heart-dyspnœa, exertion is the only circumstance under which the dyspnœa is felt. As long as the patient is at rest there may not be the slightest sense of difficulty of breathing, and the respiration may not be distinguishable from that of a person in ordinary health; but the moment he exerts himself, especially if ascending a hill or going up stairs, his breath is gone. So it is with our patient. Although his breath is always short, even when perfectly at rest, it becomes frightfully difficult if he attempts to move. He declares that merely turning his head brings on the dyspnœa; speaking is almost impossible; he cannot rise from his bed, or move two steps, without being completely *hors de combat*.

Another peculiarity of the dyspnœa of heart-disease is its intolerance of the recumbent posture; and this peculiarity has given its name to one of its most characteristic forms—*orthopnœa*. The word really signifies merely "upright breathing"—compulsion to assume the erect position in order to breathe; but clinically it stands for a good deal more—for a recognised and well marked group of respiratory phenomena. Our patient is an example of it in its severest form; he has not lain down to sleep for ten days and nights; and if he momentarily dozes in even a semi-reclining posture, he is instantly awoke by impending suffocation.

There are three forms, or rather degrees, of orthopnœa: the first, in which the patient may suffer little or no dyspnœa when awake, even when exerting himself moderately, or ordinarily when sleeping in the recumbent posture. He lies down and goes to sleep as if in health; but occasionally, in the middle of the night, he is suddenly awoke with a strangling, gasping breathlessness; starts up, flings the clothes from him, and struggles for his breath as if he were dying. Very commonly the patient jumps from his bed in the effort to get more air, and sits gasping on the side of it, or leaning on a chair. It is often a quarter or half a minute before he can "turn his breath"; and, when he does so, his respiration is hurried and panting. As the circulation through the lungs becomes freer this gradually subsides, and the breathing becomes as tranquil as ever. This may happen at long intervals, or frequently; very often it occurs regularly every night, and sometimes many times in a night. The fear which patients exhibit, after such a paroxysm, of going to sleep again, lest another should come upon them, shows how terrible is the sensation that accompanies the struggle.

Another form is that in which the patient can breathe well in any position as long as he is awake, and can sleep perfectly well sitting up, but cannot sleep lying down for a moment, the attempt to do so being immediately attended with the characteristic paroxysm. In these cases, the patient is obliged to sleep in the erect posture, and in that way gets pretty good nights.

The third and most intense form is that in which sleep is altogether impossible in any position, even sitting up: the moment the patient dozes, on comes the struggle; he is wide awake in an instant; sleep is hopelessly banished from him. If you stand by and watch a person in this state, which is a most painful thing, you see his drowsiness gradually overpowering him; his eyes close; his breathing seems momentarily more tranquil, and you would fancy he was just falling off into a refreshing slumber; but, a moment after, he starts up with a look of horror, and his quiet breathing is instantly exchanged for the orthopnœal struggle.

This last is the form of orthopnœa from which our patient suffers; he has not had ten minutes sleep, night or day, for nearly a fortnight; he is dying with sleepiness, but dares not yield to it; and, if it overcomes him, he is unconscious but a few seconds before he is broad awake in a death-struggle for breath. Such cases show with how little sleep a person can go on living. I think it is impossible, in the whole range of the incidents of disease, to imagine any suffering that can compare with this: the thirst of Tantalus could not be worse. It is not wonderful that the sufferers long for the sleep of death.

And this leads me to speak of what is the absolute nature of heart-dyspnœa.

The essential condition of tranquil respiration is a free renovation of the two fluids, air and blood, in the lungs: the essential condition of dyspnœa is an impeded renovation of one or both of these fluids. In lung-dyspnœa, the fluid whose renovation is impeded is the air—as, for example, in bronchitis, asthma, emphysema; in heart-dyspnœa, it is the blood. The immediate cause, I believe, of the sensation of want of breath, in any form of dyspnœa whatever, is congestion of the capillaries of the lungs, dependent generally on the presence of venous blood in those vessels. How this is produced by shutting off the air we understand perfectly well: the oxygenating agent is not supplied; the appropriate changes do not take place in the blood; and the capillaries, exercising upon it some obstructive force the exact nature of which we do not know, refuse to give it free transit, and it accumulates in them and in the pulmonary veins behind them, constituting the congestion of asphyxia. In the lung-congestion from disease of the left side of the heart the sequence of events is quite different. The point of obstruction here is not in the capillaries of the lungs, but at the heart; so that the whole of the pulmonary circulation, veins as well as arteries, is affected by it. The capillaries become loaded, not from the blood being in a state unfit to pass from them, and from an opposing action to its free transit exercised by themselves, but from finding in front of them loaded pulmonary veins. Moreover, in cardiac congestion of the lungs, until ulterior changes take place, the access of air to the pulmonary capillaries is free, and the blood in them therefore arterialised. Thus, in the congestion of asphyxia, the capillaries are loaded with venous blood; in that of heart-disease, with arterial. But we know that impediment in the capillary circulation of an organ as inevitably involves suspension of its function, as suspension of its function involves impediment in its capillary circulation. We know, for instance, how mechanical congestion of the kidney diminishes the quantity of the urine. And, although the blood in the congested pulmonary capillaries in heart-disease may be arterial, yet being itself unable to pass on, from the obstruction in front, it prevents the venous blood behind it reaching the seat of arterialisation, and so suspends the function of the lungs, and loads the branches of the pulmonary artery with venous blood, as much as in true asphyxia. And it is not long before the congested capillaries relieve themselves by serous transudation, giving rise to vesicular and interlobular œdema, and other ulterior changes, so that respiration becomes directly impeded. Nevertheless, there is at first that difference between cardiac and asphyxial lung-congestion which I have indicated; and the points of contrast may be tabularly represented thus:—

Pulmonary Congestion of Asphyxia.	*Pulmonary Congestion of Heart-Disease.*
Suspended function producing capillary stasis.	Capillary stasis suspending function.
Point of obstruction the pulmonary capillaries.	Point of obstruction the heart.
Pulmonary veins emptier than usual.	Pulmonary veins loaded.
Blood in pulmonary capillaries venous.	Blood in pulmonary capillaries arterial.

Since, then, in the first stages of cardiac dyspnœa, the blood in the capillaries of the lungs is arterial, the presence of venous blood in them cannot be necessary to the sensation of want of breath: impeded transit of blood through the lungs, and a loaded state of the pulmonary circulation, would appear to be all that is necessary.

The extreme dyspnœa from which our patient suffers suggests the question as to what form of cardiac disease the most embarrasses the breathing; for we often see patients dying of heart-disease with much less dyspnœa than we see in this poor man at the present time. This question I am not prepared to answer. I should have imagined that mitral regurgitation, constituting an obstruction that the most directly tells back upon the pulmonary circulation, would have the greatest tendency to engender dyspnœa, as it certainly has to produce pulmonary hæmorrhage; yet here we have what we may call acute orthopnœa, easily induced by a valvular derangement from which the lungs are protected by the intervening healthy mitral valve. I profess myself, then, unable to answer this question; but it is one well worth thinking of, and well worth making the subject of observation.

I have detained you thus long in analysing one of this patient's symptoms—the dyspnœa—because it is, as I hope I have shown you, so full of instructiveness, physiological as well as pathological; but there is another symptom that would strike you as immediately as the dyspnœa—the *cough*. This is the true cardiac cough—a single hacking cough, not in parxysms, but iterated, keeping on; never urgent, yet ot passing half a minute without occurring; feeble, ith a certain throat-hoarseness about it, having ather a choking character, and with no expectoraon as its result. When I say *no* expectoration, I hould say there *was* no expectoration; but a little now appearing.

[*To be continued.*]

Clinical Lecture

ON THE

REATMENT OF RHEUMATIC FEVER,

ND OF THE USE OF ALCOHOL IN SERIOUS CASES OF THIS DISEASE.

DELIVERED AT KING'S COLLEGE HOSPITAL,
WINTER SESSION, 1861-62.

BY

LIONEL S. BEALE, M.B., F.R.S.,

ELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN TO KING'S COLLEGE HOSPITAL; PROFESSOR OF PHYSIOLOGY AND OF GENERAL AND MORBID ANATOMY IN THE COLLEGE.

omplicated Cases of Rheumatic Fever. Two Classes of Cases.

ASE II. *A boy aged* 16. *Joint affection. Pericarditis with effusion. Slight pneumonia. Pulse* 132; *respiration* 72. TREATMENT *as in Case I, but less opium was given, and only four ounces of brandy in twenty-four hours. Convalescence a fortnight after the disease was at its worst.*

eneral remarks on the treatment pursued. On the propriety of giving stimulants in cases of acute rheumatism.

[*Concluded from page* 83.]

ET me now ask your attention while I give a very rief outline of another case of the same malady, in hich the same plan of treatment was carried out; ut, as the patient was much stronger, it was only ecessary to give small quantities of brandy.

CASE II. The patient is a boy of the name of Alfred avies, in No. VII Ward (vol. iv, p. 36). He is 15 years f age; and, as far as the morbid processes are conerned, he was in much the same state as the case I ave already adverted to. There was joint-affection, ith loud to-and-fro rubbing sound over the heart, folowed by effusion in the pericardium. There was some xtent of pulmonary affection.

Two days after admission, the pulse was 132, and the espiration 72. The same plan of treatment was pured as in the case of the girl; but it was not necessary give so much opium; and as the powers of the patient ere good, as his voice was strong, as he could move bout in bed, and sit up, and as his pulse, though quick, as strong, no alcohol whatever was given for the first ine days; but then his strength began to fail; the ulse was still as high as 128, and much weaker; so at I thought it desirable to give him small quantities f stimulant.

From the 2nd (the day he was admitted) to the 9th ovember, the pulse had varied slightly in frequency om day to day; but the lowest was 104, and the ighest 132.

On Nov. 10, the pulse was weak, 128; and he was rdered to take four ounces of brandy in the twentyur hours.

On Nov. 11, it was 124; on the 13th, 104; and by the 19th, it had fallen to 96.

On Nov. 21st, a further diminution in frequency had occurred, and the brandy was reduced. A manifest and rapid improvement in the condition of the patient accompanied the diminution in frequency of the pulse.

A gradual diminution in the frequency of the pulse, and an increase in its power, were observed for the four days succeeding that on which he commenced taking four ounces of brandy.

By Nov. 26, he was able to resume ordinary diet, and was convalescent. The rubbing sound and the pericardiac dulness gradually diminished, and a systolic mitral bruit became audible. His strength gradually improved, and he left the hospital on December 14, just one month from the time when the disease was at the worst.

The essential nature of the morbid changes in the two cases I have brought under your notice in this lecture was the same. In each there was pericarditis, followed by regurgitant mitral bruit. The general plan of treatment was the same; but, as the exhaustion was far greater in the first case than in the second, it was necessary to give a much larger quantity of alcohol, and keep it up for a longer time. In the latter case, a marked improvement was observable in the patient's state very soon after he was put upon four ounces of brandy in the twenty-four hours; for from this time the pulse steadily diminished in frequency (from 128 to 96) and increased in power.

General Remarks on the Treatment Pursued. I hope I have succeeded in my effort to explain clearly the principles which have guided me in the treatment of these cases. I did not attempt to treat the disease; but endeavoured to ascertain precisely in what way a fatal result was likely to occur; and did all I could to avert it or postpone it. I have not cured the malady; but I think we have been the means of keeping the first patient alive while the disease passed off. From the observations of others, and from having watched the course of many cases myself, I knew that the absorption of fluid and lymph in the pleura or pericardium could not take place very rapidly, and I knew that if the effusion increased beyond a certain point death must result. No treatment could possibly produce any sudden alteration in the morbid conditions which tended to kill the patient.

If we had concentrated our attention solely on the special disease; if we had considered only what should be done for the pneumonia, for the pericarditis, for the rheumatic state, the patient might have died from prostration. She might have succumbed to the depressing effects resulting from the morbid condition. True, if we could remove the cause of the prostration, it would be better than relieving the last by artificial stimulus; but we cannot remove the cause. We know that the disease must disappear slowly; we know that when the case is fatal we lose the patient more commonly from exhaustion than from disease. Now, in alcohol we have a remedy which, of all others, acts rapidly on the flagging powers of a patient worn-out by disease. It does not increase inflammation. It cannot increase the tendency to formation of lymph. By restoring the powers, it undoubtedly tends to diminish the tendency to effusion. Alcohol is not an *antidote*. It does not destroy a poison in the system; neither does it combine with one and render it inert.

I have given you the history of but two cases, gentlemen ; but many of you have seen the same phenomena in others. During the early part of the spring of this year, I was attending a child of seven years of age, with precisely the same symptoms. The disease ran a similar course, and the treatment was, in all respects, the same, with the exception that less opium was given. The illness in this case was much more protracted, and the exhaustion was greater. It was necessary to keep up the stimulant for a much longer period. The child had a narrow escape, but is now in good health ; although a loud mitral *bruit* affords evidence of the serious damage which the heart has sustained.

On the Propriety of giving Stimulants in Acute Rheumatism. You must judge as to the propriety of giving or withholding stimulants from the general state of the patient, according to the same principles which enable you to decide as to the quantity and nature of the nourishment required. If you decide upon giving stimulants, you will determine the quantity after considering the strength of the pulse and heart's action and the condition of the nervous system. In some cases, you need not give any, and in others will give only very small quantities ; but there are cases which seem almost hopeless, that may be saved by the timely administration of small doses very frequently repeated ; so that within two or three days, although a patient may have taken as many bottles of brandy, not the slightest indication of alcoholism has been produced.

Practically, it is of great importance to regulate the quantity of alcohol according to the requirements of the system, and to administer it in small doses at regular intervals, so as to support the failing powers from hour to hour. No greater mistake could be made than to attempt to act upon any arbitrary rules in the use of this most valuable remedy. For instance, to regard alcohol as a necessary remedy to be employed, and to be depended upon, in every case of rheumatic fever or any other disease, would be as grave an error as to refuse to give it in any case. There are cases of acute rheumatism which will get well without a drop of alcohol. There are cases of the same malady in which it would be very wrong to give alcohol—at least, during the earlier period of the attack ; and there are cases which I believe can be saved by this remedy alone. It is possible that alcohol, by its action on the blood and nervous system, may, in certain cases, tend indirectly to increase the tendency to what we term the inflammatory conditions ; but it is quite certain that, in other cases, it diminishes the tendency to these changes ; and it is beyond dispute that inflammation of some of the most important organs of the body will resolve, and the effused products be absorbed, while the patient is taking from ten to twenty ounces of brandy in the twenty-four hours. It is also true that the absorption of inflammatory products is carried on quite as rapidly in a low condition of the system under the influence of alcohol, as in a strong one in which not a drop of alcohol is given. Alcohol does not prevent the healing of wounds ; but there are states of the system where repair does not take place until alcohol has been given to the patient.

The question as to whether alcohol should be given or withheld in a case is generally determined, not by the fact of the presence or absence of any special morbid process, but by the patient's powers at the time ; and in a case where alcohol is given, the proportion is determined by the degree of exhaustion. If the strength has diminished very rapidly, you would, from the first, give more than if the powers had been slowly failing. If the pulse diminished in frequency and increased in power after a few doses, you may be sure you are giving the right quantity. If the alcohol seems to produce little or no change you must give more. But if you watch a few cases from day to day, you will be more convinced of the great importance of studying the effect of this remedy in exhausting disease than from anything I can say on the matter.

Original Communications.

ON INFLAMMATION: ESPECIALLY ON PNEUMONIA.

By Edward Copeman, M.D., Norwich.

[*Read before the Norfolk and Norwich Pathological Society.*]

The age we live in is a wonderful age ; a period in whic such rapid strides have been made in all the arts an sciences as almost to confound man's understanding Even during the lives of many here, great change have taken place in almost everything around us. Th art of war is entirely different from what it was in th days of our youth ; and in chemistry, the names familia to us in our pupilage are supplanted by others, whic are as Hebrew to those who have not continued th study of that science. This tendency to rapid progres has shown itself in our own profession also, and w are every now and then startled almost out of our pr priety by the introduction of theories and opinion which well nigh upset the fixed rules and principles c our professional life. I shall not trouble you with an lengthened disquisition as to these circumstances; bu it may be well to remark that it does not follow that ever alteration is an improvement, or that every new theo is true. It may be right after all to employ antiphl gistic remedies in acute diseases, instead of trusting brandy. It may be better to amputate a limb affecte with synovial disease than merely to excise the disease joint. It may prove true that the first sound of th heart is synchronous with the contraction of the ventr cle, and the second coincident with and caused by th closing of the aortic valves ; in which case we shall n have to unlearn all we have hitherto been taught upo the subject, and unsettle all our landmarks for the di gnosis of diseases of the heart. We must, after all, vie with a certain degree of distrust all novel theories whic materially entrench upon previously well recognised fact although I would by no means refuse them a fair and u prejudiced examination, for generally, no doubt, som thing at least that is useful may be sifted out of them.

Inflammation is one of the principal subjects concer ing which new views and novel modes of treatment a adopted. Nevertheless, more than half a century ag John Hunter expressed many of the opinions we no hear, and I question whether we at the present time u derstand the subject better than he did. He said " w have much less occasion for evacuations in inflamm tions than there was formerly, the lancet therefore in i flammation, and also purgatives, are much more la aside." Again, " we may be said to live above *par*, at t full stretch of living, therefore, when disease attacks u our powers cannot be excited further, and we sink, so to require being supported and kept up to that mode life to which we have been accustomed." And agai " in inflammation when the constitution is strong th it will be commonly the most manageable, for streng essens irritability. It is probable that the blood of eople of weak habits is weak in its living principle, hich it therefore very soon loses upon extravasation, o as to become unfit for a bond of union, and degeneates into an extraneous body."

In discussions upon inflammation I think we ought to eep prominently before us the fact that the blood is a *ital* fluid, containing in itself the elements of all the issues of the body; and, that it may be charged at arious times with more or less of one or other of these lements, according to the nature and quantity of nouishment taken, without its being, in the true sense of he word, *diseased*. When its chemical composition is ltered, or it contains elements not natural to it in its ealthy state, it may be said to be diseased; and in all nflammatory complaints both these conditions of the lood require to be recognised and distinguished. In nflammations, the blood may be either healthy or disased; and the type and treatment of the inflammation ill vary accordingly. In sthenic inflammations I beeve it to be much more important to consider the vital roperties, its power of coagulation, than the chemical omposition of the blood. In asthenic, on the ontrary, it would be a great boon to the profession if it ere discovered to what extent and in what manner the tter characters of the blood are disturbed or modified.

Let us examine for a moment how this subject may be lustrated by pneumonia, a disease which has of late xcited great interest in the profession, owing to the onflicting views and opinions entertained by different ractitioners. In the sthenic form, pneumonia attacks or the most part those who *seem* to be in the enjoyment f good health, but who are plethoric, full of blood, and n fact verging upon any disease of which hyperæmia ould be a predisposing cause. A person in this condiion is exposed to some exciting cause of disturbance to is lungs, probably either cold or over-exertion. If the hest be long exposed to the direct influence of cold, he blood will be driven from the surface and accumulate n the internal organs; if over-exertion be the cause, he lungs will be overfilled with blood by increased ction of the heart. This active congestion of the lungs roduces more or less of shock to the system, and imedes the ready flow of blood through the vessels of the rgan affected. This impediment is increased by the enacity of the fibrine which such blood contains, and a ree circulation cannot be again established until the lood is relieved by a deposit of some of its fibrine and n increase of its watery constituents. Thus fibrine is hrown out by nature to relieve the obstructed circulaion, producing consolidation; and if the vis medicatrix e powerful enough to bear this temporary interruption o the vital processes, the deposit will be reabsorbed hen the congestion no longer exists. Of course a good leal of agitation of the system will have accompanied hese changes; and probably a natural diaphoresis or xpectoration, or flow of urine, or diarrhœa (though in hese cases seldom the latter), will materially assist the ower with which our bodies are so mercifully endowed, hat of constantly tending to restore the healthy balance vhen disturbed by disorder or disease. Now in such a ase as this, nature will often accomplish a cure with the id simply of diluent drinks, avoidance of heavy food, nd keeping the surface at a uniform and perspiring emperature. But on the other hand, the cure would be nuch accelerated, and rendered more safe and certain y bloodletting at the outset; or by antimonial diaphoetics, and nitric ether to excite the action of the kideys, or both these combined. The former at once dininishes the column of blood, and, if adopted quite arly, anticipates the effusion into the air-cells by renlering it unnecessary; the latter accomplishes the ame purpose indirectly by means of the skin and kideys, though not always in time to prevent a certain mount of deposit of fibrine in the lung. However, even in this case, provided the congestion is relieved, there will be no increase of effusion; and what has already taken place will either be naturally absorbed, or its absorption may be hastened and secured by the aid of mercurial action. Here again we arrive at a point in dispute at the present day, viz., the action of mercury in the treatment of inflammation. But setting aside theory for a moment, does any practitioner of experience doubt the power of mercury to remove the products of inflammation? Can any one question the fact of its power to remove deposits of lymph and pus, who has witnessed its effects in iritis and hypopium? Here its effects are visible, definite, unmistakable. Can it be doubted that it produces the same effects in other organs? No—in these matters, experience must guide us; and I will fearlessly undertake to say that in cases of sthenic pneumonia, where the fibrinous deposit in the substance of the lungs requires to be quickly removed, the object will be obtained most effectually (if it can be obtained at all), by a discreet employment of mercury; and this, with less detriment to the constitution than would arise from the prolonged continuance of the pathological condition for which it is employed.

But how are we to deal with other kinds of pneumonic inflammations—asthenic—secondary—recurrent—lobular? For these occur usually in the course of fevers, or other diseases of debility, and do not depend upon hyperæmia, or upon a too highly fibrinated condition of the blood; they are, however, like the sthenic, dependent upon *retarded circulation* through the lungs, or in other words, *congestion.*

In many instances, as in fevers, the blood contains poisonous ingredients which diminish nerve force, and deprive any organ of the power of resisting exciting causes of disease.

With respect to the lungs, for instance, if cold be taken, there may not be nerve force enough to resist its effects, and congestion will be the consequence; but is this a kind of inflammation to require loss of blood? The quantity of blood is not in excess, but it lacks the healthy condition by which it stimulates the heart and arteries to propel it equally through the body; and the best way of relieving these asthenic local congestions is to excite additional nerve force by internal stimulants, such as ammonia, brandy, etc.

But there are also intermediate cases in which pneumonia is neither dependent entirely upon hyperæmia, nor upon poisoned blood; but in which the constitutional power is so slight and the natural resistance to the causes of disease so imperfect, that, on exposure to exciting causes, congestions and inflammations may take place simply for want of nervous power to resist them. In these cases, the blood, although not diseased, as in fevers, is neither superabundant, nor does it contain an inordinate quantity of fibrine, so as to require either blood-letting or the cutting off of supplies; and in such cases a combination of a diaphoretic treatment to relieve the pressure upon the lungs, and stimulants to force the blood through them without delay, will, I think, be found the most efficacious. I also believe that these last cases are less likely to recover of themselves, than the first I mentioned—the sthenic—for want of that natural vital power without which no severe diseased action can be overcome. In all three of these conditions—the sthenic, the asthenic, and that consequent upon diseased blood from fevers—the blood, when retarded in its circulation through the lungs, produces the same physical signs and symptoms: transudation into the air-cells, cough, dyspnœa, pain in the chest, pyrexia, coloured expectoration, and, at last, consolidation of the lung. But, although the symptoms are very similar, in each case enabling us to diagnose pneumonia, yet, as the causes of them and the early pathological conditions vary in each, so we may reasonably expect the necessity of varying the treatment accordingly. It would be taking a very narrow view of the question to say that, because the disease is *pneumonia*, we must therefore treat it by blood-letting, or we must *not* treat it by blood-letting, or it is better to let it alone, for it will get well of itself. We can have no such definite rule of practice as this in our profession; we must be guided in our treatment by well grounded general principles; and the great art we have to learn is to be able to modify those principles in detail to suit the varying exigences of those pathological conditions included in the general name of the disease.

If we are called early to a case of pneumonia, when the attack is sudden and severe, the patient young, plethoric, and not the subject of any constitutional disease, we should best relieve the patient, and save him the ulterior changes belonging to the disease, by early and decided blood-letting.

In asthenic cases, *uncomplicated by other disease*, I have often seen great relief afforded in the early stage by local blood-letting, aided by diaphoretics; taking care at the same time to give either tonics or stimulants, or both, should the *general* condition of the patient seem to require it.

In asthenic cases occurring in persons *labouring under strumous and cachetic states of system*, even local bleeding may be dangerous, and will be seldom if ever required; for, instead of being in excess and highly coagulable, the blood is poor and watery; and although it readily exudes, the consequent filling up of the air cells is less dangerous, and expectoration more easily takes place; we may safely take more time about the case, the patient will not be so early threatened with apnœa, and our surest remedies will be those which give tone to the general system, aided by counterirritation and medicines of diaphoretic and diuretic properties. In these cases, as well as in those which occur in fevers, there is less need of mercury to effect the absorption of the effused matter; for, containing less plastic material, it is more freely expectorated during the attack, and more easily absorbed afterwards, provided we have been able not only to relieve congestion but to give increased tone and nervous power to the whole body.

Where pneumonia has arisen secondarily in the course of typhus and other fevers of a low type, I have always found it the most successful practice to trust, as far as medicines are concerned, to the appropriate treatment of the fever generally; and to limit the special treatment of the local disease to fomentations and counterirritation by turpentine, blisters, or other stimulants.

The subject is far too large a one to be satisfactorily dealt with in a short paper on such an occasion as the present, where so little time can be spared for discussion; but I feel sure the hints I have given may be safely trusted in practice as a foundation for further observation and research.

CASES OF PERFORATING ULCER OF STOMACH AND OF INTESTINE: WITH REMARKS.

By Wm. Hinds, M.D., Professor of Botany at Queen's College, Birmingham; Lecturer on Botanical Science at the Birmingham Midland Institute.

[*Read at the Midland Medical Association.*]

[*Concluded from p. 93.*]

My next case in some respects presents a most marked contrast to the one related. Instead of being a vigorous, healthy, and robust male, the patient was a feeble and delicate girl. In this case, too, the perforation was found not in the intestine, but in the anterior face of the stomach.

Case ii. Sarah A. B., aged 18, had suffered for some considerable time from pains in the stomach, and was
in the habit, with a view to obtain relief from the pai
of taking a teaspoonful of black pepper. She was som
what chlorotic in appearance; and the catamenia h
been absent about eleven months. After tea on Frid
October 27th, 1848, she was attacked with vomiti
pain of the stomach, and great depression. Sub
quently, the same evening, she had several other attac
of vomiting. The vomiting recurred on the followi
morning; and, in addition, there were severe abdomi
pains. Seen about midday, she was dressed and sitti
at the table downstairs. Her tongue was sligh
coated with brownish fur, and there was some feveri
ness complained of, and pains in the bowels, which we
evidently tender; but, as she was dressed, a very ac
rate examination was not obtained. The pulse w
feeble and small. The bowels had not been mov
since the previous day. She had taken in the morni
some brandy and two teaspoonfuls of pepper. A thr
grain calomel pill, combined with a grain of opium, w
at once ordered, with a simple diaphoretic mixture;
sinapism was applied to the abdomen. Having gone
bed soon after the visit, she became gradually worse, a
died at six the same evening.

Post Mortem Examination thirty-seven hours af
death. She was short in stature, well formed; but t
mammary glands were not much developed. The
domen was much distended and tympanitic at the up
part. When it was cut into, much serous and wat
liquid escaped; and about two quarts in all were
moved from the peritoneal cavity. Some vascular
was observed upon the small intestines, and very sm
portions of lymph were seen in some parts. In t
anterior face of the stomach, about an inch and a h
below the cardia, a circular orifice was discovered, co
municating with the interior. The size of the hole
about that of a large pea. Around the orifice, on
peritoneal surface, distinct appearances of inflammati
existed; but there was no adhesion to adjacent pa
The whole parietes of the stomach were hypertrophi
and, indeed, appeared to be at least twice their nor
thickness. The mucous surface was almost unifor
pale; and the excavation at the seat of the periton
laceration did not exhibit any vascularity, or differ
appearance from the adjacent parts. The uterus was
the ordinary virgin calibre. The ovaries, externa
congested in patches, contained several largely de
loped Graafian vesicles, and some appearance of a fa
corpus luteum. The other organs were healthy.

Remarks. No doubt, the question as to the *cause*
causes, and that as to *remedies*, if such there be, in th
grave lesions, are the two points of inquiry which poss
the highest interest, both to us as practitioners, and a
to our patients; but there are besides several access
considerations which well deserve some attention.
some of these points, I propose to make a few rema
premising that I may do little more in some of th
than merely specify the difficulties which present the
selves.

We may ask, in the first place, what is the *origin* o
chronic perforating ulcer? One element in this inq
would be, as to whether such a lesion would be favou
by delicacy of conformation or a low state of vital po
In many such cases, as in Case ii, there is this co
tion present.

But any free general conclusion in this direction m
be seriously vitiated by the evident *result* of the chro
disease upon the stomach and its functions. A stom
with an irritable ulcer cannot be considered able
maintain its healthy operations; but if not, the fail
strikes at the root of nutrition, and, as a consequence
health. Now, even this conclusion may be conside
in one sense to be falsified; for a most able author
authority declares that "almost all the patients h
been young women, plump, and in good condition, w
up to the moment of the fatal seizure, either seeme

njoy perfect health, or, at most, had complained of light and vague feelings of dyspepsia." (Watson.)

I do not, however, consider the views advanced en- irely falsified; for the very statement as to the class of atients would seem to show that delicacy of tissue hich may be assumed to exist in these patients tends o favour rather than to check the progress of the dis- ase. We have, moreover, on the authority of Dr. Cop- and, the fact that the non-active or non-vascular chronic lcer is sometimes associated with an anæmic or ca- hectic state of system.

A still more favouring influence would, nevertheless, nost likely be found to accrue from the so-called *reme- 'ies* for the gastralgia—vulgarly termed *spasm*—with hich these cases are associated during their progress. frequent *remedy* for this pain in Case II was a spoon- ul of black pepper.

In the case, however, of *intestinal* ulcer, neither may here be delicacy of conformation, on the one hand, nor ny serious impairment of nutrition on the other. I elieve, however, we shall be right in concluding that timulating and irritating substances used as food, or as emedies, would have a tendency to aggravate the dis- ase and to promote a fatal termination. In Case I, ne gentleman was extremely fond of and much ad- icted to highly seasoned food—food of the sage and nions type; and we may reasonably conclude that the ontinual irritation which such matters would exercise pon the ulcer, would prevent any successful reparation the worst cases.

How do these chronic inflammations or ulcerations rst commence? Are they papular or pustular, or the sult of mere abrasion of the entire mucous membrane, ere attrition, or chemical irritation by certain portions f food? Can we illustrate their origin and progress y reference to the various papular or pustular erup- ons or chronic inflammations of the skin? I am nable to illustrate by facts any of these important in- uiries.

Again, can we suppose the ulcer to commence in the andulæ agminatæ of the ileum? But even if we could e sure of such a fact, we are just as far off the real ause, unless in many cases we could trace the disease constitutional taint; as, for example, scrofulous dis- ase. Now, Dr. Watson believes this to be very rare; r he states that he never saw but *one* case of exten- on of scrofulous ulceration to these glands with per- ration, and that in a case of phthisis.

Then we have the gray or slate-coloured spots much welt upon by French writers, as being sure and une- uivocal signs of chronic inflammation. But here, gain, recurs the query—What is the origin of these ots, and what relation do they bear to the ingesta?

It is a most noteworthy fact, in reference to these ises, that the ulcers have often the appearance of being unched out, as it were—the holes bearing more or less e character of a clean cut, and the surrounding parts eing little or not at all involved.

Now, I think this fact may fairly lead us to infer the reat danger there is, that when once the tissues imme- iately subjacent to the mucous membrane shall have ecome involved or implicated, the excavation may go to a fatal issue in the rupture of the exterior coating the peritoneum. We know, or have good reason to elieve, that the mucous membrane not only performs nctions of its own, but preserves the fibrous and mus- ular coats of the bowel subjacent. We cannot, how- ver, say that even when these coats subjacent are volved, a cure is impracticable, though the prospect is ot encouraging, if we can fairly institute any real com- arison between the mucous membrane and the enamel the teeth. In the progress of caries, the dentine of eth has scarcely any power of reparation after losing s outer envelope. The comparison may or may not rictly apply. It is a mere matter of opinion.

In ulcer of the stomach, as I have already intimated in Case II, there is an obstruction in the uterine function. The catamenia in my own case had been absent many months. If there be any intimate relation between these, I confess I am quite unable to trace it. I can only understand that any cause which tends to interfere with nutrition, properly so considered, must lower the health, and may thus detract from the vigour of the sexual apparatus.

I have only one word to say as to *treatment*. The first thing which strikes us is the great difficulty of *diagnosis* in these cases. A relapsing and otherwise unaccounted for and persistent diarrhœa, with blood in the motions, may be *symptoms* of chronic ulcer, but they are not *signs*, not by any means pathognomonic of the affection. The mere dyspeptic symptoms are of course of no value taken alone. The æsthetic series—slight occasional pains and tenderness, are equally delusory.

If, however, in any given case a fair presumption existed of the presence of chronic ulcer of either stomach or intestine, I confess I should rely much more upon a bland diet, strictly unirritating and unmixed, than upon any drugs. The mind naturally recurs to various astringents—as zinc, alum, the sulphates of copper and iron, and nitrate of silver and of bismuth, together with certain supplemental tonics; but, I confess, I should not use any of these substances with that confidence which we all like to feel when treating a grave and often fatal disease. I am of opinion that a milk diet carried out for a long period would, if not cure a chronic ulcer, at least allow nature and the constitution fair play in the process; while the most promising of our drugs might, I think, be attended with injury rather than with benefit, unless we could watch and trace their effects from time to time in the progress of the case.

Transactions of Branches.

SOUTH MIDLAND BRANCH.

ON THE MANAGEMENT OF THE PLACENTA.

By P. McLosky, M.D., Rothwell, Northamptonshire.

[*Read Oct. 17th, 1861.*]

The subject I have chosen for a few remarks is one very familiar to every general practitioner; viz., the management of the placenta. I shall confine my remarks to cases after the birth of the child, at the expiration of the natural term of gestation.

The management of the placenta constitutes the third stage of labour, and it cannot be said that it is always a simple and easy business; for, if we consider that over ten per cent. of the total deaths in childbirth occur from flooding alone, and that this depends generally upon the relaxation or irregular contraction of the uterus, we shall clearly see the importance of so conducting the expulsion of the secundines, as to insure that state of regular and permanent contraction, in which alone there is safety. The most frequent, as well as the most fatal cases of flooding, occur before the expulsion of the placenta; and they occur after labours perfectly easy and natural, as well as after very tedious and exhausting ones; they occur in the robust and healthy as well as in the anæmic and debilitated; so that in no given case can we say we are perfectly secure from this appalling accident—an accident so truly alarming and imminent as to demand the promptest judgment, the coolest presence of mind, and nicest tact, of the obstetric practitioner; it is the real difficulty of natural labour. It is an old saying, that "meddlesome midwifery is bad"—that, however, should be taken *cum grano salis;* as an intelligent accoucheur is never unnecessarily meddlesome, and yet does a great deal in assisting a process of Nature, which some consider requires not our interference.

If Nature require our aid to alter or improve presentation, or save life imperilled by many complications at the time of labour, which we know she does, why should she not also require our help to support an uterus, either exhausted by its mighty parturient throes, or excited into spasmodic contraction by the withdrawal of the immense force of the abdominal muscles, owing to its diminished size after delivery? If at any stage of a labour our care is more particularly useful than at another, it is in the supplemental; and I contend that if efficient manual support were given in the right way, and kept up the proper time, we should seldom, if ever, meet a case of dangerous or fatal hæmorrhage. But hæmorrhage alone is not the only danger to be apprehended from this stage; for adherent placenta retained wholly or in part, or portions of the decidua left *in utero*, may produce severe constitutional disturbance, such as irritative and puerperal fever, phlebitis, various hysterical affections, convulsions, phlegmasia dolens, and several other ill effects of this accident, which may prove fatal. It becomes, then, no unimportant consideration how we can best aid the uterus to contract equally and permanently to throw off the entire placental mass with its membranes; and I am the more anxious to express my views on this point, from the fact that I have heard the opinions of several of our learned associates advanced on a former discussion of this subject at one of our meetings, and that those opinions were diametrically opposed to each other. It is a singular fact that, at the present time, scarcely half a dozen authors or teachers entirely agree upon the mode of conducting the third stage of labour, or on any one decided plan of meeting the exigencies incidental to this stage. This being so, we may presume very great variety of management exists among practitioners; and very great need appears to exist in the profession, for some better mode of obviating (which is better than managing) those exigencies. Mostly all agree that where the placenta remains entirely, or in part, *in utero*, and flooding occurs, the practice is, to remove it; but a wide difference exists as to the manner of doing this. Even without any complication, much difference of opinion appears in directing the steps of this process. If we take that spasmodic contraction of the uterus called the "hour-glass," for example, with hæmorrhage; some advise the administration of opium, and waiting; others, the introduction of the hand with or without chloroform; some contend it is dangerous to introduce the hand; others, that it is not very much so. Again, in adherent or detached and retained placenta, some trust to reflex action induced by cold water or ice applications; some, to use their own words, to pressure over the hypogastrium and bandages; some to oxytoxics; some to galvanism; some to the injection of cold water; some to the introduction of air-pads; some to tourniquets and complicated compresses.

It would be endless to enumerate the various modes recommended to deal with uterine hæmorrhage before the expulsion of the placenta; and nothing can prove more clearly the imperfection of our art in obstetrics, than the multitudinous ways in which we are told to behave in arresting hæmorrhage and extracting the placenta, or *vice versâ*. Accordingly, the accoucheur, to avail himself of every plan proposed for those difficulties, should, on every occasion of attendance on a labour, be furnished with a baggage-waggon of these scientific armamentaria.

Now, I am of opinion that a man always carries about with him the requisite machinery for successfully overcoming all the difficulties of the third stage of labour. This machinery consists of his head and hands; and I would reckon it bungling practice where the woman would be left with the placenta, or part it, *in utero*, or permitted to die from uterine hæm rhage. Without offering any opinion with regard what I consider the best practice in managing t various difficulties liable to arise in the supplemen stage of labour, I shall briefly state what my pract is to prevent their occurrence; for I know that, h ever fond of abstract reasoning men may be, they c seldom be reasoned out of their habitual practice: a lit compliment to their own self-conceit.

I may state that, in every labour which I condu whether hæmorrhage be suspected or not, my practic invariably the same, and in no single instance do I av adopting precautions. When the head and should have been expelled, the perinæum no longer needs s port; the left hand takes charge of the child, to prot the air-passages and prevent sudden expulsion; the ri hand, either passed over the right side, or slid betw the thighs (the woman, of course, being on her left si is placed on the fundus and body of the uterus. pain which delivers the nates is the signal for the ri hand to grasp the fundus with a firm, steady, downw moderate pressure. On the contracted ball of uterus, the hand of an assistant is placed in a sim grasping manner, the child being separated and gi to the nurse. The right hand, after being rapi run along the cord to ascertain the placental posit is again immediately placed on the uterus, the c being run around the fingers of the left hand clos the vulva. Gentle tension shews the strength of cord; then if the uterus continue hard and equally c tracted, alternated pressure on the fundus, body, cervix, with moderate traction of the cord, is kept till the placenta is either expelled or comes into the vag when an expiratory effort with steady pressure on uterus, aided by the left hand's traction on the funis, o the margin or fold of the placenta, accomplishes the d very. When relaxation occurs, smart friction with poin the fingers pressed against the walls of the uterus; pi ing, kneading, and otherwise manipulating in a lively m ner over its whole surface, soon produces partial or tire contraction, when the organ can again be gras and pressed gently downward, all the while keepi strain on the cord. When the placenta is high tow the perinæum—when low and in the vagina towards pubis—for several minutes after the expulsion of the centa, the right hand every few seconds is passed ove uterus to feel if it remain hard; if not, a more gentle nipulation is practised till it become so, then the ban applied. In the great majority of cases the placent expelled within ten minutes of the birth of the child care not to wait for pain, I create it. The peculiarit this is, that the uterus has constant support from moment of the fœtal, up to that of the placental pulsion by the practitioner's own hand, a living sen compress.

The *rationale* of this is: we know that the uterus motor power from three nervous sources—the cere spinal, and ganglionic. It has an independent pow its own also. We know that the abdominal muscles a powerful influence on the expulsive power of uterus, by the immense pressure rousing its r actions, and we know that the sudden withdrawal of support from more than one viscus produces syn sometimes death; and in case of the uterus, inerti spasmodic contraction: therefore the continuous port of the hand, not simply on the abdomen, actually on the uterus, supplies that of the mus while the frictions, pinchings, and various ma lations excite its reflex and peristaltic actions, p by the irritation of pressure, and partly by exc its ganglionic reflex action through volition a on the muscles of respiration. In certain cases dropsy, fatty degeneration, phthisis, or hæmorr diathesis, to these means might be added the c spinal action, induced by ergot administered a few minutes before delivery; but my main reliance would be on *my hands*, as it would be in every hæmorrhage of this stage of labour. I must not go minutely into this on account of time.

For the last eight years, in a midwifery practice not inconsiderable, I have invariably adopted this mode; and during that time I have not met one single case of uterine hæmorrhage, neither have I ever known the least ill result from the amount of pressure used. By this mode every uterus can be made to contract except a moribund one—and I have such confidence in its safety, usefulness, and superiority, that I shall never cease to adopt it. It has now been tried by me in over two thousand cases without a single accident. Whether these are attributable to singular good luck or to the *modus operandi*, I leave you to judge.

Progress of Medical Science.

Arsenic in Intermittent Fever. M. Sistach, of the military hospital at Vincennes, has published a series of important observations on this subject in a long essay, in the *Gazette Médicale de Paris*. In the course of nearly four months, in the summer of 1860, he had the opportunity of dieting 164 patients, who had all been in the Italian campaign, and about two-thirds of whom had been exposed for a year to the influence of hot and marshy climates. Of these, 150 were treated by arsenic; 53 were cases of quotidian, 94 of tertian, and 3 of double tertian fever. M. Sistach used the arsenic according to a formula of M. Boudin. One *gramme* (15½ grains) of powdered arsenious acid is mixed with a *litre* (quart) of distilled water in a porcelain capsule or glass flask. The liquid is then boiled for two or three hours, until the arsenic is entirely dissolved; the mixture being occasionally stirred with a glass rod. After cooling, it is filtered, and the loss by evaporation is made up by the addition of distilled water. This solution remains permanently clear, and does not precipitate the arsenic. When mixed with an equal quantity of white wine, the solution is employed under the name of *liquor arsenicale*. In consequence of the tendency of the wine to decomposition when largely diluted with water, the arsenical solution generally begins to become turbid about the third day. Hence, while the aqueous solution may be made in any quantity, it should be mixed with wine in quantities only sufficient for the day's use. One hundred *grammes* of this solution contain 5 *centigrammes* of arsenious acid = 1 part in 2000. The treatment was commenced with an emetic of tartarised antimony and ipecacuanha, if there were gastric distress or loss or diminution of appetite. The arsenic was then given in fractional doses; commencing with 15 *grammes* of the solution (about one-ninth of a grain of arsenious acid) four times a day,—at 6 and 8 A.M., and at 2 and 7 P.M.—in all, about four-ninths of a grain n the day. When the fever was cut short, the daily quantity was reduced to one-third, one-fourth, or even nearly one-seventh of a grain. The medicine was continued longest in cases of old standing, or which had proved obstinate under previous treatment. In the most simple cases, it was given ten or twelve days after he cessation of the paroxysms. When continued under hese circumstances, an interval of at least two hours was always allowed to intervene between meals and the administration of the medicine. In cases where paludal achexia was present, and whenever the patient was anæmic and weak, M. Sistach gave iron. The diet was, n conformity with the recommendation of M. Boudin, of a substantial nature, being limited only by the paient's appetite and powers of digestion.

In ten patients, arsenic alone was used in the treatment. In these it was tolerated, as well as in those who had previously had emetics, and cured as rapidly. In seven of these cases, there was only one paroxysm after the first dose; and in the other three, only two paroxysms. When given in very divided doses, the arsenical solution produced neither epigastric pain, vomiting, diarrhœa, nor even heat in the stomach; nor, as long as the fever remained, was there any appreciable change in the pulse or in the temperature of the body. In no case was an increase of the urinary secretion observed. When, on the cessation of the attack, the dose was reduced, the appetite increased rapidly and greatly. When given in daily quantities of 3 *centigrammes* (about four-ninths of a grain), the arsenic was completely tolerated as long as the fever lasted; in exceptional cases only its administration was followed by a slight burning sensation in the stomach for a quarter of an hour. But, when the paroxysms had left the patient, the tolerance was diminished; one-third even of the original quantity frequently produced a sensation of heat in the stomach, which, though bearable, sometimes lasted half an hour; and sometimes other phenomena of gastric disturbance were manifested. The influence of the arsenic in the digestive organs, M. Sistach states, he has proved by sometimes suspending the appetite by giving a quarter of a grain of arsenic with the food. Given in doses of about 7 *milligrammes* (0·108 grain), within two hours after a meal, arsenic produced disturbance of the digestive system, and in two instances gave rise to vomiting; which was not followed by any other morbid symptoms. When it was taken during a meal, in the dose of one *centigramme* (0·15 grain), no result was produced; and when the arsenic was given during meals at the period when the large doses were required—while the fever was present—it was tolerated, but its efficacy was diminished, and the disease was less readily overcome than when the medicine was taken at an altogether different time from the food. In one case, the employment of arsenic was attended by conjunctivitis, and in three by a miliary eruption. (*Gaz. des Hopitaux*, Oct. 26 and Nov. 9, 1861.)

Lead-Poisoning. In experiments with lead on animals, Dr. Gusserow of Berlin has constantly found the metal deposited in appreciable quantities in the muscles, while it was absent, or traces only were found, in the central organs of the nervous system. Hence in lead-palsy the paralysis arises from disease of the muscular tissue, which loses its capability of obeying the impulse conveyed by the motor nerves. In what manner the change takes place, Dr. Gusserow observes, it is at present difficult to determine, as we as yet know little of the chemical changes which take place in muscle, or of the combinations which lead forms with muscular tissue. The idea that the muscles are primarily affected is favoured by the circumstance observed by Duchenne, that the electro-muscular contractility is lost at an early period, while motion can still in many cases be produced by a strong impulse of the will. Further researches must determine whether the localisation of the paralysis to certain groups of muscles is dependent on a special deposition of the lead in the part. Dr. Gusserow remarks that the knowledge that lead deposits itself specially in the muscles is only one step towards the comprehension of the disease: how the deposit is localised, and what changes are produced in the tissue, must yet be ascertained. The freedom of the nervous system from the presence of the metal, renders difficult the explanation of lead-colic and of cerebral disorder dependent on lead (*encephalopathia saturnina*). Dr. Gusserow has confirmed the theory that lead is eliminated by the bile and urine. The elimination by the urine is very gradual; and hence, he says, the statement that lead appears in large quantities in this secretion after the use of iodide of potassium, should be received with caution. He has also found the lead regularly and in large quantities in the bones; a circumstance which is interesting from the fact that among minerals, lime is in many instances replaced by lead. It is evident, then, that lead behaves in the organism in the same way as lime; but of the nature of the phenomena, in either case, we know equally little. (*Virchow's Archiv.*, and *Wiener Medizin. Wochenschr.*, Nov. 2nd, 1861.)

Urethral Discharges. M. P. Diday, in the *Archives Générales de Médecine*, gives the following observations on urethral discharges. Besides discharges arising from internal causes (as dentition, rheumatism, etc.) and those of mechanical origin (as from injection, catheterism, etc.), there are two forms which arise from contagion. One—blennorrhagia—is very frequent, is accompanied by inflammation more or less severe according to circumstances, and, whatever be its intensity, presents a distinct acute stage. The other—urethrorrhœa—is more rare, is attended with much less inflammation, and presents a complete uniformity through its whole course, which may be very long. Blennorrhagia arises exclusively from the contact of gonorrhœal matter; notwithstanding any appearance to the contrary, it is not produced by the contact of any other secretion of the genital mucous membrane. Urethrorrhœa is certainly produced by the contact of the menstrual secretion, and perhaps also by some other secretions of the genital mucous membrane. The treatment of urethrorrhœa consists at first in antiphlogistics (baths, decoction of dandelion, barley water, low diet and abstinence from sexual indulgence). This treatment having been continued from fifteen to thirty days, a daily injection of nitrate of silver is to be used (about a grain and a quarter to five ounces of distilled water). Saline purgatives should also be given. (*Gaz. des Hôpitaux*, Oct. 12, 1861.)

Congenital Dislocation and Atrophy of Both Patellæ. M. Rizet relates the case of X., aged 28, of fair stature and good health, but with a disproportionate smallness of the lower extremities. On examining the knees, M. Rizet found, especially when the joints were bent, a remarkable projection of the inner condyle of each femur; it was twice as large as the outer condyle. Between the femur and tibia there was a deep hollow, into which the finger could be placed as readily as in fracture of the patella. The patella of each knee lay on the outer side of the external condyle: the left was of normal shape, and was scarcely larger than a hazel-nut; the right was a little larger, and ellipsoid in form. No trace of ligamentum patellæ could be felt. The patella could only be pushed a little way on the surface of the condyle—not into its proper place. At the age of five years, the parents of X noticed that he stood with difficulty, and was readily thrown down; and that he was always obliged to use his hands to raise himself after falling. When he was about fifteen years old, he could walk and stand more firmly, and was able to mount a horse and ride easily. When M. Rizet saw him, he walked as if his legs had been distorted by rickets, but fell very rarely; and, when he fell, was still obliged to use his hands to raise himself. (*Mém. de Méd.-Chir. et Pharm. Militaire*, and *Mon. des Sciences Méd.*, Oct. 19, 1861.)

Therapeutic Uses of Olibanum. Olibanum or incense was formerly much employed in medicine, but has almost fallen into disuse. It belongs to the balsamic group of medicines, of which the balsams of Peru and Tolu are the best known representatives. M. Delioux has lately made some experiments relative to its therapeutic action. It arrests excessive bronchial secretion, but is not so efficacious as Tolu balsam or ammoniacum. He gives it in pills containing from seven to thirty grains, mixed with an equal quantity of soap. He has also used it in fumigation in cases of chronic bronchitis and laryngitis, in granular pharyngitis, and in diphtheritic paralysis of the pharynx and velum palati. In the latter disorder, however, electricity was also used. and is rightly considered by M. Delioux to have been the really effective remedy. (*Rev. de Thér. Méd.-Chir.*, Nov. 15, 1861.)

Administration of Copaiba. M. Beyran recommends the following formula:—Copaiba and tar, of each equal parts; magnesia, sufficient to form a mass capable of being divided into pills. He says that the mixture of tar with the copaiba completely masks its disagreeable taste and odour; and that, while the action of the copaiba is not impaired, its diuretic property is increased—no small advantage, he says, because the only beneficial action of copaiba in gonorrhœa is in its passage through the urethra. (*Report de Pharm.*, December 1861.)

Arterial Compression in Inflammation of the Joints. The pressure on the main artery of a limb is even more efficacious than keeping the limb in a raised position; it arrests the inflammation, relieves the pain and removes the fever. The pressure may be made with the hand or fingers, by the patient himself or his attendants, and should be continued until the symptoms have disappeared. (*Rev. de Thér. Méd.-Chir.*, Dec 1, 1861.)

Double Inguinal Hernia on the Same Side. Professor Engel states that he has in his practice seen two instances of this rare complication. Both patients were males; and in both the herniæ were on the right side The internal hernia in each case was greater than the external. The herniæ descended only as far as the middle of the spermatic cord, and lay with their lower broad extremities in close apposition, so that, until the integuments were cut through, there was nothing to denote the presence of a double hernia; the tumour appearing to be an external inguinal hernia. The fascia transversa that covered the internal hernia was very thick, and had a truly aponeurotic appearance. (*Wiener Medizin Wochen.*, Oct. 5, 1861.)

What Direction does a Hernial Sac take when reduced? Professor Engel says that, when an externa hernia is reduced, there is some trouble in pushing the sac up through the whole extent of the canal. The sac of the internal hernia, on the other hand, can be pushed with much greater facility into the abdomen, and when there does not lie opposite the anterior opening, but glides along the horizontal branch of the pubic bone and forms a peritoneal pouch, which then descends by the side of the bladder. The sac of an external hernia generally remains in the neighbourhood of the posterior opening of the inguinal canal, where it throws the peritoneum into irregular folds: it only rarely forms a peritoneal pouch as in internal inguinal hernia. (*Ibid.*)

Displacement of the Kidneys. Professor Enge states that, in his observations, downward displacemen of the kidneys—especially the right—in females, ha been an ordinary result of tight-lacing, as was pointed out by Cruveilhier. In one case, especially, not only did the kidney lie on the right side of the hollow of the sacrum, but it had pushed before it a portion of peritoneum so as to form at its lower end a covering which reached to its posterior surface. Hence, being fastened to a kind of broad mesentery, it was very moveable. In another case, the right kidney was pushed downward towards the promontory, and was placed transversely, so that it lay on and compressed its ureter. A loop of the er end of the ileum lay deep behind the lower end the kidneys. The ascending vena cava must also e been subjected to pressure. (*Ibid.*)

Iow to Relieve Pain in Diseased Bladder. The sence of urine, and more especially of uric or phos- atic calculi or concretions at the *bas-fond* of a dis- ed bladder, sometimes produce violent pains in the dder, and render all movement painful. In such es, if the patient be placed on an inclined plane, ich, by raising the lower part of the pelvis, throws contents of the bladder towards the upper and sterior part of the cavity (which is much less sensitive), ief is almost immediately produced, even though er means have been tried in vain. (*Rev. de Thér. d.-Chir.*, Dec. 1, 1861.)

Inflammation of the Neck of the Bladder com- cating Urethritis. Dr. Baizeau, of the Val-de-Grâce spital, sums up a paper on this subject in the follow- conclusions. Inflammation of the neck of the dder pretty frequently accompanies gonorrhœa. It ely occurs at the commencement of the urethritis, t rather in chronic cases; and is ordinarily brought by alcoholic and venereal excesses or by irritating gestion. It is almost always accompanied by slight morrhage at the termination of the act of micturi- n. It is successfully treated by balsamic remedies, ecially by copaiba, however acute it may be. (*Mém. Méd. Chir. et Pharm. Milit.*, and *Mon. des Sciences d.*, Oct. 24, 1861.)

Arrest of Dental Neuralgia. Neuralgia of the per or lower dental arch may often be arrested by essing for three or four minutes above the infraorbital mental foramen. (*Rev. de Thér. Méd.-Chir.*, Dec. 1861.)

Reviews and Notices.

inical Essays. By Benj. W. Richardson, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest. Pp. 272. London: 1862.

his volume of *Clinical Essays* is the first part of a rial publication which Dr. Richardson proposes to ing out under the title of the *Asclepiad*, the contents which, as we gather from the preface, are always have more or less bearing on practical medicine.

In the present volume are contained seven essays practical import, as is denoted in the title clinical"; viz., 1. On Subclavian Murmur. 2. On Diseased Condition of the Nails. 3. On Redupli- tion of the Second Sound of the Heart. 4. Con- ibutions towards a more perfect Clinical History Scarlet Fever. 5. On Pulsatile Pulmonic Crepi- tion. 6. On Uræmic Coma. 7. On Cardiac Apnœa.

In the first Essay—that on Subclavian Murmur— r. Richardson describes a phenomenon which has een already noticed by other physicians, among hom he specially mentions Drs. Kirkes, Sibson, and horburn. He has made the phenomenon a subject special investigation in two thousand cases un- er his care, and now gives the results of his ob- rvations; laying down the characters and causes the sound, and pointing out its differential cha- cters from aneurismal murmur and other sounds ith which it may be mistaken.

The subject matter of the second essay, on a Dis- ased Condition of the Nails, has already been brought before the profession in a communication made by the author to the Medical Society of London some time ago. It does not, therefore, call for special comment here.

Reduplication of the Second Sound of the Heart has been investigated both by Dr. Richardson and by Dr. Cockle, who agree in the main in the explanation which they give of this rare phenomenon. This is Dr. Richardson's theory of its production:

> "If in any given case there is set up an obstruction to the current of blood from the right auricle to the lungs, the current through the aorta from the left ventricle being free, the left ventricular systole will be made before the right ventricular systole; and the obstruction in the pulmonary circuit will prevent, for a period abnormally long, the return contraction of the pulmonary artery, and the closure with tension of the right semilunar valves. The two sets of semilunar valves will in this way be prevented from acting simultaneously; and the common sound produced by their tension will not be struck in the same period." (P. 47.)

Dr. Richardson confines his remarks to reduplication of the second sound. He has never, he says, met with a case of reduplication of the first or systolic sound. He admits that Dr. Walshe and other able stethoscopists believe they have met with instances of this; but still he finds a difficulty in seeing, allowing that irregularity of tension between the mitral and the tricuspid valves occasionally exists, "how by such occurrence a double first sound could be heard with a single second sound."

The following *resumé* given at the end of the essay on Scarlet Fever, will shew to what points the author has directed his observations. It will probably be remembered that he read a paper on this subject before the Epidemiological Society several years ago.

> "1. *Age.* Scarlet fever is most frequent during the third and fourth years of life. It declines rapidly after the fifth year, being nearly three times less common from five to ten, rather more than twelve times less from ten to twenty, nearly thirty times less from twenty to twenty to forty, and one hundred and one times less after forty, than in that period of life which is embraced in the first four years. The explanation of this fact lies, not in supposing that age, *per se*, exerts any decisive influence, but in the circumstance that those who have not had the disease are susceptible to it, and that those who have had it are protected from it.
>
> "2. *Sex.* Sex exerts no influence, predisposing or other, on scarlet fever; male or female are alike infected, if they be alike exposed to the disease; so that any distinctions observed as between the sexes in a given population affected with the fever, are caused by difference in the numbers of the sexes present in the population and susceptible to the poison.
>
> "3. *Meteorological Influences.* The seasons materially modify the course and intensity of scarlet fever. The months of October, November, and December, furnish in England the maximum amount of the disease; the months of April, May, and June, the minimum; the proportions, without decimals, being 9 for the months of April, May, and June; 11 for the months of July, August, and September; 14 for the months of October, November, and December; and 10 for the quarter included in January, February, and March. The influence of season cannot, however, yet be traced to any special meteorological condition; neither temperature, barometric pressure, atmospheric movement, nor electrical modifications, can be shown, as yet, to have any direct bearing on the prevalence or absence of the malady.

"4. *Recurrence.* Scarlet fever may recur once or even twice in the same person; but the event is comparatively rare, and death from a second attack is unknown as a fact.

"5. *Mortality.* The mortality from scarlet fever is greater in towns than in rural districts; while compared with that arising from other zymotic affections, it is statistically second only to that which attends typhus; and is probably, if the returns under the head "Typhus" were correctly made, first in relative order of the mortalities arising from the zymotici.

"6. *Types.* In the types of scarlet fever only one disease is recognisable. As causes producing varieties of type we may exclude differences of poison, meteorological conditions, localities, physical conditions of the patient, age, and hereditary predisposition. The only possible cause for difference of type which can be adduced, in the present state of knowledge, is, that in the susceptible organism itself there is a directing agency, which modifies the violence of the disease, or intensifies it. This view does not yet claim the rank of a theory.

"7. *Doubtful Scarlet Fever.* There is a form of disease, sporadic in kind, which in every symptom resembles scarlet fever. It lasts but a few hours, and does not seem dangerous. It may recur even within a few weeks after a previous attack. It is apparently not contagious.

"8. *Rheumatic Scarlet Fever.* Scarlet fever and acute rheumatism may occur simultaneously in the same person. The rheumatic symptoms may subside with or supersede the acute scarlatinal symptoms. The same rheumatic symptoms may recur with indications of albuminuria during apparent convalescence.

"9. *Chemical Pathology.* Scarlet fever belongs to that form of disease manifestation in which the fibrine of the blood is increased. During the fever, the amount of urea and of uric acid excreted by the urine is increased, while that of the chlorides is decreased. Death commonly occurs from deposit of fibrine in the right side of the heart. Mild cases of the disease occasionally terminate fatally from this cause.

"10. *The Primary Poison.* The primary poison of scarlet fever is probably solid in regard to its physical properties. It travels but a very little distance, except it be held in contact with some other body, such as an article of dress. It is destructible by heat at boiling point. It is thrown off from the affected person by the skin or the lungs, and is received by the susceptible person by respiration.

"11. *The Secondary Poison.* The symptoms of scarlet fever are probably due to the production in the economy of a secondary poison, having the physiological properties of an acid, such as the lactic. This secondary poison is the result of a modified zymotic process in the blood, induced by the absorption of the primary poison.

"12. *Treatment,* The curative treatment of scarlet fever consists in producing free action of the skin, and in maintaining the fluidity of the blood by the administration of a solvent remedy. The hygienic treatment consists in the admission of pure air to the patient, and in the establishment of a strict quarantine." (Pp. 111-114.)

Pulsatile Pulmonic Crepitation, described in the fifth essay, is "a stethoscopic sign, in which, without any indication of pneumonia or tubercle, a crepitant sound, connected with pulsation, is presented to the ear." Dr. Richardson explains its production by the action of the heart or aorta on a tongue of lung bound down by adhesion, or otherwise lying where it may be acted on by the heart. It has to be distinguished from pneumonic crepitation, tubercular crepitation, moist frictional crepitation, and minute mucous *râle*; from each of which the diagnosis i given.

The sixth Essay, that on Uræmic Coma, is to o mind the most valuable in the book. In it the auth describes in order the cases presenting uræmic sym toms which have come under his notice; the absolut and differential diagnosis of uræmia; its complic tions; pathology; cause and causation; the caus of death in uræmia; the relations of uræmia t forensic medicine; and its treatment.

The question of the cause of uræmia is treate with much elaboration by the author. We notic that on this point his opinions have undergone som change. In a paper on uræmia, which he read befor the Medical Society of London a year or two ag he supported the then prevalent hypothesis t which the brilliant genius of Frerichs gave weigh —that the uræmic symptoms depend on the transform tion of retained urea into carbonate of ammoni within the blood. Now, however, having carefull reinvestigated the subject, he finds grounds fo agreeing with other observers, especially Dr. W. A Hammond of Philadelphia, that the formation c ammonia, described by Frerichs, is by no means n cessary to the production of the phenomena observe Believing that urea is the primary toxic agent i uræmia, he holds that the symptoms of ureal and c ammoniacal poisoning are sufficiently distinct, bot in the acute and in the chronic forms.

"Briefly to sum up the facts, the chronic effects pro duced by the ammoniacal poison are those of typhus c yellow fever rather than those of uræmia; there is n paroxysmal convulsion of muscle, but jactitation; ther is hæmorrhagic diathesis, which does not pertain t uræmia; there are the continued manifestations of thi diathesis in petechial eruptions and fluxes of blood, non of which are presented in uræmia; while there is littl evidence of prolonged coma, which symptom is the lead ing symptom of uræmia." (Pp. 191-2.)

In the treatment of uræmic coma, Dr. Richard son advocates bold and free bloodletting.

"When the coma is profound and death is immine and the diagnosis is sure, the remedy is bloodlettin The remedy should rarely be applied more than once but then boldly, until in truth the oppression is reliev and the consciousness shews proof of return. Let ther be no local bleeding or half-measure; that is merel taking away the life element without, for an instan setting the body at liberty from the poison; but let vein be opened by a free incision, and let the blood flow until not the quantity but the effect produced determin the cessation of the current. . . . . In a case recorded— a child was relieved at once by one copious disgorgemen of blood; but when the same child some weeks late was seized in the same manner, and treated this time b local blood-letting; the treatment was followed, not b relief from the symptoms, but by death—the depressin effect of the slow exudation of blood acting probabl with the poison." (Pp. 220-1.)

This application of bloodletting in uræmia i not new, for it has without doubt been frequentl made by many a practitioner in cases hithert supposed to be apoplexy. But to Dr. Richardso is certainly due the merit of distinctly point ing out—in opposition to some modern theorie and even to his own former opinions—that thi remedy can be used with great hopes of succes in a condition where it would appear, according t some views, to be contraindicated. Nothing, per haps, could more accurately shew the necessit of a careful examination of the entire question of bloodletting, than the remarks made in the work before us on the application of this remedy in uræmia.

The seventh Essay, on Cardiac Apnœa, describes that form of apnœa in which the difficulty in treating arises because the lungs are not supplied with blood to be aërated. In such instances, there must be some impediment to the action of the heart, such as deposition of fibrine in the interior; disorganisation of the muscular walls; tonic spasm of the heart; the presence of an alkaloidal poison in the blood, etc.

We have said enough, we think, to shew that this volume of *Clinical Essays* is of much practical value to the practitioner; and that it is creditable to the reputation of the author, who has evidently not only thought much but worked hard to bring out the facts and results contained in it. While he lays down his conclusions with a marked degree of decision, he holds—and indeed in several parts of the book carries into practice—the principle that, "as in medicine many things are still very obscure, and all things admit of being relearned and retaught by the light of advancing knowledge, so it s not for the student to dogmatise and to refuse to reconstruct because he has previously contructed." The enunciation of such a principle gives us more confidence in the author, than if he had manifested himself as a man of unyielding opinions; and, knowing him to be as indefatigable in observaion and experiment as he is ingenious in theory, we commend this book as a manifestation of both these attributes, and shall be glad to meet with him again, when opportunity offers, under similar circumtances.

Cases treated by Faradisation. By Julius Althaus, M.D. Pp. 16. London: 1861.

This little pamphlet contains the records of sixteen ases treated successfully by the application of that orm of electricity which has in recent years received he name of Faradisation.

The diseased conditions in which Dr. **Althaus** has uccessfully applied this remedy, and of which intances are related in this pamphlet, are: neuralgia, anæsthesia, and loss of power and the sense of touch; oss of voice; paralysis from apoplexy; loss of power, neuralgia and amenorrhœa; wry neck and dysmenorrhœa; loss of power and neuralgia of the orearm after fracture; facial paralysis; numbness and loss of power in the right leg; rheumatism in he shoulder; lumbago; wry neck; and deafness.

Dr. Althaus appears to have taken in hand the ubject of Faradisation *con amore;* and, what is most important, he is evidently handling it in such a manner as will prove beneficial to the profession and to the public. That is to say, having directed his energies towards developing the therapeutic reources of a powerful but as yet comparatively little understood agent, he is endeavouring to determine he conditions under which its employment is likely o be useful, to point out the modifications required n its administration according to the nature of the ase, and to hold up for the warning of practitioners he errors which may be committed by the rash or ll informed. We hope for much information from Dr. Althaus in regard to Faradisation—a remedy which we ought, if possible, to preserve from falling into the hands of panacea-mongers, and thus acquiring an evil name which it does not merit.

Clinical Surgery. The Surgery of the Mouth, Pharynx, Abdomen, and Rectum, including Hernia. By Thomas Bryant, F.R.C.S., Assistant Surgeon and Lecturer on Operative Surgery at Guy's Hospital. Pp. 101. London: 1861.

Mr. **Bryant** continues his valuable contributions to *Clinical Surgery*. In former chapters, he has treated of the surgery of the nervous, respiratory, and circulatory systems; and now he places before us that of the Mouth, Pharynx, Abdomen, and Rectum. The remarks are founded on nine hundred and forty cases, admitted into Guy's Hospital from October 1853 to March 1861; together with several which have occurred in his own practice. This part includes some subjects to which Mr. Bryant has paid special attention—hernia, for instance. All surgeons will do well to provide themselves with his treatises on Clinical Surgery as they appear; for they are practical throughout, and highly creditable to a man who holds a surgical post in one of the greatest metropolitan hospitals. It would be well, indeed, if many more hospital physicians and surgeons would make as good use, for the public benefit, of their institutions, as Mr. Bryant does of Guy's Hospital.

British Medical Journal.

SATURDAY, FEBRUARY 1st, 1862.

ST. THOMAS'S HOSPITAL AND THE CHARING CROSS RAILWAY.

Corporate bodies have, notoriously, no bowels of mercy; and, as an example, we find the Charing Cross Railway Company, with mercantile energy, and, like certain notorious Irish landlords, attempting to strip the roof off and throw down the cornerstones of St. Thomas's Hospital. This Milesian process of ejectment, however suited to the financial happiness of the railway company, is hardly consistent with the barest notions of charity. Indeed, it is no joke to the community of this metropolis that 500 of its 4000 hospital beds should be, all of a minute, closed, and rendered useless for the purposes of the sick and wounded. What may be child's play to the railway is death to the poor. Happily, in this present case, the law is more full of compassion than the corporate body; and steps up as a stopper to the pick-axe and the shovel of the navvy, already set in action at the north corner of the hospital. The whining of the company that their purchase money is lodged and lying idle at the bank has not entered the Vice-Chancellor's heart. In the action brought by St. Thomas's Hospital against the railway company, the Vice-Chancellor has given judgment as follows:—

"The Vice-Chancellor, on the motion to restrain the Charing Cross Railway Company from taking immediate possession of St. Thomas's Hospital, said he was of opinion that the contention of the plaintiffs was the true construction of the act. Taking the words of the section strictly, they pointed to the idea that the twelve months was to be reckoned *quâ* any notice from the time of the notice, and to the extent limited by it. And when the probable intention of the legislature was taken into consideration this view was confirmed. The object of the twelve months clause, of course, was to enable the hospital to prepare for the removal of patients; and it was absurd to suppose that the time for changing the entire establishment was to be reckoned from a notice to take only a small portion of it. There must, therefore, be an order restraining the company from entering upon or retaining possession of the land of the plaintiffs until the expiration of the year from July 26, 1861, the day on which the defendants served notice on the plaintiffs that they had appointed an arbitrator to concur with the arbitrator appointed by the plaintiffs in fixing compensation for the land to be taken."

The hospital has, therefore, about six months grace left to it for making provision for a new lodging. The breathing time is short enough; especially as not even a site for the repose of the hospital has yet been discovered. If it take six months more to make this discovery, it is hard to tell when the new hospital will be a working fact. Why do not the governors of St. Thomas's Hospital take a leaf out of the book of railway management —in the particular, at all events, of energy, action, and go-a-headism. If they will only make up their minds to locate the future hospital where common sense and the wants and requirements of the patients require that it should be placed, viz., well outside the smoke and stuffy air of the Borough, they would have very little difficulty in obtaining a suitable resting place at a moderate outlay of money. Some kind of action must, however, at once be taken. Next July 26 will soon be upon us.

Since the above lines were written, we find that the tenacious railway people, dissatisfied with my Vice-Chancellor, have made an appeal to the Chancellor himself; and, under his solemn advice, the contending parties have come to a compromise. The railway navvies are at once to commence operations on the ground required by the railway, the company undertaking not to interfere with the comforts of the patients in the wing abutting on the ground in question.

THE ADULTERATION OF FOOD.

Some weeks since, Mr. Postgate, Professor of Medical Jurisprudence, in Queen's College, Birmingham, gave at Bridlington an interesting lecture on the subject of the Adulteration of Food.

The objects of adulteration were stated by him to be five. First, to increase the bulk of an article by the addition of inferior substances, as by mixing arrow-root with potato starch, water with milk, flour with mustard, etc. The second object was to restore colour lost during the process of adulteration; for instance, annatto added to watered milk to lessen the skyblue colour produced, turmeric mixed with mustard already adulterated with floor. The third object was to restore pungency, as in the case of cayenne pepper added to mustard mixed with flour. The fourth object was to give a superior appearance to inferior articles; for example, the admixture of alum with unsound wheat or flour. The fifth object was to give a fictitious colour to commodities, as in the case of burnt sugar added to wood-vinegar, and the greening of pickles.

Mr. Postgate gave his hearers an idea of the state of some of the articles of consumption sold in thei own town. He proceeded to test four samples o flour; and found three of them adulterated with alum. The next article tested was coffee, six samples of which had been procured in the district; o these, four were found to be adulterated, and two were pure; in each case, coffee was asked for Chicory came next under notice, and many of it adulterations were named; namely, mangold wurzel carrots, parsnips, ground acorns, red oxide of iron beans, sawdust, clay, and a host of other things Mr. Postgate said imitation coffee-berries had been manufactured by machines made for that purpose Next, six samples of vinegar, purchased in Brid lington, were tested; and all except one were found to contain large proportions of sulphuric acid. Pro fessor Postgate said cayenne pepper had been found adulterated with red lead; and instanced a case i which a person who was in the habit of taking considerable quantity daily of cayenne becam paralysed.

The adulteration of snuff was touched on, an cases were narrated of paralysis produced fror chromate of lead in that article. Mr. Postgate the proceeded to test six samples of lozenges purchase in the town and the Quay; and all, excepting one were adulterated, some with plaster of Paris, or dafl and others with starch. When lozenges are pure they are perfectly soluble in water.

The next articles brought under the notice of th meeting was mustard; to adulterate which, man substances, he said, were used, namely, yellow ochre terra alba, flour, turmeric, cayenne, etc.; and th lecturer said he had had a sample called mustard t analyse, without a particle of mustard in it, whic was composed wholly of pepper, flour, and turmeri Medical men were often disappointed by the non action of mustard-plasters when that article wa adulterated.

Then, as for drugs. Croton oil was frequentl mixed with common oils. Castor oil, again, was fre quently made up of croton and other oils. A valu able remedy for diseases among children, scammony was generally adulterated with chalk and starcl Blue pill had been made up with blue clay; an

en opium was adulterated. In short, scarcely a
gle drug escaped contamination. The Govern-
nt of the United States, as well as the Spanish
rtes, appointed inspectors to examine and analyse
e drugs. At the port of New York, the inspector,
nine months, rejected between forty and fifty tons
adulterated drugs, many of which had been sent
m England. Sulphur was often mixed with large
antities—from thirty to eighty per cent.—of sul-
ate of lime. The lecturer related the case of a
ntleman who died at Scarborough from the effects
the adulterated drug, which he took daily for
out a fortnight. The sulphate of lime, or plaster
Paris, accumulated in the bowels, and formed a
icretion six inches in length, which obstructed the
wels, and caused his death. The drug he took was
ulterated to the amount of eighty per cent.

Mr. Postgate concluded by saying that he was
ppy in having been instrumental in obtaining an
t of Parliament which, faithfully carried out by
al bodies, provided a sufficient remedy for the
ls complained off. The responsibility, he added,
w rested with local authorities who ought, by en-
cing the adoption of the Act, to protect the pub-
from the pernicious practice proved to be so ex-
isively carried on throughout the length and
adth of the country.

THE WEEK.

E last authentic case of spontaneous combustion
record is to be found in one of Mr. Dickens's
nthly romances—in *Bleak House*, in fact. One
er tale of this kind, however, has lately been told;
d, if it does nothing else, may amuse our readers.
is *honestly* circumstantial, and not badly narrated.
has gone the round of the papers, and has been a
lightful *bonne bouche* for the *gobemouches*. Some
el individual has, however, much detracted from
value by informing us that the whole tale is a
itury old, and may be found in the *Annual Regis-*
for 1763. Mr. Dickens's belief in the demon-
ated absurdity of spontaneous combustion, as ex-
essed by him in *Bleak House*, appears to have
t an end to the thing; for we are not aware that
y one in this country has attempted to put a case
record since the days of *Bleak House*. Fiction
iting and natural philosophy are, in fact, incom-
tible elements. The masters of fiction rarely shine
the philosophic line. Judging from Mr. Dickens's
ccess in the matter of spontaneous combustion, we
y venture to prophesy that, through the medium
his *All the Year Round*, Sir E. B. Lytton is doing
imilar service to the public in the matter of Mes-
rism, *od* forces, and such like disgraceful delu-
ns of weak human nature. His caricature of the
ce is so broad, and his own belief in it all the way so inimitably childish, his perversion of the writings of men of science and of scientific facts so glaring, that we truly believe the right honourable novelist will, when he has ended what is becoming a most unreadable tale, have done more to put down the wicked and senseless delusions which he is endeavouring to puff up in "A Strange Story", than the bitterest foe could have ever effected by dealing with them in a scientific fashion. Who shall say that our great novelists are not our great teachers? But, after all, we may be misjudging these gentlemen. Can it be possible that their object has only been to put an end to these incredulities, by thus publicly (as fiction-writers) themselves expressing their belief in them?

WE recommend the following to the consideration of the Royal College of Surgeons of England and the Royal College of Physicians of Edinburgh, of which Colleges its author, Dr. Jordan, boasts of being a member; and to the Medical Council.

> "DR. JORDAN'S APHRODISION, the phosphorised nervine tonic, containing all the essential constituents of the blood, brain, and nerve-substance. Agreeable to the palate, and innocent in its action—still preserving its wonderful properties, permanently curing all who suffer from spermatrophy, diseases of the kidneys, bladder, and all urinary deposits, which cause incapacity and degeneracy, total and partial prostration, and every other exhaustive derangement of the system. It regenerates all the important elements of the human frame, when emasculated by youthful indiscretions, and enables man to fulfil his most sacred obligations. To be had direct from 29, George Street, Hanover Square; and of all chemists throughout the world. Prepared at the Laboratory of Robert T. Jordan, M.D., author of *Nervous Exhaustion*, Decline of Manly Power, and consequent Obstacles to Wedded Life; with an essay on *True and False Spermatorrhœa*. Also a *Treatise on Diseases of the Rectum*, with the author's new mode of treatment, without the use of the knife, ligature, or cauterisation. To be had of the author, who is registered under the New Medical Act (see *Medical Register*), and who has devoted his exclusive studies to the above diseases, and is the discoverer of the Aphrodision."

THE inquiry into the mental state of Mr. W. F. Windham was, after a protracted investigation, concluded on Thursday. In accordance with the general expectation—and with common sense and justice—the jury brought in a verdict in favour of his sanity.

M. PAMARD has so far decidedly got the better of the journals who wished to make out that he was occupying in the Academy of Medicine the place destined for his father. Five or six French journals have been fined 1000 and 500 *francs* for calumniating him.

The Belgian Academy of Medicine offers the following subjects as the programme of its prizes for the years 1862 to 1864. A medal of 1500 *francs*—

the subject, “To demonstrate by Critical Examination of existing Works, and by new Researches, the Formation of the Blood-globules.”—A medal of 600 *francs*—“Use of Opium in Obstetrical Practice.”—A medal of 500 *francs*—“The Chemical Study of Digitaline, etc.”—Two prizes of 300 *francs* will also be given to two manuscript and worthy memoirs on Practical Medicine or Therapeutics.—A prize of 500 *francs* —“The Elucidation of the Causes, or the Amelioration of the Treatment, of the Diseases to which Coal-miners are particularly exposed.”—The essays must be written in Latin, French, or Flemish.

Mr. Lyell has been elected Corresponding Member of the French Academy of Sciences, in the Section of Mineralogy.

An extensive epidemic of influenza prevails at Paris at the present moment.

“Our *confrères* in Paris,” writes *L'Union Médicale*, “(I am speaking of the high signors of the profession) have had a gay time of it—nothing but festivities. Gala for a newly elected academician; gala for the institution of a new professor; gala for re-election of academic president! The stomachs of the faculty have been sorely tried. Bravo! It is an ancient custom, and it is well to retain it. Guy-Patin, who ridiculed so severely serious things, never made a joke of usages and customs. He has, in fact, left us an account of a festival dinner given by him when he was made dean. ‘Thirty-six of my colleagues,’ he wrote to his friend Falconet, ‘had a grand occasion of it; I never witnessed such laughing and drinking amongst serious people, and some of them the oldest of us. We had the best of old Burgundy. I entertained them in my room, in which, above the tapestry, were seen the portraits of Erasmus, of the two Scaligers, father and son, of Casaubon, Muret, Montaigne, Charron, Grotius, Heinsius, Saumise, Fernel, De Thou, and of our good friend M. G. Naudé, wise, good, learned, sage, and cured of all the follies of the age, a faithful and constant friend during thirty-three years. There were also three other portraits of excellent men—M. de Sales, Bishop of Geneva, Bishop de Belley, Justus Lipsius, and François Rabelais, for whom I have been offered twenty pistoles. Were not my guests in good company?’ No such dinner as this,” adds *L'Union Médicale*, “could now be given in Paris; for there is not a doctor in Paris who, in the miserable and expensive rooms of this day, could receive thirty-six guests at his table. Who, again, has such a collection of portraits? Or who has a library equal to that of Guy-Patin, with its ten thousand volumes, ‘well arranged, in a good open space’? Guy-Patin lived twenty-one years in his beautiful and well-cherished study.”

The *Gazette Médicale* has discussed the cause of the greater mortality in French than in English hospitals. The English treat hospital patients to a great
extent at their own homes. Hence, then, the c
of the evil is dissemination of the sick, and tre
ment of the sick at their own houses.

A French physician of Creil calls upon the
thorities to assist him in putting down drunkenn
“During eighteen years, physician in a manuf
turing town, I see with sadness the continued
crease of drunkenness. The average consumpti
of brandy in my locality is more than 22 *litres*
person. More than 79,000 *litres* are consumed
3600 bodies.”

M. Legrand, in a note to the Academy, give
case in which the tendons exposed in a wound, p
duced by the bite of a squirrel, showed signs of s
sibility.

The head *pharmacien* of the late French part
the expedition to China gives us details of his ex
rience. Sulphate of quinine was but very little e
ployed; the *bark* was brought into requisition. Un
the head of his therapeutical agents, we notice t
coffee, rice, and aromatised alcohol. His patie
numbered upwards of twenty-one thousand days
sickness from fever, eight thousand days from woun
and sixteen thousand days from venereal dise
In some districts, splendid porcelain vases, anci
and modern, were put at his disposal for phar
ceutical purposes by the Chinese authorities.
clarify the water used, the Chinese stir it up wit
piece of alum on the end of a bamboo stick, or t
place large pieces of charcoal at the bottom of th
reservoirs. Every where, except at Shanghai,
water was brackish. At Peytang, a considera
quantity of rice-brandy, called *shampsou*, was
tained. Of two hundred bottles of preserved m
sent from France in July 1860, and examined
January 1861, at Shanghai, one hundred and seve
were good; in thirty only was the milk changed
appearance.

M. Husson, the new Director of Hospitals in Pa
has given the Academy further explanations c
cerning the alleged sanitary superiority of the L
don over the French hospitals. He states that
the hospitals of London together contain three th
sand seven hundred beds, whilst those in Paris c
tain seven thousand; that the London hospitals
less open and have less sun than the French; t
they have neither fields, gardens, nor even co
yards; that many of them contain dissection-roo
and that they have no refectories for the patie
M. Husson, however, admits that these imper
hospitals contain fewer patients in proportion
their space than the French hospitals, and are bet
ventilated.

The number of patients admitted into all the
ferent sanitary establishments in Vienna, in the
years 1833-37, were 139,618. Of these, 17,986 d
—*i. e.*, about one in eight. Phthisis carried
5,255, and typhoid fever 2,110.

Reports of Societies.

OYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 14TH, 1862.

T. G. BALFOUR, M.D., Vice-President, in the Chair.

SOME AFFECTIONS OF THE CÆCAL PORTION OF THE INTESTINES, WITH ILLUSTRATIVE CASES.

BY FREDERICK G. REED, M.D.

IE principal object of this paper being to bring under e notice of the society the four subjoined cases, which esent some remarkable practical features, it was emed superfluous to enter upon the diagnostic signs the several abnormal conditions with which lodg- ents or accumulation, together with their results, in e cæcal portion of the intestinal canal, might possibly confounded. In diseases of the intestinal tube two ditions were recognised—the one resulting from an cessive accumulation of intestinal contents at some par- ular part of its course, as the primary cause; the other, mmencing in the structure of the intestine itself, ap- rently independent of any accumulation or lodgment; d to these a third might be added, resulting from for- tions that take place exterior to the intestinal tunics, t occasionally influencing the diameter of its canal d its functions. The most reliable signs of lodgment accumulation in the cæcal portion of the intestine are a local character; and pain, without the coexistence other symptoms, is not to be depended upon, as in struction in the left iliac region, pain is frequently re- red to the right side or to the umbilicus. A local tu- our can generally be detected, with defined margins, inful on pressure, from which the pain seems to radi- e, and which may depend on simple distension only, upon inflammation in the tunics of the canal, varying degree from the most simple to the most severe ges. The habit of the patient, and the previous his- y of each case, are important in forming the diag- sis. If accumulation merely exist, the obvious re- edy is to unload the distended bowel; and this is best omplished by the use of the warm hip-bath, and by all and frequently-repeated doses of the watery tract of aloes, in the form of pills, with soap, mbined or not with calomel, or, in some asthenic ses, with extract of nux vomica, if not contraindi- ed. In cases where this object is effectually ac- mplished, the impending inflammatory stage is not veloped; but should this not be the case, the inflam- tory complications and consequences were, in the inion of the author, best treated as detailed in the bjoined cases:

CASE I. A. B ——, aged 18, the son of a gentleman siding in Surrey, being in perfect health, and having hereditary tendency to disease, in the evening of the th August, 1858, ate a large quantity of unripe plums, ring the night, having pain in his bowels, he took me strong purgative medicines, which acted very lently, dislodging a great many plum-stones. Mr. N. owers, of Kennington, saw him the following morn- g. He was suffering from constant tenesmus, and ere pain in the bowels of a colicky nature, especially the right iliac region. On the evening of the follow- g day Dr. REED saw the case, and subsequently at- ded in consultation with Mr. Stowers. There was a tinctly defined swelling, of about the size of a small nge in the region of the cæcum, dull on percussion, d painful on pressure; febrile symptoms, with dif- sed peritonitis, came on, but no sickness. For some ys subsequently the swelling increased considerably size, and the general symptoms became much aggravated. Tympanitis, hiccup, and prostration ensued, and liquid muco-feculent evacuations, tinged with blood, passed frequently. The treatment consisted of calomel and opium, given in small and frequently repeated doses. Opiate suppositories were used, also turpentine stupes, succeeded by warm fomentations and poultices; perfect rest in the prone position; fluid animal and farinaceous diet, all solids being prohibited. On the fifth day the patient showed evidence of being slightly under mercurial influence; and from this date the symptoms gradually diminished in intensity; but a solid swelling, about four inches in circumference, remained in the right iliac region, painful on pressure. Blisters, iodine, and mercury, were applied locally, and various measures to support the strength. At the end of three weeks he was allowed to sit up in a chair. After an action of the bowels, it was discovered he had passed a portion of intestine, about ten or twelve inches in length, without pain, or being himself aware of any unusual occurrence. He was again strictly confined to the recumbent position, with fluid farinaceous diet only for a considerable period. Eventually he entirely recovered, and, three years having elapsed, was in perfect health. The preparation exhibited consisted of the portion of intestine voided, being about ten inches of large intestine, together with the cæcum and vermiform appendix; of the former, only about one-third of the calibre of the canal; whilst the entire tube of the appendix was present. It had been given to the Royal College of Surgeons for the museum, where no preparation of a similar kind existed.

CASE II. A. J——, aged 14, a healthy girl, in April, 1846, was suddenly seized with pain in the right iliac region, her bowels having been previously very constipated. She took some strong aperient medicine, which produced no effect. Dr. Reed saw her the day following. As she was a very nervous, hysterical girl, the early diagnosis was rather masked, but the abdomen appeared distended and painful. After a warm hip-bath and a copious turpentine enema, the bowels acted twice freely. Subsequently, frequent doses of calomel and opium, leeches, followed by a turpentine stupe, perfect rest in the recumbent position, and restriction to fluid nourishment, were prescribed. On the following day the abdomen was less distended, and a defined tumour, painful on pressure, about three inches in extent, and dull on percussion, was readily felt in the region of the cæcum. The inflammatory symptoms became gradually more severe, and on the fourth day she appeared to be approaching a state of collapse. The calomel and opium were discontinued, and stimulants were substituted. She rallied under this treatment. On the eleventh day, a portion of intestine, six or seven inches in length—apparently colon—was voided *per anum*. Severe dysenteric symptoms followed, which were controlled by sulphate of copper and opium, no solid food being allowed. After an anxious period of some weeks, she gradually recovered, and continued well.

CASE III. A. B——, aged 20, a strong healthy young man, on rising from bed, quite well, early in the morning, ate hastily several unripe apples. About four hours afterwards he was seized suddenly with intense pain in the right iliac region, and forthwith took some aperient medicine, which acted freely. Dr. Reed saw him a few hours afterwards. He was lying on his back, with his right thigh bent, and complained of extreme pain in the region of the cæcum, increased on firm pressure. No local tumour could be detected. He had vomited the meat breakfast he had eaten, and had an anxious look. He indicated the exact spot where, he said, "he was sure some part of an apple had stuck"—in the region of the cæcum. The pain rapidly increased; acute inflammation set in, with tympanitis; and he died in great suffering on the fourth day. Bleeding, leeches, calomel and opium, the latter in large doses, turpentine stupe, warm poultices, perfect quiet, with fluid nourishment only, constituted his treatment generally. On examination, general abdominal inflammation was found to have existed, but most intense and advanced about the cæcum, which appeared to have been loosely connected congenitally, and was, together with the vermiform appendix and about four inches of intestine (ileum), invaginated in the ascending colon. In the interior of the cæcum, a portion of the core of an apple, about one-third of an inch, was firmly imbedded in the free margin of the ileo-cæcal valve, and was with some difficulty removed from its bed.

Case iv. A lady, aged 23, very healthy, on the 17th of November, 1849, was seized suddenly with violent pain in the right iliac region, and was attended by a medical gentleman, who prescribed leeches and other remedies. Dr. Reed saw her the same day, and learnt that the bowels had been habitually very constipated during the previous month. There was no hernia, but a distinctly defined tumour, dull on percussion, in the region of the cæcum. On examination by the vagina, the tumour could with difficulty be reached; but the right ovary was readily detected, distinct, and much larger than ordinary. Calomel and opium, in small and very frequently repeated doses, were ordered. Turpentine stupes, succeeded by warm poultices, to the abdomen, and also a large turpentine injection, which dislodged a quantity of hardened fæces, were prescribed; with perfect rest and fluid nourishment only. The symptoms of inflammation became more severe and diffused; the local swelling increased considerably, attended with most acute pain in the hip, so much so that the patient attributed all her disease to the hip-joint; œdema of the whole thigh, leg, and foot to a great extent followed; and all the symptoms became so aggravated that she appeared *moritura*. The gums showed evidence of mercurial action, and she was able to take fluid nourishment and stimulants *ad libitum*. Sir Charles Locock and Dr. Ferguson saw the case about this date in consultation. Shortly afterwards an abscess evidently was forming, and pointing just above the middle of Poupart's ligament. Her state appearing almost hopeless, no satisfactory relief having taken place from the upper bowels for nearly three weeks, a large enema of gruel with turpentine and ox-gall, was administered; and in half an hour nearly two chamber-vesselsful of most offensive fæcal accumulation passed *per anum*, followed by great prostration; but she rallied under the use of large quantities of stimulants. The pain in the hip and œdema gradually subsided from this period. After five weeks from the commencement of her illness the abscess burst externally; a large quantity of offensive pus, mixed with fæcal matter was discharged, and continued daily. A fistulous opening with the cæcum apparently became established, more feculent matter passing by this outlet than *per anum*. Her condition varied for a long period. At length she was well, excepting the fæcal fistula, which was most loathsome. After eight months from the commencement of her illness, Sir Benjamin Brodie saw the case in consultation with Dr. Reed, and advised her having a couch made so as to be recumbent on her face night and day for several months; one-drachm doses of powdered cubebs were administered twice a day, and the edges of the wound touched with nitrate of silver. Her general health improved. The position on the face gave so much relief that she strictly followed the treatment. After five or six months the discharge ceased entirely, and within twelve months she was perfectly well, and continued so.

Mr. William Bloxam, jun., had favoured the author with notes of a case of poisoning by coal-gas. The deceased was found on the top of a pair of steps, in a closet, in a sitting posture, his head on one side, his arms hanging down, and his back leaning against the wall. (He was connecting a meter.) It is worthy of remark, that he did not appear to have ever attempted to descend
from the steps. On the autopsy, twenty-four hours aft
finding the body, the blood everywhere was fluid; t
brain and membranes by no means congested—rath
pale than otherwise; the lateral ventricles contain
much pale serum; no coagulum was found in the co
pus striatum, optic thalamus, crus cerebri, cerebellu
nor other position. The brain and cerebellum appear
healthy. There was a powerful odour of gas on ope
ing the cranium, and slicing the brain down to the c
pus callosum. The lungs did not collapse on raisi
the sternum; and the cartilages were dark red—dark
at the back of the lobes (from gravitation of blood); t
tissue healthy. The trachea and bronchi contain
frothy mucus in some quantity. On securing a bro
chus, removing the lung, and pressing it, a very stro
odour of gas was perceived. The right side of the he
was distended—the left nearly empty; the blood w
black everywhere; the heart was healthy; there were
signs of irritation or disease in the abdominal viscer
the abdominal venous system was congested.

The author suggested that the deceased committ
an error of judgment, which is too frequently the ca
while adjusting the meter; for it appeared from an i
quiry at the works, that he had connected the pipe wi
the meter first, instead of with the pipe from the ma
which latter he was effecting with a running socket,
imperfectly united that sufficient gas escaped to destr
life. It will be evident that, as he was working with
head at the upper part of the closet on a level with t
fan-light of the door he should have been doubly ca
tious; for when the gas escaped, this part became a ki
of gas-holder, and the deceased, having become insen
ble, was unable to lower his head beneath the frame
the fan-light, or, had he but struggled and fallen,
life might have been spared. In numerous instan
gas has appeared to act like an anæsthetic agent by rend
ing the men while at work comatose; many of who
when removed into the fresh air, gradually recov
They complain generally of a pricking sensation,
sembling that from pins and needles; there is stup
with violent headache, giddiness, nausea, and someti
vomiting. The countenance is puffy and livid, being
a dark, bluish-black colour; they look tipsy, and
obliged to be led, their legs giving way from under the
and the breath smells strongly of gas.

The author made some further experiments with
Bannister on Dec. 11th, which were conducted in t
same manner as the preceding, except that the anim
were rendered insensible only, and four were afterwa
exposed to the fresh air; but the others to the action
ammonia and fresh air. Another experiment was m
on Dec. 13th, when a rat was rendered insensible
means of common gas, and afterwards passed throu
water into a large glass vessel filled with oxygen. Fr
these experiments it appeared that the animals
covered more quickly when exposed to fresh air th
when other means were adopted.

ON THE POISONOUS EFFECTS OF COAL GAS UPON T ANIMAL SYSTEM. BY C. J. B. ALDIS, M.D.

The author made the inquiry in consequence of the
amination of gas, as to its purity, now forming an imp
tant branch of the public health. He also wished
ascertain whether cannel gas destroyed life sooner th
common gas, since this question had arisen at a rec
coroner's inquest. The third and fourth objects were
counteract, if possible, by publicity, the want of prec
tion often displayed by gas fitters in the discharge
their duties, and to try means for their recovery w
rendered insensible.

The following are the results of some experime
made by the author, Mr. F. G. Evans, engineer of
Chartered Gas Company, and Mr. Bannister, assista
engineer, at the works in Horseferry Road, Westmins

A rat was first killed by means of a sharpened rust into the brain, for the purpose of comparing e appearance of some of the internal organs with ose of others destroyed by the gases. The eyelids ere closed ; the lungs were collapsed, and of a whitish lour ; both ventricles of the heart contained black agulated blood.

Six experiments were then made—two with cannel s, three with common gas, and one with foul gas—on rats, which were placed, in succession, under an verted glass vessel, into which the gases were passed rough a three-eighth of an inch cock and tubing with lf-inch bore. The animals soon began to gasp, and came insensible after slight struggling. They lay otionless for a few seconds, when death supervened on convulsive movements. The eyes were open and ojected. The outer surface of the skull was exceed- gly red in all that were examined, and dark fluid ood escaped from them. The superficial vessels on e surface of the brain were pinkish and some ere empty ; the substance of the brain was pale. e lungs were collapsed, and of a pink colour ; the art was distended with darkish fluid blood ; and the dominal veins were congested. The eyes of the rat posed to foul gas did not project so much as in the her examples. On opening the body, a strong smell sulphuretted hydrogen gas escaped. The brain and ngs were much congested, and of a brownish colour ; e heart was greatly distended with dark fluid blood, e auricles being nearly black ; and the abdominal veins ere distended with dark blood.

On November 6th, the author examined six rats lled at the works in the same manner as the last six st mentioned, all of which had died with their eyes en. The *post mortem* appearances were similar.

Death ensued from the combined effect of different al gases, the chief constituents of which are, after rification, light carburetted hydrogen, hydrogen, car- nic oxide, carbonic acid, oxygen, nitrogen, and the ndensible hydrocarbons ; whereas the foul gas, con- ned, in addition, ammonia and sulphuretted hydrogen. ain, cannel coal gas contains more hydrocarbon va- urs than common gas, for which reason it probably stroyed life more quickly than the common gas. The nnel gas supplied by the Chartered Company is made th a mixture of bog-head and Newcastle coal ; while e common gas is made from Newcastle coal, enriched th a small per centage of Wigan cannel. The impuri- s of common Newcastle coal gas, according to Lewis ompson (*Chemistry of Gas Lighting*, p. 34), may be en at ½ part of ammonia, 8 parts of sulphuretted drogen, and 25 parts of carbonic acid in every 1000 easures of the gas. Dr. R. D. Thomson (*Evidence on s (Metropolis) Bill*, 3523, June 29th, 1860) gives the lowing analysis of London gas :—Olefiant, 3·86 per nt. ; carburetted hydrogen, 38·93 ; hydrogen, 46·43 ; pour of water, 2·48 ; carbonic acid, 0·46 ; carbonic ide, 5·62 ; nitrogen, 2·22. While testing the gases om the Chartered Company with Cooper's tube, which ay be considered merely as an approximation to the ith, the author found that the common gas contained out 1 to 2 per cent. of carbonic acid, 4 to 5 per cent. hydrocarbon vapours, ½ to 2 per cent. of carbonic ide ; but the cannel gas contained, of carbonic acid, om 1 to 1½ per cent. ; carbonic oxide, ditto ; hydro- rbon vapour, 12 per cent.

In a *post mortem* examination of five bodies of persons, oted by Dr. Taylor in his work on *Poisons*, there was ngestion of the brain and its membranes, the pia ater gorged with blood, and the whole surface of the ain intensely red, and the blood coagulated. In two ner cases there was congestion of the brain, but the ood was remarkably liquid. The effects, however, pro- ced by the coal gas were owing to its long continued spiration in a diluted state, which may account for eir difference, when compared with the results of the above experiments. In these, the blood of only one rat was loosely coagulated in the left ventricle of the heart. The brains also of all, excepting that killed by the foul gas, were free from congestion.

LIVERPOOL MEDICAL INSTITUTION.

Thursday, Nov. 28, 1861.

A. T. H. Waters, M.D., in the Chair.

Case of Dr. Hodson. Mr. Fletcher called the attention of the meeting to the case of Dr. Hodson of Seacombe. (Since fully reported in the papers.)

Uterine Polypus. Mr. Steele showed a polypus of the size of an orange, which he had removed from the uterus of a patient by cutting forceps.

Hypertrophied Labium : Enlarged Bursa. Mr. Fletcher presented a hypertrophied labium, which he had removed from a patient in the Workhouse Hospital successfully ; also, an enlarged bursa patellæ, removed in the same hospital.

Affections of Vision. Dr. Hibbert Taylor read a paper on some affections of vision, apparently of syphilitic origin, with the ophthalmoscopic appearance. [This paper will be published.]

Strangulated Congenital Umbilical Hernia. Mr. Steele related the following case. The wife of a labourer, the mother of several children (two of which were said to have been born ruptured), was delivered by a midwife on the 16th November. The breech of a male child presented ; it was healthy, and, in all respects, well formed, except that a tumour of the size of a small orange existed at the umbilicus. On examination, it proved to be a congenital umbilical hernia. The protrusion had taken place at the conflux of the umbilical arteries and vein, at the point where the navel should have been situated ; it had separated these vessels from each other, where they would otherwise have been united to form the umbilical cord. They could be distinctly seen coursing along one side of the sac, and meeting again at its fundus, constituting the proper umbilical cord, which had been tied about an inch beyond the tumour. The covering of the hernia, being formed simply of the coverings of the umbilical cord, was thin, moist, and semitransparent. The intestine, of a deep vermilion colour, could be distinctly seen beneath. The hernia was irreducible ; a cautious trial of the taxis having failed to effect any further change than the passage of some flatus into the abdomen. The child seemed lively, took the breast freely, and had passed two stools, consisting of meconium only.

As there appeared but little probability of the child surviving long in its present condition, and as, even if it lived, the protrusion of so large a portion of intestine would inevitably have proved a source of much discomfort and misery, an operation was suggested ; but, as the consent of the parents could not be obtained at once, it was unavoidably postponed until the following day, about eighteen hours after birth.

The child had, by that time, shown evident symptoms of constitutional disturbance. The features had lost their natural appearance, and were shruken and collapsed. It refused the breast, and vomited frequently. The only change in the appearance of the tumour consisted in its having, from evaporation, become drier, and somewhat lessened in bulk ; but it was now more tense than at first. On opening the sac, the coil of intestine —a portion of the cæcum, including the appendix vermiformis—was found to be in a state of intense inflammation, and glued to the surface of the sac, throughout its whole extent, by recently effused lymph. The adhesions were carefully separated by the fingers ; and, the gut having been thus entirely freed, an attempt was made to replace it within the abdomen ; but it was found impossible to effect this, in consequence of a constriction existing at the umbilical ring, strangulation having, in fact, occurred at that point. The stricture was pretty freely divided from within outwards, in the median line, and then, with some little difficulty, owing to the tendency of the contents of the abdomen to protrude through the free opening in the centre of its anterior wall, the intestines were returned, and the opening closed with two hare-lip pins and the twisted suture. There was little or no bleeding. The child gradually sank, and died about twelve hours after the operation.

This was evidently one of those instances in which the viscera, from arrest of development, have never been situated within the abdominal cavity at all, constituting an example of a smaller extent of those malformations, of which Mr. Steele had seen several cases, where the fœtus is born with nearly the entire contents of the abdomen protruding. Professor Simpson of Edinburgh is of opinion that when congenital umbilical hernia is irreducible, it is invariably owing, as in the present case, to adhesions resulting from fœtal peritonitis, a disease which he describes as of frequent occurrence. In this view, he appears to be borne out by the observations and experience of Scarpa. The peculiarity in the case now related seemed to be the fact of its strangulation, a complication which Mr. Steele presumed to be rare, as it was not alluded to in any author that he had consulted upon the subject. A very clear and concise description of this affection will be found in the new edition of *Cooper's Surgical Dictionary*, edited by Mr. Lane, who sums up the practical points of the case by observing that the "prognosis and treatment will depend upon the size of the tumour and the extent of deficiency in the abdominal parietes. When these are considerable, no treatment will be of any avail, and death will ensue from twelve to twenty-four hours."

In this case, Mr. Steele did not think either of these conditions were so unfavourable as to have precluded the chance of recovery if the gut had not been strangulated nor so extensively inflamed. It is difficult, perhaps impossible, to decide whether death was attributable to the shock of the operation, the existence of peritonitis, or to the combined effect of both. One precaution, he regretted to say, was omitted; which, however, could scarcely be considered to have influenced the result. Never having seen a similar case, he was not aware of the importance of keeping the covering of the tumour moist and warm before reduction or operation. If this be neglected for any length of time, evaporation takes place, and a sort of dry gangrene, such as that which the cord itself undergoes, will take place.

Mr. Hatton related a case. (Since published by Mr. Paget in the *Medical Times and Gazette.*)

THURSDAY, DEC. 12TH, 1861.

ROBERT GEE, M.D., in the Chair.

On the motion of Mr. Bailey, seconded by Dr. Skinner, the meeting was adjourned for one month.

Headings of the Reports. Mr. STEELE called attention to the fact that the published headings of proceedings were incorrect, inasmuch as, according to the laws, there did not exist a Liverpool Medical Society, but a Liverpool Medical Institution, of which these meetings form part; and the Secretary was instructed to correct the error in future reports.

Cod-Liver Oil Jelly. Mr. BAILEY showed a specimen of cod-liver oil jelly, composed of one part of strong gelatine jelly, and one of cod-liver oil, carefully mixed during the setting of the jelly, and flavoured according to taste; which he thought might be useful for some patients who could not take the oil by itself.

Case of Concealed Birth (?). Mr. FLETCHER reported a case in which a woman in the lying-in ward of the
workhouse was delivered of a placenta only, the fœt
being afterwards found in the water-pipe of the wate
closet. The case was reported to the coroner, and
inquest held. The beadle remarked that the case w
evidently only brought forward for the purpose
getting a fee. Mr. Fletcher handed the fee over to t
poor-box, and wrote to the coroner demanding an ap
logy.

Disease of Aortic Valves. Dr. GEE exhibited a spe
men of extensive disease of the aortic valves. T
patient was a female, aged 49, who had had an attack
acute rheumatism about ten years ago. She had e
joyed tolerable health in the mean time, and was able
pursue her avocation as charwoman till within a f
weeks of her admission into the workhouse hospit
On admission, she was suffering from the usual sym
toms of aggravated cardiac disease. There was a rou
systolic murmur both at the base and apex of the hea
œdema of the extremities, orthopnœa and coarse mo
râles throughout the chest. The heart was much enlarg
and weighed twenty ounces. Its muscular fibres we
softened and slightly degenerated. The aortic sen
lunar valves were greatly thickened at the base from
deposition of fibrous tissue, and were so stiffened as
appear like rigid cones projecting into the vessels. O
of the mitral valves was contracted, and slightly thi
ened also.

Gastric Hæmorrhage. Dr. GEE exhibited the stoma
of a man who was admitted into the workhouse hospi
in a state of collapse, and died shortly afterwards.
was about thirty-five years of age, had been intemper
in his habits, but had no illness till within a week of
death. He had vomited some blood previous to adm
sion, and some coffee-ground-like fluid while in
ward; but there was no external sign to account for
condition. On opening the stomach, it was found to
distended with a clot of blood, which weighed ab
twenty-two ounces. There was a patch of hyperæmia
about the size of a crown-piece, in the larger curvatu
but no disease of the mucous membrane, nor appeara
of rupture of any large vessel. The kidneys were d
eased, one was much contracted; but the other organs
the body were healthy.

Chylous Urine. In the absence of Dr. Waters,
Secretary read some further particulars of the case
chylous urine.

Drs. Skinner and Turnbull, and Messrs. Lown
Steele, Hakes, and Fletcher, took part in the
cussion.

TREATMENT OF ITCH. Itch is about the only s
affection, upon the treatment of which the men of
Louis Hospital agree. Bazin made the first progres
few years ago by contracting the time to two days,
Hardy followed fast, and now demands only one h
and a half to make *certain* cures. The Hospital ad
nistration are thus saved a considerable expenditure
such expeditious treatment, as none so afflicted are ta
in. Saturday is the great itch day, and I have see
many as sixty patients in one room, all nude, rubb
gaily their bodies and by turns their neighbour's back
which he cannot himself do justice, with soft soap (*sa*
noir). This is called the *friction prèparatoire*, and l
for half an hour. The master of ceremonies, holding
immense baton, takes care that each performs well
rôle. The second part is to give them a half hour
bath, which removes the dirt and softens the skin,
the third part, which is of the same duration, is to m
general friction with the following pomade:—Axunge,
sulphur, 50, subcarbonate of potass, 25. This ointm
is allowed to remain on the body until the follow
day, for the purpose of disinfecting the patient's clot
(*American Medical Times.*)

Correspondence.

THE TREATMENT OF VARICOSE ULCERS OF THE LEG WITHOUT REST.

Letter from John K. Spender, Esq.

ir,—Mr. Houghton of Dudley has contributed a er to our Journal on the above subject, which is resting, as showing the independent experience of mpetent practitioner in a department of what is comly called "minor surgery."

[ore than thirty years ago, my father treated the cose ulcer of the leg with pressure by means of the mette" flannel bandage. He found in this material he good qualities which Mr. Houghton enumerates, which induced Mr. Hunt to recommend it four or years ago. The great success which my father met attests the remarkable efficiency of the treatment, ch is related with some detail in a work published Messrs. Longman in 1835. And during the ten s in which I have been engaged in practice, several dred cases have come before me, in which the use he same means has enabled me to realise an equally essful result.

[r. Houghton may, probably, find that his cases of cose ulcer will yield still more quickly to treatment e uses a more soothing application than soap ster. I am in the habit of using an ointment coning a very large quantity of an alkaline earth (such halk), which, when spread thickly on lint, forms a icient protection to the sore, and neutralises the acrid secretion which often flows from it. The pound lead ointment of the *Pharmacopœia* answers rably well. A varicose ulcer thus dressed and baned generally heals with extraordinary rapidity; ly all pain ceases; and the patient may be advised ollow his usual duties or pleasures without the htest hindrance. No medicine is required, beyond t may be necessary to correct any constitutional disance, or to amend any special dyscrasia.

have found the domette flannel bandage very useful ther cases in which firm and persistent pressure is led. The effusion which accompanies strumous ovitis of the knee-joint may be greatly controlled by simple plan; and I may mention that it is of exent service in promoting the cure of troublesome rs on the upper extremity.

[r. Hilton has lately shown that "rest" is a most tal remedy; but there are instances in surgical pracin which "rest" is wholly unnecessary, and physiocally injurious. In the artizan and the tradesman, st" represents so much capital of bone and muscle g fallow, and possibly becoming even the worse for Even the man of mere pleasure does not like to lie ed for two or three months, if he can help it. We ht, therefore, to welcome a mechanical appliance of y and easy use in the management of varicose ulcers he leg, which simply aids the natural processes of , and accomplishes our work without that "rest" h is often a tedious and costly auxiliary.

I am, etc., John K. Spender.

Bath, January 25, 1862.

Letter from J. H. Crisp, Esq.

ir,—In a paper read before the Midland Medical ety by Mr. Houghton, he very truthfully points to fact of many valuable hints of a practical character g too often neglected and lost sight of. This aps to be the case with the subject of his communica-, on the Treatment of Varicose Ulcers, in which he the plan adopted by Mr. Hunt in the use of properly adjusted flannel bandages, and which he has found so successful in his own practice.

More than twenty years since, Mr. Spender of Bath had written a treatise on varicose veins and ulcers, and, as a *sine quâ non* to the healing process of the latter (without confinement to bed), he insisted upon the employment of mechanical support by graduated pressure from below upwards, to the weakened and broken down valves of the veins of the lower extremity, whose sinuously distended state, from the retardation this condition produces in the venous circulation, being the cause of spontaneous ulceration, as well as predisposing, upon slight external violence, to the production of troublesome ulcers. His method of bandaging was similar to that practised by Mr. Houghton; but the material for the bandage Mr. Spender recommended and used was composed of a texture of flannel and cotton called, I think, "domette" (a fabric in general use chiefly for making shrouds). This I have found superior even to the flannel bandage of Mr. Hunt; being less heating and cumbrous to the limb, and possessing resistance, yet elasticity enough to accommodate itself evenly and firmly, when properly applied.

Although mechanical support, by bandaging, is acknowledged to be but palliative in the treatment of varicose veins, it is a curative in that of varicose ulcers, since neither horizontal rest to the affected limb, nor any other local or constitutional means alone, would effect much towards a cure. By experience, I have found that proper bandaging alone, with no other power than the *vis medicatrix naturæ*, has healed varicose ulcers rapidly that have long resisted other appliances.

According to the indolent, irritable, or other form of ulcers, Mr. Spender has, however, employed several forms of unguents as subsidiary to the bandages, of which are the nitric, composed of nitric acid and lard in certain proportions (especially useful in, also, some of the scaly affections of the leg with ulcerations); the nitric oxide of mercury alone, or combined with chalk, etc., in the more indolent, foul, and fungous, granulating kinds of sore; the chalk, and the chalk combined sometimes with opium, in the more irritable. In the application of cretaceous compounds, his plan was usually to allow them to deposit a crust over the wound, which was formed by the increment of repeated dressings.

In the adoption of Mr. Spender's plan, I have treated successfully many inveterate cases; and rarely, indeed, have the ulcers reappeared under the continued use of the bandage, which, so long as it is worn, by assisting the venous current to be propelled upwards, tends to remove the cause of which varicose ulcers are the effects, and, *pro tanto*, might even be said to promote the cure of varix.

The plans adopted successfully, for the most part, in the radical cure of varix in the hospitals, as passing needles under the veins with the twisted suture, the potassa fusa, as recommended by Mr. Skey, etc., appear to find less favour in private practice—at least, on the part of the patients. I am, etc.,

J. H. Crisp.

Lacock, January 27, 1862.

CHLOROFORM OR ETHER.

Sir,—Will you allow me to suggest through your Journal, that any one who would undertake to collect from all the journals the reported causes of death from chloroform, would do a great service to medicine? The cases should be scheduled, and statistics given of the age, the disease for which and in which the chloroform was given, and the *post mortem* examination. Some such summary must be obtained before we can arrive at any fair conclusions as to the comparative innocence, in effects, of chloroform and ether.

I am, etc., F.R.C.P.

PROFESSIONAL CHARGES.

Letter from William Burton, L.R.C.P.Ed.

Sir,—The case of Jackson *versus* Gee, reported in the Journal for last week, is another painful illustration of the little unanimity existing among medical practitioners as to the remuneration they ought to receive for their professional services. These cases ever will occur while medical men continue to make their charges for the mixtures, pills, powders, or ointment, which it may be necessary to administer or prescribe, forgetting that by so doing they degrade their profession to the level of a trade. In fact, such men are not paid for their professional services, but merely for the amount of drugs they can manage to get delivered at their patients' houses. Can anything be more unprofessional than the list of items as published in the report of the case? We surely cannot be surprised that patients refuse payment for such accounts. They know full well that any one of the things enumerated can be obtained from a chemist for one-fourth of the sum; therefore they naturally conclude the medical man has not any right to make such demands. Again, I should think it doubtful but that a medical man might be called on to prove that the mixture, pills, etc., enumerated in his account, are really of the value stated; and, no mention being made of professional *advice*, he could not recover compensation for it; and the patient naturally enough values but little what the medical man esteems so lightly, viz., his own professional ability.

The remedy is clear and simple. Charge *only* for visiting and professional advice, varying, of course, according to the social position of the patients.

I am, etc., William Burton.

Brompton, Chatham, January 28th, 1862.

[*Plebs amat remedia* is an old fact; and we think our correspondent much too hard on those who, under the force of ancient custom and the demands of a mercantile public, supply physic to their patients. The not supplying in such cases is a much more difficult matter than the supplying. On another point we also disagree with him. Our own experience of druggists' charges leads us to conclude that the charges made for medicines, etc., in the case to which he refers, are very much on a par with "respectable" druggists' charges. Editor.]

Sir,—Your Journal of the 25th contains a report of the case Jackson *versus* Gee, and also the expression of your own views thereon, which latter cannot fail to bring forth an echo "true to nature" from the "rank and file" of every branch and grade of the profession.

Is it asking too much to request Messrs. Lilley and Crossley, the surgeons giving evidence for the defence, to publish a tariff of their charges? If not, I should be glad to communicate, through your pages, a polite request to them to do so without delay. I am, etc.,

(for Leech, Lancet, Blister, and Co.), L. S. D.

January 28th, 1862.

Letter from James H. Lilley, Esq.

Sir,—Permit me to make a few remarks in reference to your strictures in the Journal of last week on the case of Jackson *versus* Gee for an alleged exorbitant charge for medical attendance. I imagine my position here as a medical practitioner will of itself ignore the possibility of my being an advocate of cheap doctoring; yet, however I may admire the cause of "live and let live," I shall always be willing to see right triumphant over anything bearing the resemblance of oppression.

I may frankly repeat what I stated to my friends here after the trial was over—that I most deeply regretted having been called upon to take the part I did; and
moreover that, had I been aware of all the circun
stances, I should not have been present at all.

On the morning of the trial, when just starting on n
rounds, Mr. Gee waited on me, saying Mr. Crossl
(who now attends the family) requested my presence
the court to support him in objecting to some exorb
tant charges of Mr. Jackson. I was shown the bi
without the charges being specified for each item. I
it were seven "consultations", at which Mr. Gee assur
me no one had assisted but Mr. Jackson himself; whi
one of them, at least, took place when he called to ta
tea in a friendly way. I was also shown a letter fro
Mr. Jackson, doing little credit to the writer, in whi
he threatened legal proceedings. I was twice call
away from the court to a labour, and heard only a po
tion of the evidence, as I only returned after the tern
nation of the labour. Hearing Mr. Jackson acknowled
that he in one instance had charged £1 : 1 when
should only have been 1*s*., and feeling full confiden
that Mr. Crossley had examined every item, which
had not time or opportunity to do myself, I felt justifi
in stating that I considered the whole charge excessi
At the same time, I think it the most dignified cour
as well as the most just to myself, to say that, as so
as I was aware that my conduct could be construed, ho
ever unjustly, into an advocacy of low charges to tho
who are able to pay, I expressed my deep regret to
my friends that I had been induced, by urgent
treaties and special messages, to attend the court
all. This many of them, I am sure, would willingly t
tify. I am, etc., Jas. H. Lilley.

Leicester, January 29th, 1862.

[Our correspondent has done what every honoura
man would do. Having been hastily led into the co
mission of an error, he has confessed it. Editor.]

AN ETHICAL QUESTION.

Letter from W. C. Williamson, Esq., F.R.S.

Sir,—Your brief editorial reply to my letter, publis
in the last number of your Journal, embodies five pro
sitions which appear to me unsound, and which I can
allow to pass unchallenged.

1. You say "if Professor Williamson considers t
it is consistent with standard notions of professional
quette to issue to his private patients a lithographed co
munication of the nature here referred to, he can
surely object to its publication to the profession."

But I do strongly object, both to the fact and to
manner of its publication. The information whic
communicated to my patients was what many of th
were anxiously seeking. My attack of illness overt
me suddenly whilst engaged in a large general practi
and those whom I attended wished to know my pres
position and my future plans. This was informat
they had a right to seek, and which it was my duty
give. But what right has the profession at large to
It was purely a private transaction between parties wh
relations were intimate and mutual.

2. You say that you published the document beca
you were requested to do so by "some persons," (w
withhold their own names) and because you agreed w
them in their disapproval of it. But, I would ask,
you consider yourself entitled to adopt this plan, wh
ever any designing person chooses to send you a do
ment bearing internal evidence that it was not inten
for the public eye?

3. You lay stress on the fact that the letter was lit
graphed! Must I understand you to mean that I mi
have sent 120 manuscript copies of it (the total num
issued) without censure, but that my causing the not
be lithographed converted a harmless into an off
sive and unprofessional act? If such is your view

st say I cannot agree with you; neither, I appre·
d, will any unprejudiced person, having common
se. To decree that a lithographed communication
ll, under no circumstances, however urgent, be sent
ı medical man to his private patients, is an interfer-
e with their personal liberty that neither the profes-
ı nor the public would endure.

From your remark, that a man's "private patients
in fact the public," I perceive that your views are
ted to what obtains with consulting physicians and
geons in London; and that you overlook the different
tion which a provincial surgeon, engaged in general
tice, holds.

ı the former case the relationship is usually tempo-
and casual; in the latter, it is intimate, continuous,
confidential. Suddenly debarred from attending to
wants, and likely to be so for a year to come, it
d have been unjust to those with whom I was so
ely associated, not to have acquainted them with the
and enabled them to make their own arrange-
ts for the future. These are essentially *private* and
ublic matters.

You say that "the very fact of a copy of the letter
g sent to us shows how little there is of 'private'
" Yes! a copy was sent to you; but, if I mistake
that copy was, in the first instance, obtained from a
nt, who, I venture to affirm, little dreamt, when
ng with it, of the use about to be made of it. But,
from this, you cannot mean that the fact of a copy
document being sent to you, however doubtfully
ned, is a proof that such a document is a public
ınd entitles you to use it as you like! Yet I can
h no other meaning to your words. Differing from
n all these points, I am, &c.,

W. C. Williamson.

anchester, Jan. 28th, 1862.

'e must still adhere to our view:—That a litho-
ed letter, signed in lithograph, and addressed to
dear Mr. Blank" by a medical man and sent to his pa-
(to 120 individuals Professor Williamson tells us) is
private letter. At all events, Professor Williamson
ee from the following letter, that not all the pro-
n in Manchester agree with him. This much, how-
s certain: if his mode of action is properly ethical
eceives the sanction of the profession, no possible
is done him by the publication. We, on the other
in such case stand condemned. Editor.]

—The publication of Professor Williamson's cir-
n the Journal last Saturday week is generally ap-
l of by the profession here. The tone is much
nned; and the professor's explanation is deemed
sfactory—more especially as the paragraph which
ference to the Aural Institution is not referred to.
s the professor intend to receive fees from patients
ting him at that institution? If so, he will be the
nedical man in this city who has departed from the
especting gratuitous services of honorary officers
public medical charities.

I am, etc., Medicus.

chester, January 28th, 1862.

Mexican Expedition. M. Lallemand, Professor
Military Hospital of Val-de-Grâce, well known as
hor of several scientific works, is appointed Chief
ian to the army about to proceed to Mexico.

IENE Taught in French Military Schools. Re-
ectures on hygiene have lately been delivered at
Cyr School, in France, where young gentlemen
ined for commissions in the army. This inno-
may have very beneficial results in initiating
officers into the principles of hygiene, which
them be applied for the advantage of their men.

Medical News.

Royal College of Surgeons. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on Jan. 28th:—

Bale, William, Stockport
Benson, Joseph Henry, Cambridge
Baker, John P., York Place, Portman Square
Clapham, Edward, Thorney, Peterborough
Crowdy, Alfred S., Donnington, Berkshire
Davidson, Andrew, Madagascar
Ellerton, John, Wakefield, Yorkshire
Gibson, Daniel, Hull
Hume, James Denham, Nova Scotia
Iliffe, Frank, Nuneaton, Warwickshire
Morrison, John, New Orleans
Megg, Frederic, Stockwell
Morris, Pryce J. L., Bedford
Newcombe, James, Toronto
Nicholson, John, Penrith, Cumberland
Nicholson, Robert H. B., Hull
Packer, James M., Barbadoes
Patton, Alfred, Belfast
Roberts, Robert, Festiniog, North Wales
Thompson, Thomas, Thirsk, Yorkshire
Tyrrell, William James, Pembroke
Wilkin, John Frederic, Dublin

Admitted members on January 29th:—

Brisbane, Thomas, Dumfries.
Brodie, George Bernard, Salisbury.
Buck, Henry, Harpur Street, Bloomsbury Square.
Callender, Robert John, Haltwhistle, Northumberland.
Cox, William Henry, Plymouth.
Clapp, William Henry Bant, Cork.
Dobson, Thomas, Fleetwood, Lancashire.
Edis, Arthur Wellesley, Huntingdon.
Harrison, Robert, Windermere.
Harvey, William, Penzance.
Hawthorn, John, Newcastle-on-Tyne.
Lattey, Richard Allen, Cambridge Terrace, Hyde Park.
Martland, William, Blackburn, Lancashire.
Maude, Frederick William, St. Andrew's Place, Regent's Park.
Morton, Lilley Mars, Bristol.
Owles, James Allden, Bungay, Suffolk.
Page, William Irving, Ulster Place, Regent's Park.
Parry, Henry Howell, Carnarvon.
Waters, John Mangin, Bedford Square.
Willett, Edmund, Cork.

At meetings of the Court of Examiners, on January 28th and 29th, the following gentlemen passed their examinations for Naval Surgeons:—

Cooper, Astley, H.M.S. *Cumberland*, Sheerness; diploma of membership dated April 20, 1857
Edney, William, late of the Royal Naval Hospital, Malta; March 12, 1852
Head, Richard Lovell Bluett, H.M.S. *Squirrel*, Devonport; December 5, 1856

APPOINTMENTS.

Jones, William O., Esq., appointed Junior House-Surgeon to the Manchester Royal Infirmary.
Morgan, George B., Esq., elected Surgeon to the Sunderland Infirmary.
Parker, Samuel, Esq., elected Surgeon to the Sheffield Public Hospital.
Simson, James, M.D., elected Secretary to the Royal College of Surgeons of Edinburgh.
Swinson, Thomas S., Esq., elected House-Surgeon to the Warneford Hospital, Leamington.

Royal Army. The following appointments have been made:—

Corbett, Staff-Assistant-Surgeon Augustin P. M., M.D., to be Assistant-Surgeon Royal Artillery, *vice* Wright.
Dempster, Staff-Surgeon-Major James C., to be Surgeon 57th Foot, *vice* W. Macandrew, M.D.
Galbraith, Staff-Surgeon-Major George T., M.D., to be Surgeon 53rd Foot, *vice* G. Pain.
Hope, Staff-Assistant-Surgeon Samuel, to be Assistant-Surgeon 93rd Foot, *vice* J. N. Bell, M.D.
Jessop, Staff-Assistant-Surgeon Charles M., to be Assistant-Surgeon 15th Foot.
Johnson, Assistant-Surgeon James C., 9th Foot, to be Assistant-Surgeon Royal Artillery.
Kinahan, Staff-Assistant-Surgeon John, M.D., to be Assistant-Surgeon 44th Foot, *vicc* C. J. Kinahan.
Pain, Surgeon George, 53rd Foot, to be Surgeon Royal Artillery, *vice* Brent.

Saunders, Staff-Assistant-Surgeon Richard W., M.D., to be Assistant-Surgeon 16th Foot.
Turner, Staff-Assistant-Surgeon James A., to be Assistant-Surgeon Royal Artillery, *vice* Wallis.
Walters, Staff-Assistant-Surgeon John, M.B., to be Assistant-Surgeon 17th Foot.
Wills, Staff-Assistant-Surgeon Caleb S., to be Assistant-Surgeon 96th Foot.

Royal Navy. The following appointments have been made:—

Birch, Edward A., Esq., Acting Assist.-Surg., to the *Euryalus*.
Godfrey, Charles R., Esq., Assistant-Surgeon, to the *Euryalus*.
Hague, Robert, M.D., Assistant-Surgeon, to the *Trafalgar*.
Hatch, Jeremiah A., Esq., Acting Assist.-Surg., to the *Investigator*.
Hutchinson, James, M.D., Acting Assist.-Surg., to the *Rifleman*.
Morgan, David L., Esq., Surgeon, to the *Euryalus*.
Taylor, Thomas H., Esq., Assistant-Surgeon, additional, to the *Victory*, for *Sealark*.

Militia. The following appointments have been made:—

Goodchild, F., Esq., to be Surgeon 1st Regiment Warwickshire Militia.
Jackson, Peter A., Esq., to be Surgeon Leicestershire Regiment of Militia.
Michael, D., Esq., to be Assistant-Surgeon 2nd Regiment Somerset Militia.

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Allanson, H. G., Esq., to be Assistant-Surg. 4th West Riding A.V.
Malloch, W., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Forfarshire R.V.
Smith, A., M.D., to be Assistant-Surgeon 2nd Forfarshire R.V.
Steel, J., M.D., to be Surgeon 2nd Administrative Battalion Forfarshire R.V.
Stewart, C. J., Esq., to be Assistant-Surgeon 29th Middlesex R.V.
Sutherin, H., Esq., to be Surgeon 29th Middlesex R.V.

To be Honorary Assistant-Surgeons:—

Allen, Alfred B. De L., Esq., 1st Middlesex A.V.
Small, G. W., Esq., 10th Fife A.V.
Small, W. C., Esq., 2nd Bucks R.V.
Winterbotham, W. L., M.B., 26th Somersetshire R.V.

DEATHS.

Asher. On December 25, 1861, at Tanna, near Bombay, Barbara M., wife of J. Gordon Asher, M.D.
*Babington, C. Metcalfe, M.D., at 29, Hertford Street, Mayfair, aged 46, on January 25.
Baird. On January 26, at Dover, Anna A., wife of Andrew W. Baird, M.D.
Cockburn. On January 24th, in Edinburgh, aged 8, Archibald F., third son of the late Archibald W. Cockburn, M.D.
Currey. On January 25th, Mary, wife of *J. E. Currey, M.D., of Lismore, Ireland.
Dicken, William S., Esq., Deputy Inspector General of Hospitals, at Sealkote, Punjaub, aged 57, on December 14, 1861.
Evans, James, Esq., surgeon, at Cardiff, on January 10.
Fletcher. On January 28, at Manchester, Ada, infant daughter of J. Ogden Fletcher, M.D.
Goodwin. On January 24th, at Bury St. Edmunds, aged 4 years, Charles P., son of *John W. Goodwin, M.D.
Staudert. On January 23, at 19, Mortimer Street, Cavendish Square, aged 56, Euphemia Searle, widow of Hugh Staudert, M.D. of Taunton.
Vicary, Geo., Esq., Surgeon, at Warminster, aged 68, on Jan. 21.
Whiting, Charles, Esq., Surgeon, of Upper Ebury Street, aged 55, on January 16.

Donations. At the last meeting of the Court of Common Council it was resolved to present £210 to the Royal Free Hospital, and £105 to the Royal General Dispensary. The Worshipful Company of Goldsmiths have also presented £50 to the National Charity for the Paralysed and Epileptic.

Vacancies. The following appointments are vacant: Honorary medical officer to the Royal Pimlico Dispensary; assistant-surgeon at the Middlesex Hospital; medical officer for the district of Ledbury and Yorkhill, in the Ledbury Union; physician to the Worcester Dispensary, in the room of Dr. F. H. Hewitt.

Gunshot Wounds of the Lung. Dr. Pineo, Brigade Surgeon, says, in the *Boston Medical Journal*, that three cases in which bullets passed through the lung, producing emphysema, and escape of air from the wound, have occurred under his recent observation, and that all recovered.

New York State Inebriate Asylum. Nearly fi
thousand applications have already been made for a
mission. The number who have already register
themselves, gives frightful indication of the large nu
bers who are victims of inebriation. But will th
asylum decrease the number? Suppose five thousa
find shelter and a home within its hospitable walls,
not five times as many more following on rapidly in t
same path, rushing onward to the same inglorious en
How shall the tide be stayed? (*Phil. Med. Rep.*)

Parliament meets in a few days. One of the earli
measures to be brought before the House will be c
affecting dispensary men in Ireland—namely, a Bill
the Registration of Births and Deaths, for which
"parish doctor" will be paid, as the local registrars
England and Wales. The systematic "nosology"
Dr. Farre, used at Somerset House, will be extended
Ireland. It is said some improvements of the M
dical Registration Act will also be brought before P
liament. (*Dublin Medical Press.*)

Action for Breach of Agreement. Court
Exchequer, Cames *v.* Nisbett. This was an act
tried at Durham, in which the plaintiff, a surgeon
apothecary, sued the defendant, who had been his ass
ant, for a penalty of £100, incurred for a breach of agr
ment, in having practised within a distance of five mi
of his residence. The jury found for the plaintiff, w
damages of £100. Mr. T. Jones now appeared in s
port of a demurrer, which raised the question wheth
on the true construction of the contract, the defend
was only bound not to practise during the existence
the agreement which had been determined previous
its alleged violation. Judgment for the plaintiff
the damages.

Queen's College, Birmingham. The follow
liberal donations have been recently forwarded to
Sands Cox towards the liquidation of the building d
and other trade liabilities of the college. The Duk
Devonshire (Chancellor of the University of Cambrid
£20; the Earl of Dartmouth, £10; the Earl of Ay
ford, £10; the Earl of Clarendon, £10; the Ear
Powis, £25; the Earl of Harrowby, £25; the
Howe, £15; the Earl Ducie, £10; the Earl of Duc
£21; the Lord Leigh, £21; Sir Thomas Skipwith, B
£5; Sir Robert Hamilton, £5: 5*s*.; Major-Gen
Whylock, R.M., £25; Henry W. Bracebridge, Esq.,
Richard Greaves, Esq., High Sheriff, £5; Wing
Digby, Esq., £10; Matthew R. Boulton, Esq., £10
N. Newdegate, Esq., M.P., £10; etc.

Dublin Zoological Association. Last week,
session of the University Zoological and Botanical A
ciation was opened in Trinity College. There w
large attendance of medical gentlemen, clergy,
others interested in the advancement of science.
Vice-President, Dr. Stokes, took the chair, and
vered the inaugural address—an able discourse
which he sketched the rise and progress of na
science in Ireland, especially in connection with
Dublin University, in which his own father, Dr. Wh
Stokes, was for many years its most successful c
vator. He paid an eloquent tribute to Dr. Harvey,
President of the Association, especially for his wr
on the Origin of Species. The address was lo
applauded. Dr. Jameson, President of the Colleg
Surgeons, having been called to the chair, Mr. Na
ex-Chancellor, moved that the address be printed, w
was seconded by Sir E. Grogan, M.P., and pa
unanimously. Mr. Whiteside, M.P., moved, and
Robert Kane seconded, a vote of thanks to Dr. St
which passed with acclamation.

New Cure for Cataract. In the *Gazette*
dicale, Professor Sperino, of Turin, says:—"The
tical studies I have been continuing for several yea

new method of treatment in various disorders of cular bulb, have induced me to have recourse to it in the cases of persons labouring under cataract. facts observed by me up to this day at the Ophthal- Hospital, at the House of Public Assistance, and in the range of my own private practice, have pro- to me that the evacuation of the aqueous humour ted daily, or even every second or third day, will ually restore transparency to the crystalline lens, and equently remove the obstacle which impedes vision. s curious to observe the opaque materials of the talline lens are gradually replaced by transparent , owing to the frequent renewal of the aqueous our; and it is not the less consolatory to hear the nts daily congratulating themselves on the gradual very of their eye-sight. At present I merely an- ce my discovery; but I shall soon publish my clini- bservations, which are daily increasing in number; I shall then describe the experiments by which I been guided, the method of cure, its effects on the us kinds of cataract, and different degrees of opa- in the crystalline lens; in a word, all I daily learn the attentive observation of facts. Let me how- , remark that, supposing in certain cases the mere uation of the aqueous humour were not found suf- nt to obtain a perfect cure, this operation would have the effect of restoring the functions of the in- vascular system of the eye, and would thus, at all ts, prepare the patient by placing him in the most urable condition for the operation of the cataract."

YAL COLLEGE OF PHYSICIANS OF EDINBURGH. NEW RTER. By the Medical act (1858) power was given er Majesty to grant to the Royal College of Physi- s of Edinburgh a new charter, under the title of the al College of Physicians of Scotland. The subject been discussed at various meetings of the College, Fellows had agreed to the terms in which they de- l the charter to be drawn up, and steps were being n for laying the application before Government, n serious doubts were expressed by the legal advi- of the College as to whether, in the event of the ter being obtained, and the new designation neces- y adopted, the College of Physicians of *Scotland* d be entitled to enjoy the privileges secured to the ge of Physicians of *Edinburgh* by the Medical Act. er these circumstances, the application was delayed, all hopes of obtaining a new charter were for the abandoned. In the meantime, the question of the llation of the College was brought under consider- , and it was agreed, after mature deliberation, that riginal title was preferable to that proposed to be erred by the Medical Act. Accordingly, a favourable rtunity having occurred, a new act was passed, in h, among other provisions, it was ordained, that in event of the College obtaining a new charter, and ging its name, it should continue to enjoy all the ts and privileges it already possessed, while it was optional to the College to hold its charter under its inal designation, or under that of the Royal College hysicians of Scotland. Under these circumstances, application for a charter was renewed, and after necessary delay the royal warrant was issued on 6th of August last; the charter passed the Seals on 1st of October, and was formally accepted by the ge at it quarterly meeting on the 5th of Novem- The charter is expressed, as far as possible, in ral terms,—it having been the great desire of ollege that, while the principles of its incorpora- should be strictly defined, the greatest possible lati- should be left as to details. Of course the present er is a considerable modification of that originally ted to the College by King Charles the Second in Various provisions, which lapse of time had made ete, or which recent legislation had rendered illegal, have been omitted. Thus, the privilege originally granted to the College, that its Licentiates should have the exclusive right to practise medicine in Edinburgh and its suburbs, which had long been practically in abeyance, and was abolished by the Medical Act, is omitted; there is no longer any provision that the Censors of the College shall hold courts before which irregular practitioners may be summoned to appear and be fined; and the College has abandoned its right of visiting and searching apothecaries' shops. On the other hand, certain important restrictions which were originally forced upon the College have been got rid of. By the old charter the College was expressly prohibited from erecting a school for teaching "the medical art or any part thereof;" and it was obliged to admit as Licentiates all Doctors of Medicine of Scottish and celebrated foreign Universities, on their simply presenting to the President their diplomas or titles of admission to degrees. These provisions no longer exist, and the College has now full power to act in both these matters, according as it may deem advisable. No special privileges have been conferred upon the College by the new charter, but it contains several provisions which will tend to promote its good government. The election of the president is now to be made directly by the Fellows, and not, as formerly, through the medium of the Council; the College will hold its property by a more secure title than before; a new order of Members is established; and, finally, full power is given to the College to expel, suspend, or censure any Fellow, Member, or Licentiate, who may have conducted himself in a manner unbecoming the character of a Physician.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.
TUESDAY.	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
FRIDAY.......	Westminster Ophthalmic, 1·30 P.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological, 8 P.M.: Mr. J. N. Radcliffe, "On the Recent Epidemic of Diphtheria."—Medical Society of London, 8.30 P.M.: Mr. Henry Smith, "On the Difficulties and Dangers attending the Operation of Tracheotomy."

WEDNESDAY. Obstetrical Society of London, 8 P.M.: Dr. Swayne, "On Discoloration of the Skin during Pregnancy"; Dr. Barnes, "On the Arterial Thrombosis of Lying-in Women"; Dr. Graily Hewitt, "On the Uterine Douche as a Therapeutic Agent, with exhibition of a New Instrument"; Mr. I. Baker Brown, "Case of Retained Menses of Two Years duration: Puncture by Rectum: Recovery."

THURSDAY. Harveian Society of London, 8 P.M.: Dr. Levison, "On Incipient Moral Insanity, with two Cases."

POPULATION STATISTICS AND METEOROLOGY OF LONDON—JANUARY 25, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week....................	Boys .. 900 Girls.. 901	1801	1569
Average of corresponding weeks 1852-61		1973	1421

Barometer:

Highest (Sun.) 29.735; lowest (Fri.) 29.350; mean 29.484.

Thermometer:

Highest in sun—extremes (Fri.) 82 degs.; (Mon.) 36 degs.

In shade—highest (Fri.) 52.3 degrees; lowest (Sun.) 20.4 degs.

Mean—36.1 degrees; difference from mean of 43 yrs.—1.1 deg.

Range—during week, 31.9 degrees; mean daily, 9.0 degrees.

Mean humidity of air (*saturation*=100), 87.

Mean direction of wind, S.E. and S.W.—Rain in inches, 0.62.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

KING'S COLLEGE HOSPITAL AND ITS JUNIOR MEDICAL STAFF.—SIR: What is it that is driving away the Junior Medical Staff of King's College Hospital? A while ago, it was the wholesale retirement of the Assistant-Physicians; then Henry Lee is received with open arms by the St. George's staff, after having laboriously served his Alma Mater for twenty long years; and now J. W. Hulke implores the Middlesex authorities to place him on her list of juniors. Surely these errant children must have some reasons for their retreat; their seniors cannot be all immortals, and reign eternally. I am, etc.,

AN OLD STUDENT OF KING'S.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, January 1862.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL; Mr. C. KEVERN; Dr. J. O. MCWILLIAM; Dr. GRAILY HEWITT; Dr. LIONEL S. BEALE; Dr. E. COPEMAN: Dr. HYDE SALTER; Mr. J. K. SPENDER; Mr. J. H. CRISP; PROFESSOR WILLIAMSON; Dr. WILLIAM HINDS; AN OLD STUDENT OF KING'S COLLEGE; Mr. R. WISEMAN; Mr. F. DAVIES; Dr. P. H. WILLIAMS; Mr. T. H. SMITH; Dr. BOWNESS; Mr. E. P. YOUNG; Mr. PETER GOWLLAND; Dr. LOCKHART ROBERTSON; Mr. ANDREW LESLIE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. SANDS COX; Mr. W. BURTON; MEDICUS; L. S. D.; Mr. P. MARTIN; Dr. THORNE; and Mr. T. M. STONE.

ADVERTISEMENTS.

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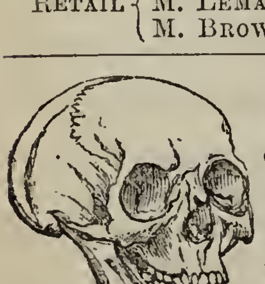
M. BROWN, 2, Lower Street, Islington.

REMOVAL.



John Harnett, Anatomical and Dental Repository, Manufacturer of Improved Mineral and Importer of Natural Teeth, Osteologist, etc., has removed from 45, Museum Street, Bloomsbury, to extensive premises, 68, Mortimer Street, Cavendish Square, where he continues to practise every department of Dental Surgery.

NEW VOLUME.

Braithwaite's Retrospect

MEDICINE (July to December, 1861), containing Abstr of the most important Papers in the Medical Journals.

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A COMMENTARY on the DISEASES of WOM and CHILDREN, for the last Half Year. Edited by W. BRAI WAITE, M.D., Lecturer on the Diseases of Women and Chil in the Leeds School of Medicine, and JAMES BRAITHWAI M.D., London.

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London Medical Review f

FEBRUARY.—CONTENTS.

ORIGINAL COMMUNICATIONS.

Dr. Earle, "On the Mammary Signs of Pregnancy and of Re Delivery."
Dr. Gibb, "On the Diseases and Injuries of the Hyoid Bone."
Mr. George Carrick, "On the Comparative Merits of Excision the Knee, Ankle, and Elbow Joints, and Amputation of Thigh, Leg and Arm respectively."

ANALYTICAL AND CRITICAL REVIEWS.

"The Diseases of the Ear: their Nature, Diagnosis, and Tr ment," by Joseph Toynbee, F.R.S.
"Lectures on the Germs and Vestiges of Disease, and on the vention of the Invasion and Fatality of Disease by Perio Examinations," by Horace Dobell, M.D.
"The Origin and Nature of Disease, and the Physiological Actio Auxiliary Remedies in connection with Homœopathic T ment." by G. Calvert Holland, M.D.
"A Letter to Sir Benjamin Brodie, Bart., F.R.S., in Reply to Letter in 'Fraser's Magazine for September 1861," by Wil Sharp, M.D., F.R.S.
"A Practical Treatise on Military Surgery," by Frank Hast Hamilton, M.D.
"Spinal Debility: its Prevention, Pathology, and Cure, in rela to Curvatures, Paralysis, Epilepsy, and various Deformities Edward W. Tuson, F.R.C.S.

SHORT NOTES ON BOOKS RECENTLY PUBLISHED.
MONTHLY RETROSPECT OF THE PROGRESS OF BRITISH AND FORE MEDICAL AND SURGICAL SCIENCE.

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N.B. Nearly 100 pages will be added to the *London Medical Re* for the year 1862-3, commencing in July next.

Lewis's Medical Library, 1

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Lockhart's Medical Missionary.
Barwell's Diseases of the Joints.
Hardwick's Photographic Chemistry.
James on Sore Throat.
Forster's Diseases of Children.
Acton's Urinary & Generat. Organs.
Virchow's Cellular Patholog
Day's Physiological Chemist
Salter on Asthma.
Winslow's Obscure Diseases.
A Book about Doctors. 2 vo
Owen's Palæontology.
Inman's New Theory.
Garrod on Gout.
Bennett's Naturalist in Aust
Sea and its Living Wonders.
Boase's Philosophy of Natur
Tanner's Diseases of Pregna
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Second Edition of Boudault on "Pepsine", with Remark English Physicians; edited by W. S. SQUIRE, Ph.D. Publishe J. Churchill, London. May also be had of the Author, 277, Ox Street. Price 6d.

Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

GRAILY HEWITT, M.D.LOND., M.R.C.P.,
HYSICIAN TO THE BRITISH LYING-IN HOSPITAL; LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

DISORDERS OF MICTURITION.

ENTLEMEN,—I now propose to enter on the con-deration of a class of symptoms of very great in-erest in a diagnostic point of view : those referrible o the function of micturition, its disorders and de-ingements. These disorders are frequently the oc-asion of great suffering to the patient ; they owe heir origin to a great variety of causes, the dis-rimination of which is not always easy ; and hence he necessity for a close study of their diagnosis.

Practically, it will be convenient to divide the erangements of the function of micturition into wo classes : 1. Those in which the patient is able ore or less completely to evacuate the contents f the bladder ; and 2. Those in which, the patient eing unassisted, micturition is impossible.

1. MICTURITION IS POSSIBLE.

But it may be difficult, or painful, or frequent, or voluntary.

Frequency is a symptom which, although it enerally accompanies difficult or painful micturi-on, may be usefully considered by itself. Invo-ntary micturition is naturally divided from the her varieties. Micturition may then be abnormal, ecause it is *a.* difficult, *b.* painful, *c.* frequent, and involuntary.

It must be admitted that this basis of division artificial and open to criticism ; but it will serve ne purpose of enabling us to consider the subject ractically. We do not often meet with cases in hich micturition is simply difficult ; or with cases which the only thing complained of is pain at-nding micturition—the pain and the difficulty, ndeed, frequently go together. Cases will, never-heless, arrange themselves naturally under the one r the other head, according to the prominence of ne or the other symptom.

a. Micturition is possible, but difficult (*dysuria*). is frequently not easy to ascertain from the patient hether micturition is actually difficult or not, from ne circumstance that pain is so readily confounded ith difficulty, and *vice versâ*. The distinction is, owever, an important one, and should always be car-ed out as far as possible.

Difficulty in micturition proceeds from one of wo causes : either the bladder is incapable of ex-elling its contents ; or, the bladder being equal to e task, the exit of urine from the bladder is pre-nted by some abnormal condition of the urethra.

The *bladder is inefficient* when its muscular fibres e paralysed ; or, which amounts to the same thing, hen they do not act. *Paralysis of the walls of the adder*, in this sense of the term, is not a common affection ; it is witnessed in the last stage of low fever, in puerperal fever *e.g.*, and it is the result of long continued distension of the viscus, whereby the muscular fibres have their contractility destroyed or lessened.

The cause of the difficult micturition in cases of this kind would be tolerably apparent, except when the paralysis extended to the sphincter also, when the constant dribbling away of urine would render the distended condition of the bladder less obvious. Cases of a more chronic nature sometimes present themselves ; the bladder is largely distended, simulating abdominal tumour, and yet, the escape of urine being tolerably regular, attention is not called to the condition of the bladder itself. Lamentable mistakes have occurred under such circumstances from the want of a correct diagnosis. In cases of paraplegia, paralysis of the walls of the bladder is more often present towards the close of the affection, the paralysis at first extending, in a marked degree, only to the sphincter. Cases of paralysis of the bladder are characterised by the offensive condition of the urinary secretion, due chiefly to partial constant retention of the same within the bladder.

In cases of *organic disease of the bladder, cancer e. g.*, there is frequently difficult micturition accompanied with bloody urine ; micturition is also both frequent and painful.

In another more rare disease of the bladder, viz., *polypus*, the urine may be prevented from escaping into the urethra, owing to the mechanical interference of the growth in question. The bladder being healthy, the difficulty in micturition arises from some morbid or unusual condition of the outlet of the bladder.

Organic stricture of the female urethra occurs very rarely, compared with what is observed in the other sex. In males, difficult micturition is generally dependent on stricture of the canal itself ; in women, very rarely. When present, it is generally traceable to the effects of mechanical injury, as from the pressure of the fœtal head, contusions from instruments during labour, etc.; and, occasionally, to syphilitic ulceration within the urethra (Kiwisch). The affection is, in reality, so rare, that beyond this little that is not simply conjectural can be stated. In cases where the difficult micturition is due to this cause, the difficulty is more or less persistent, though liable to exacerbations ; the bladder is evacuated slowly, the stream is small, pain is at times present, and the difficulty, as a rule, slowly increases as time advances. The history of the case might be of some assistance in the diagnosis ; but an examination would be necessary to verify the conclusions formed.

Vascular tumour of the urethra, or *polypus of the urethra*, may be the cause of difficult micturition ; but micturition is, as a rule, more painful than difficult in the former of these affections. In the case of polypus of the urethra, there is difficulty and straining in micturition, and there may be occasional passing of blood.

In a large number of cases of difficult micturition, the outlet is itself in a normal condition ; but the canal is either subjected to pressure, or so dislocated from its normal situation, that the urine passes through it with extreme difficulty. Connected as the neck of this bladder is with the uterus, dislocations of the latter involve a certain amount of displacement of the former. *Retroflexion or retroversion of the uterus*, and especially of the *gravid uterus*, produces difficult micturition in a marked degree. The bladder is emptied with great difficulty in such cases; the urethra is elongated, stretched, and pressed upon posteriorly by the uterine tumour. In early pregnancy, difficult micturition, persisting for some time and increasing, would lead us to suspect retroflexion or retroversion to be present. Enlargement of the uterus, from the presence of *fibrous or other tumours*, may also produce difficult micturition; indeed, this symptom is very commonly observed in the early stage of this affection. "A difficulty in making water," says Sir Charles M. Clarke, "is a much earlier symptom attending the disease than a difficulty of passing the fæces." (P. 254.) In such cases, the difficulty is not so considerable as in retroflexion of the uterus, and the symptom is, so to speak, more chronic than acute.

In cases of fibrous tumour of the uterus, a curious phenomenon is sometimes observed, not, probably, peculiar to these tumours; namely, the manner in which ability to evacuate the bladder is affected by the position of the body. Thus, a lady who has had a large fibrous tumour of the uterus for the last seven years, has, of late, had occasional difficulty in micturition, which she has always been able to overcome by lying flat on the face. The uterine tumour is moveable, and when the patient throws the body forwards, the pressure of the same is removed from the vesical outlet.

During the *descent of the fœtal head* through the pelvis in labour, there is difficult micturition, the canal of the urethra being partially or completely occluded by pressure.

In *prolapsus of the bladder* (cystocele) the same symptom is observed.

Tumours of the ovaries, as long as they remain in the pelvis, frequently occasion great difficulty in micturition; when, in process of growth, they rise above the pelvic brim, the pressure on the urethra is removed, and, so far as the symptom now alluded to is concerned, the patient improves.

In short, difficult micturition may be caused by any tumour in the pelvis capable of exerting pressure on the canal by which the contents of the bladder are evacuated. It is characteristic of most of those cases in which the difficulty of micturition depends on pressure by tumours, etc., within the pelvis, that the difficulty is more or less chronic, and will be found on inquiry to have lasted for some time, unless in cases where the pelvic tumour is of very rapid growth. An instance of the latter exceptional kind we have in cases of uterine hæmatocele, where blood rapidly effused into the pelvic cavity forms a considerable tumour, and, in consequence, gives rise to difficult micturition.

Lastly, *spasm of the sphincter of the bladder* may occasion difficult micturition. The difficulty is frequently so great in these cases as to produce actual retention. This class of cases is an exceedingly important one, and will be again alluded to.

b. Micturition is painful; that is to say, pain during or in consequence of micturition is the prominent symptom. There may be difficulty; but the pain attending it is the circumstance chiefly attracting attention. What is considered by the patient to be "difficulty" is often, on a more particular inquiry, found to be really "pain."

Micturition may be painful by reason of *abnormal conditions of the urine itself, of the bladder, of the urethra, of the vaginal mucous membrane*, or in consequence of *dislocations* produced by affections of other adjacent organs.

Urine. The morbid conditions of the urine alluded to, are undue acidity or alkalinity, presence of gravel, mixture of the urine with blood, in cases of Bright's disease, or from any other cause. If the urine be of an irritating quality, it may give rise—1, to excoriation of the vaginal outlet; and 2, to painful micturition in consequence of the excoriation.

Bladder. Cystitis, chronic or acute, is accompanied with pain during micturition, the latter often excessively frequent. In these cases, there is pain, more or less constantly, as well as during the passage of the urine from the bladder. Cystitis itself may arise from the presence of a stone in the bladder, from retention, partial or complete, of the paralytic or obstructive form. In cases of calculus, there is pain on motion and at variable times; the pain during micturition is not considerable, as a rule, but there is generally pain just at the end of the process. The painful micturition in cystitis depends either on the condition of the urine, which is often very irritating, or on the associated inflammation of the urethra.

In *malignant disease of the bladder*, the pain following micturition is a marked symptom, and is associated with pain at other times also, with frequency of micturition, with turbidity of the urine occasional presence of blood, etc. The disease in question is rare; the affection with which it would be most liable to be confounded is organic disease of the kidneys. To settle the point, an examination of the bladder would be necessary.

Urethra. Painful micturition is, in the majority of cases, dependent on morbid conditions of the urethra. In urethritis, whether of specific character or not, there is pain of a burning character (scalding as it has been appropriately termed), which is more or less constant; but during the passage of the urine it is very intense. Micturition is not only painful but very frequent. The sudden nature of such an attack is, as a rule, characteristic of the presence of an inflammatory condition of the urethra. Th symptoms present in inflammation of the urethra o a specific nature, *i. e.*, produced by the gonorrhœa virus, are not always or constantly characteristic There is generally great pain in micturition; thi pain is of a burning character, and associated often with a spasmodic contracted state of the sphincter to which the pain experienced is partly attributable The presence of an urethral discharge, and the mora evidence attainable, would assist us in coming to a conclusion. In cases of gonorrhœal inflammation o the urethra, the stage of acutely painful micturition does not extend usually beyond two or three days it attends the outset of the inflammation, but is les marked subsequently. We also find inflammatio of the urethra as the result of mechanical injury as from masturbation, too frequent or violent sexua intercourse; or it may be the result of vesical irritation, as in cystitis or calculus.

Vascular tumour of the meatus is associated wit more or less pain in micturition; and the pain pre sent in such cases is, as a rule, very severe; th distress and inconvenience produced being so con

lerable, that the patient dreads the process of eva-
ıating the bladder. Painful micturition, extending
cr a considerable time, in a middle-aged woman,
ould lead us to suspect the presence of this affec-
ɔn. Examination of the meatus would then be ne-
ssary.

Another class of cases of painful micturition are
ose in which the bladder and urethra are unaf-
cted, but, the *ostium vaginæ* being in an inflamed
ndition, the passage of urine is productive of pain
om the contact of the latter with the inflamed sur-
cc. Certain forms of leucorrhœa are associated
th painful micturition, in consequence of the
istence of this inflammatory condition of the out-
of the vagina. When the upper and inner part
the thighs are excoriated by contact with irri-
ing discharges of a cancerous or other nature, the
tient will lead us to infer that there is painful mic-
ition; the pain arising in the latter case also from
ntact of the urine with a raw inflamed surface.
e immediate neighbourhood of the outlet of the
nary meatus may be inflamed as the result of
sturbation, as was the case in a young lady re-
ntly under my observation. The painful micturi-
n was here the symptom most prominently attract-
attention.

Alterations in the position of the uterus, thereby
wing the urethra out of its place, alterations of
bladder itself, or tumours of adjacent organs,
y produce difficulty in micturition, as already
nted out. The difficulty is generally accompa-
d with more or less pain; but the pain is not, as
ule, the prominent symptom, though it may be
in a few exceptional cases. With a little care in
ss-examination, it may generally be made out
ether the pain or the difficulty came first in order
sequence, and this point is of importance in re-
ence to the diagnosis.

EMALE CONVICTS. Dr. Guy, in his report, gives
account of one of these convicts, who was only
dued by a long course of firm treatment. She had
strength of a man and the agility of a monkey.
ner or later she burst all the strait jackets in use on
women's side of the prison, repeatedly tore down
1 her teeth the strong canvass of the padded cell,
even broke down the ceiling. There is a class of
oen met with in the convict prisons so hardened
the chaplain of Brixton says they are almost "a
der"; and he can only exclaim, "Though thou
uldst bray a fool in a mortar, yet will not his foolish-
s depart from him."

IR J. MCGRIGOR. Before the siege of Badajoz the
lical officers were never noticed in the dispatches.
vever much they risked their lives, their services
known only to their comrades. After the siege,
ing Lord Wellington in excellent spirits, he said—
trust, my Lord, you are satisfied that the medical of-
s during last night did their duty, as well as the
tary officers, and that you will receive my testimony
they discharged their arduous and laborious duties
t zealously, and often under circumstances of per-
l danger, of which they were regardless." He replied
"he himself had witnessed it." I then added, no-
g could more gratify those officers—nothing could be
eater incentive to their exertions on future occasions,
his noticing them in his public dispatches. He
d, "Is that usual?" My reply was, "It would be of
most essential service." Although the dispatch was
hed, "something about the doctors" was added.
d. Record.)

Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

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LECTURE I. (*Concluded.*)—REGURGITANT AORTIC DISEASE.

Aortic Regurgitant Pulse: its Mechanism. The Three Circumstances conspiring to downward Displacement of Heart's Dulness. Cardiac Sputum. Diagnostic Value of Age in the Ætiology of Organic Heart-Disease. Treatment.

IN prosecuting our inquiry into our patient's symptoms beyond what superficially manifests itself, the first thing that would strike us would be his *pulse.* Now, this pulse is utterly peculiar; it is diagnostic of aortic regurgitation; in no other state whatever could it occur; it points to that one thing alone; and any one of you might on the strength of it, and without making any examination of the heart, safely diagnose the valvular lesion. When I first listened to this patient's chest, the only sound that I heard was at the base, with the *first* sound (systolic aortic), and I therefore pronounced the disease to be aortic obstruction; but, the moment I saw the pulse, I knew there must be aortic regurgitation, and, on listening again, plainly heard, at the same situation, a bruit with the second sound (diastolic aortic); and we have heard it ever since, much more plainly than the systolic; and how it was it escaped me at first, I am at a loss to explain. I need not tell you that the peculiar character of the pulse to which I refer is a conspicuous leaping jerk, not only perceptible to the touch, but visible to the eye; carotids, temporals, brachials, radials, tibials—in fact, all the arteries wherever superficial, and where not ordinarily visible, are plainly seen leaping forth at each beat of the heart; and the pulse may be counted in all of them, as well by the eye as by the touch. The arterial system seems alive; and, whenever the arteries are tortuous, a peculiar sudden writhe is visible, like a centipede when touched. This pulse has been called a "jerking" pulse; I think a "leaping" pulse would perhaps be a better name. It was called by Dr. Todd a "locomotive" pulse—an injudicious name, I think; for *loco*motive is just what it is not: it is motive, but not locomotive.

The way in which it is produced by the lesion which it implies is sufficiently clear. When the aortic valves are sound, the complete and instantaneous closure of the aortic orifice maintains the tension of the arterial system which the additional volume of blood sent into it by the systole has just carried to its maximum. The systole *makes* the arterial system tense, the valves *keep* it tense, and therefore the next systole *finds* it tense; but where, from insufficiency of the aortic valves, the blood largely refluxes into the ventricle, the tension of the arteries is suddenly lost, their tendency to contract on their contents is unresisted, and they instantly collapse. The state of the arterial system at systole and diastole is, in the one case, *full—kept full; full—kept full:* in the other it is, *full—empty; full—empty.* It is this alternation of a condition of fulness and emptiness, instead of the maintenance of a nearly uniform fulness, that mainly contributes to this jumping character of the pulse. I am accustomed to compare the natural pulse to the dead beat of a chronometer, and the regurgitant pulse to the beat of the second-hand of an ordinary clock. In the one, for every second moved the hand moves forward a second, and then holds its own : in the other, there is a back stroke of as much as half a second ; so that for every beat the second-hand moves forward a second and a half, and back half a second. Which looks the most "lively" and mobile, all will know who have watched the two methods of beat : in fact, one goes over just twice as much ground as the other in the same amount of progress. The analogy of these two beats to the natural and jerking pulse is, I think, very close. Moreover, a ventricle emptying itself into a collapsed arterial system would probably do so in a more jerky and sudden way, than if driving its contents into an already tense and preoccupied aorta. Moreover, the more tense the arterial wall, the greater and the more sustained is its reaction upon the contained blood, and the more complete that conversion of the systolic pumping into the even flow characteristic of the circulation in the smaller vessels, which it is the purpose and effect of this elastic reaction to produce. The sudden loss of arterial tension on the reflux of the blood into the ventricle must almost destroy this conversion of the intermittent systole into the sustained *vis a tergo* of the more distant arterial streams ; and thus we see, in these cases, the smallest arteries beating with almost as much jerk as the largest. Moreover, at each diastole, the blood in the arteries must, comparatively, come almost to a standstill ; therefore the next jerk finds a too stationary blood in front of it—a blood, therefore, more than usually antagonising the onward flow of the fresh instalment from the ventricle. Now, we know that the force of the ventricle is partly spent in driving the blood onwards ; and partly, in consequence of the resistance that it experiences in this direction, that it acts laterally on the arterial walls, and distends the arteries. The greater, therefore, the resistance that it experiences in front, the more it is spent laterally.

In all these ways, aortic regurgitation conspires to produce the excessive arterial pulsation that presents so remarkable an appearance in our patient.

On examining the heart, we find, besides the sounds I have described, that it is beating with a too strong and heavy impulse, that the apex beat is too low, and that the heart altogether is greatly displaced downwards. Now, I am sure it is a mistake to regard this downward displacement as due only to hypertrophy. Three causes conspire to produce it :—one, the hypertrophy of the organ ; another, the dyspnœal inflation of the lungs ; and another, the flattening of the diaphragm, which always exists where there is an abiding source of dyspnœa, where there is an unsatisfied and unsatisfiable demand of the conditions of respiratory balance. This descent and flattening of the diaphragm is, in fact, a part of that chest distension which immediately supervenes whenever there is a condition of respiratory arrears ; it is the instinctive and direct effort to set things right, and restore the balance, by getting more air. If you examine the heart of a perso panting from exertion, you will find it beating cor siderably lower than usual ; the moment a paroxys of asthma comes on down goes the heart from thi descent of the diaphragm, and may be plainly fe beating in the scrobiculus ; in fact, in all dyspnœa this is the case, and the dyspnœa of heart-diseas is not an exception. For although, in heart-diseas the disturbance being on the side of blood-suppl and not on that of air-supply, the introduction an additional quantity of air does not better the sta of things; it, nevertheless, instinctively occurs. is, therefore, a great mistake to imagine that th amount of hypertrophy may be measured by th amount of downward displacement of the cardia dulness. A striking confirmation of this is show in the fact that while, in cases of undoubted hype trophy, there is great downward displacement of t heart's dulness, there is often no upward extensi of it at all ; nay, that it will not extend as high usual. The fact is, that with the dyspnœal ches distension there is dyspnœal lung-inflation, the i flated left lung overlaps the heart in an excessi degree above and to the left, and thus we get, to certain extent, the same state of things as in e physema. The unduly expanded left lung may al be said to thrust the heart downwards and to t right. In a temporary source of dyspnœa, as asth or violent exertion, this state of things is essentia temporary ; and as soon as the breathlessness is o the heart returns to its normal position, and its d ness to its normal limits. But in such a case our patient's, this condition is permanent, and see it in him very strongly marked. The dulness volves the ensiform cartilage and the sternal tremity of the eighth, and even the ninth, ri while, above, the cartilage of the fifth and the c responding portion of the sternum is resonant.

We must, therefore, be on our guard, on the hand, against imagining that the whole of the do ward extension of the heart's dulness is to be plained by the hypertrophy; and, on the other ha that because there is no upward extension of d ness, or even less than usual, there is, therefore, hypertrophy at all ; for you may have considera downward extension of dulness, and yet there sh be no hypertrophy ; you may have no upward ext sion, and yet hypertrophy shall exist.

And let me take this opportunity of earnestly pressing upon you the importance of bearing in m this axiom (if I may so call it) in auscultation, t any source of dyspnœa induces a condition of hyp distension of the chest, temporary if the source dyspnœa is temporary, abiding if abiding. Un you bear this in mind, you will be in constant dan of drawing erroneous conclusions as to the existe of emphysema, heart-disease, and various other c ditions. I the more earnestly impress it upon y attention, because I am sure it is a fact that has b very much overlooked, and to which sufficient portance has not been assigned. I have sufficie explained it in my work on *Asthma* and elsewhe and, therefore, I shall not now detain you by en ing into its rationale.

Let me direct your attention to this patie *sputum*. You may remember that I told you now that his cough was at first quite dry, but that some expectoration is appearing. Now, why sh this man spit ? He has had no bronchitis ; he ad no pneumonia; his respiratory mucous tract has ot been affected by any of those conditions which mmonly give rise to fluxes and exudations from ucous surfaces. Where does the sputum come om, and why does it come? It comes from the ly place from which mucous sputum can come — om the bronchial mucous membrane; and it comes cause that membrane is congested. There are idently two conditions in which mucous surfaces ur forth an inordinate secretion: one, active in- mmation; the other, passive congestion. In fact, y hyperæmia of a mucous surface, whether active passive, relieves itself by an increase of the se- tion of that surface. But there is, I think, this ference, that while the secretion from an inflamed ucous membrane is often highly purulent, that m a mucous surface merely congested is either t at all so, or very slightly; I am inclined to nk, not at all. Now, if you look at this sputum u will see that it has no admixture of pus; that onsists of a grey gelatinous mucus, not opaque, l with no trace of yellow in it. It is very like sputum of asthma, and is produced in the same y—poured out to relieve a state of congestion endered by embarrassment of the pulmonary cir- ation. In pure asthma you have no inflamma- of the bronchial mucous membrane, and yet it ery rare for an attack of asthma to pass off with- the occurrence of this mucous exudation; never, ink, unless the attack is exceedingly transient. s is, in my opinion, an important distinction; and lieve that the presence or absence of pus will ays enable us to diagnose whether the mucus is result of an inflamed, or a merely loaded condi- of the bronchial mucous membrane; at least, presence of pus will always enable us to say that e is something more than mere congestion, al- gh, in the very earliest stages of inflammation of air-passages, the absence of pus will not prove such inflammation does not exist.

nd now, in conclusion, a word or two on treat- t. What is to be done in a hopeless case like rapidly running to a fatal issue? How can etter this poor man's condition, incurable and achable as the organic foundation of it is? In way, and only in one way, that I know of. His se is essentially mechanical, and in a mechani- nd material direction we must aim at its relief. machinery of his circulation is out of gear. , in the circulation of the blood, there are three gs concerned—the active organ, the heart; the ve organs, the sanguiferous vessels; and the to be circulated, the blood. In this case, the ve organs and the fluid to be circulated are as should be; the active organ is spoiled, and by poiling is no longer equal to its work. How, can we bring about some approximation be- the work to be done and the power to do it? heart we cannot reach; and if we could, its de- ment is essentially irremediable; the passive s we cannot influence—we cannot shorten the ce the blood must reach, nor supplement the 's deranged machinery by any fresh force. is only one thing left; to diminish the quan- f the fluid to be circulated. We cannot raise achine to its work; we must lower the work to achine. If we can do this, we may hope, *pro* to disburden the embarrassed heart, and to re- the choked and loaded vessels.

There are two ways in which this may be effected. Blood may be directly abstracted. And there is no doubt that immense relief would immediately follow venesection in such a case. But we know, from the rapidity with which some elements of the blood are restored, and the slowness with which others are, that such a quantitative reduction of the blood is speedily followed by a qualitative deterioration of that which is left. We do much better, then, if we can select what elements of the blood we will withdraw, and leave behind those which are the most valuable and of the slowest repair. Diuretics and hydrogogues enable us to do this. But I have found in these cases, direct diuretics peculiarly inoperative; I believe them to be almost worthless. When the mechanical embarrassment of the circulation is extreme, and the quantity of the urine greatly reduced (as it almost always is) by the slow renewal of the blood in the kidneys, you may give diuretics for ever and get no results. I believe the blood in the Malpighian capillaries is in a state almost of *stasis*, and, having parted with its water, is not promptly succeeded by relays of fresh blood with a *plus* quantity of water, as is the case in health. To give diuretics in such a state of things is beginning at the wrong end; the renal circulation must be disembarrassed before the kidneys can filter away much water. Hydragogues then alone remain to us. Of these we have many; our choice is large—jalap, salines, and a long list of purgatives. But by far the most powerful and satisfactory is elaterium. And I think, if I could show you some cases that have recently come under my observation, you would be disposed to admit with me that the results attained by the administration of elaterium in cases of cardiac dropsy are among some of the most striking —I may say the most startling—triumphs of therapeutics. Floods of water are draughted away from the bowels, the dropsy vanishes, the breathing becomes unembarrassed, and the patient is restored, for a time, to a condition of very tolerable comfort. This is no exaggeration. Only about a month ago, I saw a very striking case. I was called to see a man at Camberwell, who was supposed to be, and really was, *in extremis*. I found him distended with dropsy; his legs like two Doric columns; and he had not been in bed for many nights, owing to the urgency of his dyspnœa. I heard, about a fortnight afterwards, that his improvement had been so rapid and so great under the use of elaterium, that he had returned to active business in town, and had resumed his employment as a traveller for one of the principal brewing firms in this city, and was at that time travelling in Northumberland. In fact, I am now never surprised at any amount of improvement that follows the use of elaterium in these cases. The only disadvantage that it possesses is, that the patients are often in a state of extreme exhaustion, and the action of the drug is frequently, in a high degree, depressing. To obviate this evil as much as possible, I allow sufficient time between the doses for the patient to recover himself, and, at the same time, freely support with stimulants and tonics. If the elaterium is given at long intervals the dose must, of course, be proportionately larger, and I find that the patient is less exhausted by a good dose every other day, than by smaller doses more frequently repeated. My plan is to give a third of a grain, or even half a grain, about five o'clock every other morning. By ten or eleven o'clock the whole thing is over; immense watery defluxions have taken place from the patient's bowels, leaving him wonderfully lightened and relieved, but much exhausted. (I generally begin, I ought to mention, with the sixth or eighth of a grain, and increase the dose as I find my patient will bear it. It is a dangerous thing to start with a large dose of elaterium at first; partly because different individuals tolerate it so differently, and partly on account of the unequal strength of the drug.) At the same time, I give some such mixture as the following, in a wineglass of water, every three or four hours:—

℞ Liquor. cinchon. (Battley) ♏xx; spirit. ammon. arom. ʒss; ætheris sulph. co. ʒss. M.

Under the influence of this, with the aid of the intervening recruiting day, patients will bear the quantity of elaterium I have mentioned for an indefinite time, and even gain strength under it, or, rather, in spite of it. A fortnight of such treatment is often sufficient entirely to transform the patient's condition. One important result of this treatment is, that, with the disappearance of the rest of the dropsy, the œdema of the lungs also vanishes; thus, one source of the dyspnœa is removed, and, by the free admission of air into those portions of the lungs previously occupied by the serous infiltration, the asphyxial element of the pulmonary blood-stasis is cleared away, and one additional source of heart embarrassment removed. I think this is one of the most important results of this hydragogue treatment: the other results relieve the breathing indirectly, this directly. It is a most interesting thing to watch, day by day, under these circumstances, the gradual descent of the signs of the œdema at the back of the lung till not a trace of it remains.

Now, this treatment we have tried with this poor man, with decided but, unfortunately, partial benefit. Under its use, the dropsy, which was previously gaining upon him, had, in a week, almost vanished; but the dyspnœa and other urgent symptoms were not a whit the better. At the end of that time, from the vomiting and great stomach disturbance that the drug produced, a circumstance for which, in the administration of elaterium, we must be prepared, we were obliged to remit it, and its resumption has less completely succeeded in controlling the dropsy. Why it is that, in this case, the dyspnœa and other symptoms have been so little relieved by the reduction of the volume of the blood, and its immediate results, I am as unable to explain as I am why the respiratory symptoms should be altogether so disproportionately developed.

A question might arise in the minds of many, whether, since sleeplessness is one of the principal and most distressing symptoms, sedatives might not be given with advantage. To give sedatives in such a case would be the refinement of cruelty. What keeps this poor man awake is not a want of tendency to sleep, but a condition that makes sleep impossible. Relieve him of his orthopnœa and he would be asleep in ten seconds, and so dead asleep that it would take a great deal to rouse him, like a half-asphyxiated child on whom tracheotomy had just been performed. His great struggle, as it is, is the struggle between sleep and life; with opium thrown into the scale of sleep the struggle for life would only be so much the harder. In one way, and only in one way, would opium give him ease; the narcotic of opium, added to the narcotic of the carbonic acid already circulating in his veins, might accelerate by some hours, or even days, the final coma, and make him sooner sleep the sleep o death. But the euthanasia that is purchased by anticipating the natural process of death, comes ver near to homicide, and is an alternative that few woul adopt.

Original Communications.

CASE OF DISLOCATION OF THE SHOULDER JOINT, AND OF FRACTURE THROUGH THE NECK OF THE HUMERUS, OCCURRING DURING AN EPILEPTIC SEIZURE.

By Robert Dunn, F.R.C.S.Eng.

On the afternoon of Saturday, September 28th, 1861, was hastily called to Mr. B., a young gentleman residi at 10, Norfolk Street, who had been taken in a fit of ep lepsy, to which he was subject. In my absence, m son, R. W. Dunn, promptly and at once attended. B fore, however, he could cross the street to him, the co vulsive paroxysm had subsided. He found Mr. B. his bedroom, sitting on a chair before the window, b side the washhand-stand and the wooden horse, which were placed the towels in use. Mr. B. co plained of excessive pain on the anterior part of the l shoulder-joint, and that his arm was powerless. son was told by his brother that he had been subject epileptic fits for some years, and had very recently only a day or two previously—come up expressly fr Scotland to have the benefit of Dr. Brown-Séquard's a vice. He further informed him that, twice in t course of the current month, during the epileptic s zure, he had dislocated his left shoulder-joint. On t present occasion, while standing before the window, was seized with the fit, and would have fallen on t floor, if he had not saved him. He thought it possi that his shoulder might have come against the wood horse in the struggle, but not with violence; nor w there, on examination, any appearance of bruise or c tusion about the joint. My son immediately saw t the shoulder had again been dislocated *forwards*, t head of the humerus being visibly prominent under t pectoral muscle; but this time the dislocation was tended with an excessive degree of pain in the p which had not before been experienced. He at o set about the reduction of the dislocation in the us way. In his attempt to do this, the head of the b was moved from its position; and, with this change posture, the excessive pain was relieved; but it did slip into the glenoid cavity.

Being satisfied that there was some unusual com cation in the case, and as the pain was relieved, made no further attempt at reduction, but waited me. On our carefully examining the shoulder toget I detected crepitation through the neck of the hume As a medical friend of the patient, an army surg from Scotland, was, by appointment, about this ti expected to call upon him, we did not attempt anyth further until his arrival, when, after consulting toget another effort was made, chiefly by manipulation ab the head of the bone and slight extension; but united efforts failed to reduce the dislocation. I t suggested to the friends that we should have the ass ance of Mr. Fergusson, to which they gave a re assent, and he was immediately sent for; but he bsent from London, and Mr. Henry Smith, as his ocum tenens, came instead. Mr. Smith at once per-eived that the head of the bone was still out of its lace, but at first was inclined to doubt the existence of racture. However, on going behind the patient, and teadying the head of the humerus with his right hand, nd at the same time lifting up the arm to its utmost xtent, and then rotating it, he soon satisfied himself hat the anatomical neck of the bone was broken across. ut in so grave an accident, so rare and so difficult to ianage (and occurring, too, in an epileptic patient), as islocation of the shoulder-joint, with fracture through he neck of the humerus, undoubtedly is, Mr. Smith, in ie absence of Mr. Fergusson, suggested our having the ssistance of Mr. Erichsen. Mr. Erichsen confirmed our iagnosis, and suggested that the patient should be put nder the influence of chloroform, and then that reduc-on should be attempted by means of manipulation bout the joint. My son administered the chloroform; nd, while Mr. Erichsen and myself were conversing gether, Mr. Smith, who was watching its effects, as oon as narcotism appeared to be induced, to use his wn words, "forcibly seized the end of the depressed one with both his hands, and, lifting it up in the direc-on of the socket, found, to his great satisfaction and rprise, that the head of the bone readily slipped into ie glenoid cavity." The fracture was put up in the sual way; and I may here remark, in reference to it id the whole accident, that nothing could have pro-ressed more satisfactorily to perfect recovery. I saw Ir. B. some weeks ago, before he left London, in ie full and free use of his shoulder-joint, and he ssured me that his arm felt as strong as it ever had one. The bony union was perfect, and the shape and iovements of the arm and joint were normal. Under ie direction of Dr. Brown-Séquard, Mr. Pratt had sup-lied him with an apparatus to secure him against the anger of luxation of the joint in his epileptic attacks.

Such accidents, fortunately, are of rare occurrence. Ir. Fergusson, in his *Surgery*, makes mention of two ises; but most other writers are silent on the subject.

The day after the accident, I had a consultation with Dr. rown-Séquard on the case. In epileptic cases, I have, om personal observation, seen great benefit to result om the immediate inhalation of chloroform on the first ccession of the attack, by its checking and controlling ie violence of the convulsive agitation, and inducing uietude and repose. I was therefore prepared to agree ith the proposal of Dr. Brown-Séquard, that we should nticipate the next epileptic seizure; and on the Satur-ay following, when it was most likely to occur, from rmer experience, to put Mr. B. under the influence of hloroform, dreading the injurious effects which another pileptic attack might have on the fractured arm.

Accordingly, at eight o'clock on the Saturday morn-g, I began the administration. Dr. Brown-Séquard aid his visit about an hour afterwards; and from this time ntil eight o'clock on the Sunday evening following, the ffects of the chloroform, without intermission, were kept p. The brother or the sister of the patient was con-antly at his bedside. From time to time, as the effects ppeared to be passing off, and he seemed to be awaken-g, he was given a few spoonfuls of beef-tea, and the halation was renewed. It was administered by means f a towel, as directed by Dr. Brown-Séquard; and in all bout half a pint was used; the window of the bedroom eing kept constantly open at the top, to allow the scape of the vapour and the introduction of fresh air. Ie was a little sick on awakening up after the adminis-ration had been discontinued; but from this he speedily ecovered, and made a hearty meal of beef-tea, suffering o further inconvenience of any kind. A few days fterwards, he had a slight epileptic attack; but his rother, being at his bedside at the time, pressed his arm rmly, and no bad consequences followed. He remained under Dr. Brown-Séquard's care up to Christmas, during which period his attacks have gradually diminished both in violence and frequency.

CURIOUS EFFECTS OF MALARIA ON THE BODY.

By Dr. Gaetano de Pascale, Nice.

The axiom of the great Baglivi is, that observation of facts is the foundation of medical science. I therefore think it may not be useless for my brethren if I submit to them a medical fact on a particular subject, although it may be very well known.

Relapse is common in intermittent malarial fever, as well as in what are called complicated intermittent fevers.

It is unfortunate for those who have been once attacked by intermittent malarial fever. The celebrated Dr. Todd says, in his *Clinical Lectures*, p. 121: "It seldom happens that the marsh-poison, once admitted into the human system, ever becomes perfectly eliminated from it."

In the present state of medical knowledge, the different forms and symptoms in which intermittent malarial fevers appear are known; the cause, or rather the nature of the poison, still remains obscure. It is generally admitted that the nervous system forms the principal seat of the disease.

The following fact has been ascertained by me, not as a doctor, but as a friend of the patient.

Mr. S., having the appearance of general good health, of a lymphatic sanguineous temperament, about thirty years of age, was obliged, as an officer in the Italian army in the year 1848, to remain for a few days in a marshy place, where intermittent malarial fevers were prevailing. After a few days residence in that pestiferous place, he had an access of fever, with the common first symptoms of chilliness, shivering, cold, followed by heat, perspiration, etc. A second stronger attack induced his doctor to employ sulphate of quinine. Mr. S. was free from fever, which, however, after a few days returned; but by daily taking the above mentioned preparation of bark, and by change of air, he was entirely cured.

Mr. S. had been well for about six years, when, living in a place where several cases of cholera occurred, he began to suffer some symptoms of this complaint. The doctor who visited him termed it cholerine, and treated him accordingly. Mr. S., however, did not improve; he was a little better in the morning, but in the afternoon he was troubled with flatulence, great pain, and at times by relaxation of the bowels. After several days, the doctor, seeing his patient declining, thought of trying quinine, after which amendment was apparent. In a larger dose, the medicine was rejected, and the patient recovered.

I have no doubt that the derangement of the bowels would have ceased, but for the poison of the malarial fever which existed in the constitution, and which, instead of the ordinary symptoms, assumed those of the predominant disease.

Two or three more years passed, when Mr. S. was taken ill with symptoms of gastric disturbance, accompanied with diarrhœa. The doctor prescribed a slight aperient, proper diet, and rest; but his patient did not recover. The diarrhœa took the form of dysentery. Enemata, magnesia with bismuth, opium, etc., were quite useless, till some quinine began to be administered. Immediately all symptoms ceased, and Mr. S. gradually recovered.

About a month ago, Mr. S. felt a slight pain with swelling of his right ear, which increased very much in the evening and night. His medical man, a new one, and very renowned, was sure it was the result of cold, accompanied by neuralgia. It was only after the assertion of the patient that he had been subject to intermittent malarial fever, and by finding his pulse very concentred and small, that he ordered, after the application of leeches and fomentations, a dose of quinine; after which Mr. S. began gradually to get better.

Now, was it the malarial fever which appeared with the different above mentioned symptoms, as often is the case? or did the complaint which first appeared, such as the cholerine, the gastritis, the otitis, etc., give place to the development of the intermittent malarial fever? This I am most inclined to believe.

No doubt it is of great importance, in treating our patients, to ascertain whether they have ever had intermittent fever—at the slightest symptom, I will say, not of intermission, but of remission. If so, I think it enough to say—forewarned, forearmed.

NOTES OF A CASE OF HYDROPHOBIA.

By R. W. Cunningham, M.D., Assistant-Surgeon in Medical Charge H.M. 4th Bengal Europeans.

Private James Belshaw, 37 years of age, and two and a half years in India, served previously in H.M. 48th Foot, and also in the Baltic Fleet in 1854, under Sir Charles Napier, of sanguine temperament and intemperate habits, had suffered several times from delirium tremens. His constitution was a good deal shattered and he suffered frequently from dyspepsia and intermittent fever. For the last three months he had been more regular in his habits, and enjoyed better health than during the previous nine months he had been under my observation. On June 6th he was bitten by a small dog in the barracks. He went immediately to the hospital, and nitrate of silver was freely applied by the apothecary. The wound healed very quickly; and he thought no more of the matter. The same dog bit four other men at the same time, but was then under no suspicion of being affected with rabies. A few days afterwards, however, the dog became quite mad and was killed. Several pups of the same litter have, I believe, also become mad.

July 20th. He came to hospital about 3 P.M. complaining of a choking sensation in the throat, difficulty of swallowing, and a feeling of constriction about the chest. Being an intelligent well educated man, he described his feelings with great exactness. The apothecary gave him a draught of spirit of ammonia in camphor mixture, which had the effect of relieving him considerably. On going to the hospital about 6 P.M. I found him lying quietly on his cot; but on my entrance he started up and stared wildly at me. I was struck at the time with his wild anxious look. He said that on July 18th, he felt a sensation of numbness creeping up his right arm (it was the right hand that was bitten), but took no notice of it, thinking that he might have slept on it the previous night. On the 19th, this sensation continued. He did not observe any appearance of inflammation, neither did I at this time (on the evening of the 30th). There was no perceptible enlargement of the axillary glands. On the morning of the 20th, he went to the Regimental Bazaar to drink a bottle of gingerade; but, on opening the bottle, he found that he could not drink it from a feeling of loathing. At intervals during the day he was unable to quench his thirst from the same cause; but as yet he had no marked paroxysm. The most prominent symptoms when I first saw him were a *thickness* of the voice, like that of a person with enlarged tonsils, and an appearance of anxiety and excitement. The vascular system was perfectly quiet. He was ordered the following draught, to be repeated at bedtime.

℞ Spirit. æther. sulphur., tincturæ opii, āā ♏xx; spiritûs ammon. aromat. ʒss.; mist. camphoræ ℥iss. M.

July 21st, 6.30 P.M. He said he was considerably r
lieved by the draughts he had last night. He slept son
during the night, but was disturbed by indescribab
feelings of anxiety and oppression, which several time
caused him to start up from his cot. Today he stat
that he could not look at water without a spasmodic pa
oxysm being induced. I now felt certain of what
formerly only suspected—that the disease was hydr
phobia. I talked to him of drinks, and asked if
would like some iced water. A paroxysm was immed
ately produced, involving the muscles of the phary
and those of the tongue, the depression of the low
jaw, and the elevation of the larynx. At this time
certainly did not suspect the nature of his complaint,
he afterwards told me, but in describing his feelings
said that "he felt like a dog." I sent the hospital s
geant to the barracks, to make inquiry as to his havi
been bitten, and thus gained the information above me
tioned. He was ordered to continue the draught eve
third hour, and to have a blister applied to the nape
the neck, through which I intended to introduce morph
The marks of the dog's teeth on the back of his rig
hand were plainly visible, of a dusky colour; but I fi
no evidence of their having become darker at the co
mencement of the disease, as stated by Dr. Watson
occur at the period of recrudescence. The right ha
was very tremulous; the left one much less so.

2 P.M. I now found him much worse. The p
oxysms were more frequent and severe, and more eas
produced; a draught of cool air from the punkah bei
quite sufficient to produce a severe attack. He now
collected having been bitten, and concluded that he h
hydrophobia and would certainly die. The spasms
volved all the muscles of the neck, including the ster
mastoids. A tenacious frothy fluid collected in
throat from time to time, and caused considerable tr
ble in attempting to get rid of it. Dr. Watson s
that the so-called barking sound, said to be present
this disease, has its origin in the sounds produced
attempts to get rid of this tenacious mucous substan
which have been likened by ignorance and credulity
the barking and foaming of a dog; but, as I shall p
sently show, the said barking is no myth; it has noth
to do with the extrusion of the mucus, and has a
tinct pathology of its own.

4 P.M. Dr. Carden, Deputy Inspector-General
Hospitals of the Lucknow Field Force, saw him w
me. He coincided in my opinion as to the nature of
case, and advised the addition of twenty minims of ch
roform to each dose of the former medicine.

6 P.M. The patient said he was better; but this a
lioration I concluded to be owing merely to the an
thetic effect of the medicine upon his feelings, for the p
oxysms were quite as severe and more extended t
when I saw him before. The respiratory muscles w
now involved; and the paroxysm commenced with so
thing like sobbing. The draught was ordered to be
peated at 7 P.M.

9 P.M. He was much worse. The whole chest,
diaphragm, and the abdominal muscles were now
volved. The paroxysms were very severe, and a so
exactly similar to the bark of a dog was produced, a
conceive, by the violent expulsion of air through
larynx. The muscles of the larynx itself did not se
to be involved to any extent; certainly, there was
evidence of spasm of the rima glottidis. Perhaps
vocal cords were put upon the stretch; but otherw
the larynx seemed to be passive, and the sounds to
solely produced by the expulsion of air by the diaphra
and abdominal muscles. On the occurrence of a
roxysm, he instantly raised himself to the sitting
ture, and requested the attendants to hold his ha
apparently with a view to give a fixed point to the ch
and lessen the effects of the concussion on the fra
The paroxysms became more frequent and less sev

pparently from the failing of the *vis vitæ*. In the
tervals, the breathing was tranquil, and he said that
e had no pain. His pulse was now scarcely perceptible
t the wrist, and his heart beat quick and weak. The
raughts caused such an aggravation of the symptoms,
nd he appeared to be so near his end, that I desisted
om repeating them; but I administered by inhalation,
lso without any good effect. Vomiting succeeded the
aroxysm on several occasions. About 12 P.M., fits of
ontortion of the features came on, resembling intense
aniacal laughter; and this was accompanied by pro-
use frothing at the mouth. About 1 A.M. on the 22nd,
e died; not, as I had expected, during a paroxysm,
ut quietly, as if completely exhausted. His faculties
ere perfect from beginning to end, even during the
ts of laughter, which were not the result of any aber-
ation of intellect, but perfectly involuntary.

Post Mortem Examination. The surface of the body
as pale, except in the neck, where there was discolora-
on from venous congestion, no doubt caused by the
bstruction to the return of blood to the heart by the
pasmodic action of the muscles of the neck. The
arotid glands were perfectly healthy, not the slightest
ppearance of congestion being found in them. The
perficial veins of the neck and those of the scalp
ere all distended, and the blood was quite fluid. On
moving the calvarium, the dura mater was found con-
ested, all the veins being found distended with dark
loured liquid blood. On opening the dura mater, a
rge quantity of muddy serum flowed out, having the
pearance of containing much fibrine. In many places,
e layers of the arachnoid were adherent, especially
ong both sides of the longitudinal sinus. The ad-
sions were quite soft and recent, and many flakes of
agulated fibrine floated in the lymph-like fluid in the
vity of the arachnoid. There was also considerable
fusion between the arachnoid and the pia mater, which
many places adhered firmly to each other, but there
as nothing abnormal between the pia mater and the
rface of the convolutions. The substance of the
ain appeared perfectly healthy, with the exception of
reddish tawny spot in the substance of the pons
arolii, having somewhat of the appearance of inflam-
atory softening. The ventricles contained fluid simi-
r to that contained in the arachnoid; and the various
rts forming the floor of the cavity all appeared healthy.
n the lower surface of the medulla oblongata, at the
igin of the seventh, eighth, and ninth pairs of nerves,
ese membranes were highly vascular, thickened, soft-
ed, and matted together; but the substance of the
rves themselves, and of the medulla oblongata at their
it, seemed perfectly normal. I did not pursue the
amination further, thinking that anything that might
found in other organs would only be of secondary
nsequence, except, perhaps, at the origin of the cer-
cal and brachial plexuses, where similar lesions to
ose observed at the origin of the nerves at the medulla
longata might be presumed to exist.

Remarks. On looking over the symptoms, we find
st a numbness of the limb stretching towards the senso-
m, a tremulousness of the limb, no evidence of lymph-
ic absorption; and I think there is much reason to sup-
se that the poison introduced by the tooth of the dog
not at once absorbed into the circulation, but, like the
philitic virus, lies for a time inert, all the while mag-
fying itself zymotically, until at length, after a variable
terval, the period of recrudescence or maturation oc-
rs, and the dreaded disease is produced. On this
pothesis, we might reasonably expect to obviate the
sease in all cases by a thorough excision of the cica-
x at any time previous to the occurrence of recru-
scence, more especially if we assume at the same time
at the morbific influence is conveyed to the nervous
ntres through the medium of the nerves, as I think we
ve much reason for supposing; and not through the medium of the lymphatics or the general circulation. Again, we find that all the muscles partaking of the spasms receive their nervous influence from the seventh, eighth, ninth, and phrenic nerves, or those at whose exit from the nervous centre inflammatory lesions were observed. The spasms seemed to commence with the palato-glossus and palato-pharyngeus muscles, gradually involve all the muscles of respiration and deglutition, and finally the facial muscles.

Now the question arises, Whence these phenomena? How are the spasms produced? This point resolves itself into three heads, as follows:—1. Are the muscular spasmodic phenomena produced by a reflex or excito-motory process? the virus in the seat of the wound being the excitant, and the nerves of respiration and deglutition being the efferent nerves through which the motor influence is conveyed to the muscles, after passing by an afferent or sensory nerve to the spinal column. 2. Does the influence originate in the nervous centre, in obedience to the stimulus of a special poison, which at the same time causes a psychical change in the sensorium, whereby the mere mention of liquids, or, so to speak, the contact of liquids with the mind, is as effectual in producing the spasmodic phenomena as the contact of water with the mucous membrane of the mouth, or of a draught of air with the skin of the face? 3. In how far are the local lesions connected with the production of the phenomena? Do they occur as a consequence of the action of the poison, and prior to, and causatory of, the development of the convulsive symptoms? or are they to be considered as purely secondary, arising from the disturbed function of the parts, and determination of blood thereto by increased action?

These appear to me to be the points to which investigation ought to be directed; and, when these questions are satisfactorily answered, we may fairly hope to cure the disease, not by an empirical, but by a rational method.

Lucknow, July 25th, 1861.

SCARLATINA IN THE PUERPERAL STATE.

By C. Blakely Brown, M.D.

The following cases of scarlatina occurred in Queen Charlotte's Hospital, under my care, last year; and, as the disease during the puerperal state is generally considered by the profession to be almost uniformly fatal, I send the short notes of them, thinking they may be of interest.

Case i. Mrs. M. C., aged 28, was delivered on Jan. 31st, 1861, of her second child. A few hours after its birth, the rash of scarlatina was distinctly visible; the sore-throat and other symptoms were well marked. Desquamation followed; and in three weeks she left the hospital, perfectly recovered.

Case ii. Mrs. H. H., aged 25, was confined March 12th, with her first child. On the 15th, scarlatina appeared. The usual symptoms followed, and were rather severe in character; but she left quite well.

Case iii. Mrs. S. D., aged 28, was delivered March 13th, of her first child. For six days nothing was observed; but the rash of scarlatina then appeared. The disease ran its usual course, and after three weeks she was discharged cured.

Case iv. Mrs. L. T., aged 35, was delivered March 22nd. After two days, the eruption of scarlatina appeared. The throat was much affected, and there was great depression; but she rallied, and left quite well.

Case v. Mrs. A. P., aged 36, on March 26th was delivered of her sixth child. When admitted, she was in a weak state. On the 30th, the disease was developed, and the symptoms ran high. The throat was so much affected that for two days no nourishment could be taken by the mouth, and she was entirely supported by enemas of beef-tea and wine. She remained for some days in a very precarious state, but left the hospital convalescent, and soon recovered completely.

Case vi. Mrs. A. M., aged 30, was delivered March 28th. Six days afterwards, the eruption appeared. The symptoms, though well marked, were not urgent; and she soon recovered.

Case vii. Mrs. E. B., aged 20, was delivered April 19th, of her first child. She complained of sore-throat the third day after delivery; desquamation followed; and she recovered completely.

Case viii. Mrs. J. L., aged 28, was confined May 5th, of her second child. Soon after admission, the rash of scarlatina appeared, and the disease took a very severe form. She was for some time in the greatest danger, but she left convalescent.

Case ix. Mrs. J. E. P., aged 24, was delivered July 15th, of her first child. In a few hours the eruption appeared. The disease ran its usual course, and she also completely recovered.

Remarks. The treatment in all these cases was similar in character, differing only as circumstances required. Bark and ammonia were given early; beef-tea, wine, and brandy were carefully and abundantly administered. In five of the cases, opium was given with most marked benefit. No external application proved of any real service; and in some so much irritation was caused, that more harm than good was the result.

The children of Cases i, ii, iv, and v had the rash very slightly; but it was not observed in any of the others.

During the whole time in which these cases were being treated in the hospital, though there were the usual number of patients delivered at the same time, none had any symptoms which would lead me to suppose the fever affected them in any way.

Progress of Medical Science.

An Easy Mode of Applying Leeches. Mr. H. T. Higginson thinks the difficulty of getting leeches to stick may be obviated by the following plan, which he has found very serviceable. It consists in rolling a common sheet of note paper into the form of a cone, having a hole in the top just sufficient to let out the head of the leech. When the leech has stuck, the paper is simply let to untwist, when it will leave the leech hanging by itself, thus overcoming the often great difficulty in getting leeches out of the leech-glass. They can also be directed to any part. The leeches will take much better if kept out of water two or three hours before being used.

Death from Polysarcia. *The Buffalo Medical and Surgical Journal* reports a death from polysarcia, in the Utica City Hospital. The patient was a coloured man, a cook, aged forty-one years. His height was five and a half feet, and weight *three hundred and fifty pounds.* His circumference was four feet ten inches. For fourteen years he had been obliged to be clothed in female apparel. The autopsy showed two inches of fat on the sternum and three inches on the abdomen. His breasts were as large as those of any female. The lungs were sound but very small; the left lung weighed twelve and a half ounces. The heart was large, weighing twenty-four ounces, but perfectly sound. The liver weighed five pounds. The kidneys each weighed twelve ounces. The spleen was small. The penis and testicles were not larger than they are usually found in boys of seven or eight years of age; the scrotum was one and a half inches thick.

Puerperal Convulsions. Dr. Nebinger gives the following summary of his views for puerperal convulsions:—1. The nature of puerperal convulsions is yet undecided. 2. The cause or causes are undetermined. 3. That uræmia is the only cause, is not only doubted but denied, if not disproved. 4. The dependence of the convulsion upon the retained urea in the blood, being by some supposed ferment converted into carbonate of ammonia, is at best but a hypothesis whose truthfulness is strongly disproved by the experiments of Dr. W. A. Hammond; experiments precisely similar to those performed by Frerichs, upon which he reared his carbonate of ammonia doctrine. 5. *Post mortem* revelations are unsatisfactory, and at best present but little that is positive in regard to the pathology of puerperal convulsions. 6. In reference to the treatment, the almost universal testimony is in favour o reasonable depletion, general and local; that the use o chloroform and opiates as remedies are each both strongly recommended and almost as strongly denounced; and that the obstetrical treatment, the speedy and prompt emptying of the uterus, is the only portion of the management of puerperal eclampsia which is universally agreed upon as proper. (*Philadelphia Medical Reporter.*)

Trephining in Epilepsy—Cure. Dr. Read of Ohio reports the following case in the *American Medical Times.* John Tobin, aged 28, common labourer, possessing a model physical organisation, two years ago he received a blow on the side of the head, fracturing and depressing the anterior inferior angle of the parieta bone. He had suffered from spasms of an epilepti character, as described to Dr. Read, at intervals as shor as a day or two, and rarely three weeks. Cramps of th upper extremities, and especially along the course of th ulnar nerve, were very distressing, as well as a genera numbness throughout. He had great difficulty in articulating, and as the friends said, was gradually growing demented. In the midst of a sentence in his narration he would stop and take up another point, as well a pursue his common avocations irregularly; and this condition of things gradually increased, until he could no longer be trusted in his daily pursuits. Trephining wa advised, and on the 9th of September Dr. Read operated The depression in the external table was of a diamete of an inch and a half. He applied a large-sized instrument, removing a portion of bone near an inch i diameter, having a spine of near a quarter of an inch i length projecting from the under surface, that had imbedded itself in the dura mater and substance of th brain, forming a pit in size and shape much resembling that produced by a grain of coffee. The venous hæmorrhage was very profuse from between the tables, from some abnormal distributions resulting from the fracture He was walking about in two weeks, and has had n spasms since the operation, save from the accumulation of blood and pus within the first few weeks, that gav rise to light ones. The difficulty in his speech was immediately relieved while the cramps and numbness slowl subsided, and his mental incoherence he has perfectl recovered from. Dr. Read saw him three months afte the operation, and upon inquiry as to his well-being "*First-rate,*" was given in reply. In proof, he ha assumed his accustomed duties. Dr. Read looks upon the operation as being attended with the most satisfactor results, more so than usually succeeds after the lapse o time that had occurred in the above case.

Successful Removal of the Thyroid Gland. A the New York Pathological Society, Dr. Voss related th following case, in which he removed from a lady age 54, a hypertrophied thyroid gland. Within the las seven years the tumour, having attained quite a larg size, occasioned her a great deal of difficulty in swallow

ng and breathing, so much so that towards the last she
vas unable to lie down. While in Germany, she applied
o have the tumour removed, but the operation was de-
ied to her. At that time she was directed to take
odine, which she did, until iodism was induced. Her
ufferings from the presence of the tumour at last be-
ame so aggravated that she earnestly requested its re-
noval. The size of the tumour before the operation
vas equal to that of a clenched fist; it was flattened
ntero-posteriorly. It was situated more to the left than
he right, and consequently pushed the trachea to the
ight side. When standing erect the head could be
noved very well from side to side, the slightest motion
ackwards occasioned her distressing dyspnœa. The
ifficulties in the removal were comparatively small. A
ong incision was made from the upper part of the thyroid
artilage down to the manubrium of the sternum. As
ne part of the mass on the left side reached somewhat
ehind the sternum, the detachment of the tumour was
ommenced on the outer surface, and the vessels which
ame from the lower right side were secured. There
as comparatively a small amount of venous hæmor-
hage in this step of the operation, but when the left
ide of the tumour was reached the venous flow was very
rofuse and unmanageable, until the mass being de-
ached as far as possible the chain of the *écraseur* was
laced around it and the whole removed. The resulting
ound was perfectly dry. The patient progressed re-
arkably well since the operation. The tumour on
icroscopic examination proved to be non-malignant in
haracter, and composed of fibroid, colloid, and vascular
ssue. Dr. Wood remarked that operations connected
ith the thyroid gland were always interesting in con-
exion with the great amount of hæmorrhage that was
pt to occur. He stated that the operation for the re-
oval of this gland had been performed two or three
mes in this city. He knew of two instances of death
om venous hæmorrhage. "I recollect," remarked he,
that when I was a student there was a gentleman in
is city who attempted the operation upon an English
dy; he cut down upon the body, and before he had
irly removed it the venous hæmorrhage was so great
at she died. I recollect another case, where the
perator attempting to remove the tumour took the pre-
ution to apply ligatures at four different points. They
ere introduced doubly by needles, and then tied, but so
reat was the hæmorrhage that the next morning death
sulted. I remember seeing the chairman operate on
e of these cases and the same thing obtained there;
e veins were enormous. If I remember rightly, he
d not continue the operation necessary for its re-
oval. I take it that the tumour presented to-night
a very unusual form. I have never seen the thy-
id body presenting that appearance, having the three
aracters, vascular, fibroid, and colloid combined."

Precautionary Measures in Ovariotomy. Dr. Fisher,
Sing-Sing, New York, in detailing the history of a
ccessful case of ovariotomy gives the following pre-
utionary measures adopted by him. The temperature
the room was brought up to 80° of Fahrenheit's scale,
ith directions to maintain it at that point. The windows
d doors were to be kept closed to avoid air currents.
he instruments were arranged on a stand, and covered,
conceal them from the observation of the patient.
he operating table was placed near a window admitting
good light. The patient, who was not allowed to see
y of the medical gentlemen who were invited to be
esent, and who was in a very tranquil state of mind, was
ranged upon the table, her head and shoulders being
mewhat elevated; her legs, which were carefully en-
loped in warm woollen blankets, were permitted to
ng over the end of the table, and rest on a stool.
are had been taken the day previous to evacuate the
wels, after which a full dose of tincture of opium had
been administered. No solid food had been allowed for twenty-four hours. About three o'clock P.M. the patient, having previously taken a good "whiskey toddy," was brought under the full influence of a mixture of chloroform and sulphuric ether, in the proportion of one-third of the former to two-thirds of the latter. The pulse, 110 before the anæsthetic was given, when partially under its influence rose to 120, but sank to 104 when consciousness and sensation were suspended, and the operation was commenced. As soon as the patient became insensible the professional gentlemen were quietly admitted, having been previously advised to lay off their coats, on account of the high temperature of the room, and enjoined not to converse or in any way to excite the patient. I hope the reader will excuse the minuteness of detail. It is by strict attention to the totality of the little circumstances of the operation, that success so much more frequently attends the recent than formerly reported cases. By increased care in these particulars we may yet expect a less degree of mortality from ovariotomy, and soon hope to remove the prejudice which many respectable surgeons, even at this time, entertain with regard to the propriety of the operation under almost any circumstances, notwithstanding the mortality is now less than follows almost any of the capital operations of surgery. Dr. W. L. Atlee of Philadelphia, who has had an experience of sixty-four operations of ovariotomy, was present.

The Diuretic Action of Colchicum. In the *Proceedings of the Academy of Natural Sciences* of Philadelphia, for November 1858, Dr. Hammond gave the results of a series of investigations relative to the diuretic properties of digitalis, juniper, squill, and colchicum, by which it was shown that the latter alone possesses the power of increasing the amount of organic matter eliminated by the kidneys. From this circumstance, the argument was adduced that this substance, of all those experimented with, was the only one that could be regarded as a true depurator of the blood. Since the publication of these experiments, Dr. Garrod, of London, has studied the physiological action of colchicum; but he has limited his researches mainly to the determination of its influence over the excretion of uric acid, which forms but a small proportion of the total amount of organic matter excreted by the kidneys. As the result of his investigations, he announced that colchicum does not increase the quantity of uric acid contained in the urine, and that it is not by any action on the kidneys that the remedy in question exerts its curative influence in gout. His result, as relates to the uric acic, does not, so far as Dr. Hammond knows, conflict with his, as Dr. Hammond did not separately determine the quantity of this substance present; but his conclusion that colchicum is not a diuretic in the true sense of the term, is certainly not borne out by his own experiments, and is directly at variance with those which Dr. Hammond performed. It was, therefore, Dr. Hammond observes, obviously necessary that additional investigations should be instituted, and he accordingly undertook the task of furnishing further contributions to the subject.

The investigations consisted of experiments upon adult males in a good condition of health. In all cases, tincture of the seeds of the *colchicum autumnale* was given.

The determinations made were the following:—1, the quantity of urine; 2, its specific gravity; 3, the total amount of solid matter; 4, the quantity of inorganic matter; 5, the quantity of organic matter; 6, the amount of uric acid. The quantity of urine was determined in cubic *centimètres.*

Dr. Hammond then details his experiments, showing the increase of the organic solids of the Kidney from day to day; and then he concludes: "The remarkable effect of the colchicum in increasing the amount of organic matter excreted is, however, very decidedly shown. This increase is so great as to render the probability of its being accidental extremely small, and we cannot do otherwise than regard it as being directly due to the influence of the colchicum. What are we to infer from these investigations? It appears to me that the conclusion may be admitted that colchicum is a true depurator of the blood, and hence we have an explanation of its good effects in those blood diseases, gout and rheumatism. It is seen that no constant effect was produced upon the quantity of uric acid eliminated, and hence these experiments do not conflict with those of Dr. Garrod. We are not, however, bound to admit that the presence of uric acid in the blood in increased amount during a paroxysm of gout or rheumatism is the cause of that paroxysm; and, consequently, because colchicum does not increase the quantity of this substance found in the urine, we are not to suppose that the remedy in question does not exert its influence through the kidneys. (*American Medical Monthly.*)

A Tracheotome. The special instrument, which M. Maisonneuve proposes to use, he styles *the tracheotome.* It is a kind of incurvated needle, sharp on its concave side, with a *regulator* intended to limit the depth of its penetration. This instrument may be fixed in a handle like Deschamp's needle, and provided with a very simple mechanism, to keep the trachea open, as soon as the incision of the latter has been terminated. The patient lying on his back, with his head moderately thrown back, the surgeon holds the tracheotome in his right hand and applying the point of the instrument to the middle of the crico-thyroidean space, gently inserts it in a perpendicular direction. A very evident sensation of resistance overcome indicates that the point has penetrated into the respiratory tube, at the same time that the regulator prevents it from entering too deeply. Then directing the point of the needle towards the sternum, he gently conveys it forward to the trachea until the needle is entirely concealed in the flesh. During this operation, the regulator must be constantly in contact with the integument. When the requsite depth has been reached, the surgeon forces the point of the needle through the trachea and the integument, and divides from below upward all the soft parts included in the concavity of the sharp edge. This incision is naturally limited below the cricoid, by the perfect bluntness of the heel of the instrument. It is important, for the purpose of giving the incision all desirable perfection, to compress the integument up with the left hand, at the moment the point of the needle extrudes from the trachea, and, in the movement of incision, to press, on the contrary, the tissues backward, in order to facilitate the section. The result of this procedure is that the incision of the integument is more extensive than that of the trachea, and, therefore the, blood flowing from the wound has less tendency to penetrate into the air-tubes. This process is extremely ingenious and its execution would appear to be most simple. It removes from the operation its barbarous character and seems to reduce it to a mere puncture. But will it succeed as well in hands less skil-ful than those of the inventor? Will not the needle sometimes run into the posterior wall of the trachea and even injure the œsophagus? These are merely questions we put with a sincere desire that they may be solved by experience to the advantage of the new procedure. (*Journal de Médecine et de Chirurgie.*)

Tasmanian Census, 1861. By official returns it appears that on the 7th of April last, the population of Tasmania was 89,977, being 8,485 more than the number ascertained on March 31st, 1857—an increase of about 10 per cent. on the four years. Of the medical profession there were 64 members.

British Medical Journal.

SATURDAY, FEBRUARY 8th, 1862.

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DE LUNATICO.

All the world is gratified at the cessation of the Windham case, and the mode of its conclusion; excepting, we may suppose, some few of the parties pecuniarily interested in its prolongation. We have already expressed our view of this case; viz., that it was founded upon, and arose out of, an erroneous idea; and our opinion has been generally endorsed by the press of the country. We felt no hesitation in referring to the subject whilst the farce for such it may be fairly called, was still being played out, or before its withdrawal from the judicial boards. Our contemporaries who boast of their abstinence in this wise, exhibit, in our opinion, more of prudishness than of discretion and wise reservation. The proceeding was beyond the pale of ordinary consideration.

Two main facts, we fancy, are now to be gathered from the conclusion of this remarkable tale. The first is, that the machinery of lunacy law is, in some of its parts, in a loose condition. If it had been in proper working order, we may assume that this investigation never could have taken place. The second fact is, that the attempt to establish a doctrine of lunacy, such as that involved in what is called moral insanity, has completely failed.

On the condition of the law which has produced or permitted such a marvellous, and, indeed, mos scandalous trial, we have nothing here to say.

The other point, however, viz., the grounds upon which the plea of insanity was upheld and supported, requires a few remarks. Drs. Forbes Winslow and Mayo maintained this position; viz., that the man in whom the most persevering efforts o skilled psychological doctors can find, on persona examination, and with a full foreknowledge of al his antecedent weaknesses, no trace of unsoundnes of mind, may, nevertheless, be legally and properly condemned as unsound and incapable of managing his affairs, solely on the reported evidence of madcap acts perpetrated by him. Thus, this Mr. Windham in whom could be traced no defect of intellect o the kind required or supposed, and no trace of any delusion, is declared to be unsound of mind, and o legal incapacity, on the evidence derived from the production of a series of profligate, drunken, and blackguard transactions, committed by the man, at different periods, during many years of his life, raked up, and lumped together (as accumulative evidence against him) at one given moment. Happily, the profession at large opposed this view; and still more appily, the jury refused to accept it. The rhole system of English law is, in our opinion, vholly opposed to the admission of this Star Chamber kind of evidence. The position assumed by Drs. Vinslow and Mayo is, indeed, opposed to the liberty f the British person. What man might hope to scape a lunatic asylum, if all the wicked and silly cts of his life were to be raked up and thrown at im at one given moment of his life, and his soundness or weakness of mind were to be judged of and ested by them? On such evidence there is scarcely man (provided he has property enough to pay for he process) who might not be consigned to tutelage f the kind proposed for Mr. Windham.

And in this case, suppose the jury had been led nto a verdict declaratory of Mr. Windham's incapacity, where is the lunacy commissioner, who, on visiting him when under guardianship, would have ventured to retain him in charge? From what we can learn f the opinions of the profession on the subject, we hould say that the very first commissioner who isited Mr. Windham under such *duresse* would have nstantly reported him as improperly consigned to ustody. What superintendent of a lunatic asylum would have dared to retain him in it as a unatic?

The truth is, that this trial ought never to have aken place. It was, as we have seen, based solely n the inadmissible theory above referred to—hat a man may be mad in whom skilled experts in unacy can find no madness.* Cut away this theory, nd, from the very first, the case has not a leg to tand upon. We believe, indeed, that it broke down vholly in the eyes of the country when Drs. Winslow nd Mayo had delivered their evidence. The *Times* as well put this point:—

> "There is no *primâ facie* case in favour of the lunacy f Mr. Windham. If there had been even a *primâ facie* ase, it never could have become such a monster process. Ve do not consider a few *ex parte* affidavits to amount o a *primâ facie* case, whatever they may affirm. It is otorious that any quantity of affidavits may be obtained at any time and against any person. If any disinterested men of skill and experience in such examinations had been sent by the Court of Chancery to investigate this case in the first instance, this great opprobrium to our jurisprudence could never have been set efore Europe. Any such men—and the Chancellor has uch men specially attached to his office—must have reported at once that Mr. Windham was not an idiot, and ad no delusions."

A great amount of very silly abuse has been hrown by some of the journals at our profession in eference to this trial; but most unjustly so. The ther professional witnesses were decidedly opposed o the theory of moral insanity; and the fact that this theory was supported in the witness-box solely by Drs. Winslow and Mayo is pretty good proof that other men of celebrity could not be had to endorse their sentiments.

The most curious part of the affair is that the jury, if report speak truly, were the only persons in the world who had not, up to the end of the affair, fully made up their minds on the merits of the case. We have heard, from reliable authority, that the general feeling of the jury was, up to the very moment of their personal interview with Mr. Windham, adverse to his liberty of action, and that they had, in fact, resolved to have him incapacitated. If such be the case, we must suppose that these gentlemen had allowed their natural sentiments and feelings to get the better of their judgments, and that they had resolved to take a leaf out of Bassanio's legal code—

"I beseech you,
Wrest once the law to your authority;
To do a great right do a little wrong;
And curb this Mr. Windham of his will."

The interview with Mr. Windham was, as people say, that which settled the question. If there be any truth in this report, it is a sad pity that the interview had not preceded instead of followed the long, protracted inquiry. But, on the other hand, it may be fairly asked, and in all seriousness, is such an examination, by a jury of non-professional persons, really a satisfactory test of a man's soundness or unsoundness of mind? Are there not plenty of lunatics in this country who would have escaped free, and have come with certificates of competency out of such a trial?

And then, the conclusion of this expensive farce. Supposing that Mr. Windham had been declared *non compos* by this inquisition, the whole proceeding would have been acted over again, though, of course, before another judge and another jury. The inquisition would have been traversed, after having been travestied; and once again all these parts played before the country! However, *Dîs aliter visum,* and we may be well satisfied.

HYDROTHERAPEIA.

THERE is something very remarkable, we might almost say discreditable, in the fact of the want of attention shown in our great hospitals to water as a curative agency. Dr. Risdon Bennett has given us proofs of the utility of hydrotherapeia—of the treatment of disease by the application of water to the body. He has done in London what has already been done in many continental hospitals. Now, will any hospital physician venture to contradict the correctness of the views of Dr. R. Bennett? Will any hospital physician in London venture to assert that the whole system of treating diseases by what is vulgarly called the "water-cure" is sheer nonsense and quackery? On the contrary, every one readily admits that the action of water on the human body —of hot air, etc.—is most powerful either for evil or for good. How is it, then, it may well be asked, that we so neglect the use of this agency; or rather, that we so completely ignore it in many of its most powerful modes of application? Men talk about the giant strides of irregular practice and quackery; but we will venture to assert that nothing more tends to the rise and spread of those bad things, than this sort of obstructive spirit exhibited by the profession in the matter of common remedies—of water-treatment, of Turkish baths, and such like plain, straightforward therapeutic methods of cure, for example. In kidney-diseases, we require powerful sudorifics; we convert the skin into a supplementary kidney, evacuating thereby urea and dropsical fluid. Do we possess in the *Pharmacopœia* one more powerful sudorific than wet sheets and Turkish baths?

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* Our readers may remember that the reverse of this theory was last year actually maintained by one of our contemporaries; viz., that a man who had insane ideas, was not insane. (See BRITISH MEDICAL JOURNAL, June 1st, 1861.)

But who is there in London—hospital physician—who uses wet blankets as curative agents, excepting Dr. Risdon Bennett? The truth is, that thousands of people have felt the benefit of such kind of treatment. They have thereby had their evil humours purged out of them, or evacuated by those sudoriferous ducts whose combined length in one man (as curious physiologists tell) would reach from London to Windsor. And more than this: many a member of our profession is, *propriâ personâ*, living witness to the value of hydrotherapeia; in other words, witness to a method of cure which is ignored, or rather tabooed, by professional orthodoxy. We sincerely hope that our hospitals—some one of them, at least—will take this subject up seriously. Good old John Wesley had his hymns sung to lively tunes, for he did not see why the devil should alone possess the best of music; and we might well take a lesson out of his book. Why should the profession leave in the hands of outsiders—of the irregular Bashi-bazouks of the profession—of the *Ambubiarum Collegia*—such a simple, pleasant, natural, and, when rightly handled, safe method of cure?

MEDICAL CHARGES.

From whatever point of view one regards the system of remunerating the medical man through his medicines, the aspect which it assumes is equally discreditable to our profession. The character under which the practitioner appears—and which is every now and then prominently brought forward in such instances as the case which was lately tried at Leicester—is not that of a member of a highly scientific calling, but that of a seller of drugs. If, indeed, one were disposed to allow the idea of the ludicrous to predominate, it would not be difficult to draw a ridiculous comparison between the medica practitioner, under such circumstances, and th tradesman—the tailor or shoemaker for instance and to shew that he is made to do that to his patient which the mender of his coat or shoes would not d For who can imagine a tailor's bill for repairs con taining separate charges for "pieces of cloth," o "thread;" or a shoemaker's with charges fo "pieces of leather for new soles," "nails for heels; and the like?

But the matter is too serious to be treated jestingl While the influence of the system for good is pos tively *nil*, its influence for evil is great, both on th science and art of medicine and on the public. Whe the medical man sends in to his patient a long bil of which the principal—if not the entire—item consist of mixtures, boxes of pills, ointments, bli ters, etc., the inference inevitably arrived at is, th the practitioner's skill and judgment in the trea ment of disease are of little or no value, but that t means which he has used—the medicines and appl cations—are the all in all. Thus—to mention nothi else—there is maintained a faith on the part of t public in the all-sufficient potency of drugs to cu disease, to the neglect of rules of hygiene—that mo valuable auxiliary. And, while this idea prevails, ho can rational medicine be expected to make progres

To defend the present system of seeking rem neration for medical attendance by charges f drugs, the plea of necessity will be urged by man It will be argued that, as the public will not p the practitioner for his time and skill, he mu charge for his drugs; and that, if he give his p tients merely as much medicine as is necessary, a seek remuneration for medical advice and attendan alone, he is liable to be considered little better th a rogue, and to lose his patients.

But necessity is no plea in favour of the continu tion of an evil. The system is *wrong*—and that enough; it must be altered. This cannot, perhap be done suddenly; but the change will gradual come about. Nay, even if we had advanced further than the recognition of the evil, the fir step might be said to have been taken for its reform but it is due to many general practitioners to s that, disgusted with the charging for drugs, th seek remuneration for their skill and attentio Yet even they are often obliged to shape th course according to special circumstances—so i veterate is the adherence to the old custom.

With whom, then, lies the blame of the fact th this system, which places the profession in such false position, is not more completely and mo rapidly eradicated? The blame must be borne by bo parties concerned—the medical practitioner and t public.

In saying that the practitioners of medicine a in part blameable for the persistence of the dru rading system in medicine, we would not utter anyhing harsh in the ears of those who—probably of he same opinion with ourselves—are trammeled by opular prejudice. For them every allowance must e made; they are bound down by an influence of hich we shall again presently speak, and which, we now, they cannot readily throw off. We would erely urge them, if they have any regard for he dignity of medicine, to lose no opportunity f doing their share in rescuing it from the mateial and mercenary aspect which it is made to ssume.

Of the practices, however, of another class of meical men, we must speak with condemnation. We nean those—and there are several such in London—vho set themselves forth as gratuitous givers of meical advice to all comers; but who are not so disintersted but that they give to their patients such an mount of physic, at not very low charges, as will emunerate themselves handsomely. It is such men s these that keep up, in all its intensity, the mischief vhich is the subject of our remarks. Their action s degrading and injurious to the profession of mediine; and they confirm the public in their mistaken stimate of the value of medical services.

We have said that a share of the blame must be orne by the public—and we may say, the largest hare. For it cannot be expected that the reform vhich we advocate can be carried out, until the peole shall have learned that the worth of the medical nan lies in something higher than mixtures and ills, and that these are the mere accessories of his rt. So long as they will persist in the notion that he doctor is doing nothing unless he physicks them vell, so long as they fail to recognise him as the *ninister Naturæ*, judiciously guiding the patient in ier paths, and preventing him from swerving therefrom, and using his medicines only as auxiliaries when required—so long will it be an inevitable neessity that the practitioner should in many instances seek through his drugs that remuneration which he cannot obtain otherwise. The public must alter their view of the medical art; they must be better instructed in the real value of medicine and of medicines, and must understand that these two words do not always mean the same thing. We commend this matter earnestly to all who are interested in the enlightenment of the popular mind; especially to the members of the public press, who might do much service in the matter; and to the members of our profession themselves, who have, and ought to use, numerous opportunities of disabusing their patients and others with whom they come into contact, of ideas which foster a practice at once unworthy of the medical profession, injurious to the public, and inimical to the progress of medical knowledge.

THE WEEK.

The magistrates of Middlesex propose that the district over which Mr. Wakley now exercises the duties of coroner shall in future be separated into two divisions; the one to be called the Western, the other the Central Middlesex, coroner's districts. The county will thus for the future be divided into an East, a West, and a Central district. The election for coroner in future will also be confined to the freeholders of the district for which the coroner is elected. Of course, the new arrangements will not come into operation at present; but the medical profession should be prepared for eventualities. We have good reason to know that no fewer than three members of the legal profession have expressed their intention of presenting themselves at the next vacancy as candidates for the office of coroner for West Middlesex. Parliamentary agents are at work; deputy coronerships have been promised; money has been paid down; and all the dirty work, which is so well known under the name of "bribery and corruption" at elections, is going on to secure that justice for the law which Mr. Wakley, for the benefit of the medical profession, purchased so dearly. We would, then, earnestly call the attention of our medical brethren to the necessity of being of one mind on this subject. Whenever the vacancy comes, they should be found prepared to fill it with a good man. This is a duty the profession owes to itself and the public. Every day shows how necessary it is that medical men should fill the post of coroner. We need hardly add, that there are always amongst us men who, by their scientific attainments and sound judgment, are peculiarly fitted for this post.

The following account of the sanitary and moral condition of New York is especially interesting at the present moment. It indicates something radically wrong in the go-a-head mental state of our cousins. The *American Medical Times* writes:—

"New York presents to the world the singular spectacle of a great city, aspiring to supremacy in population, wealth, and intelligence, yet regarding with indifference those blighting influences which delay her progress, and tend powerfully to thwart her ambition. The annual devastation of her people by loathsome diseases which she can easily prevent, the disgust which her filthy streets create in every visitor, and her fearful system of packing the labouring classes in unventilated tenement houses, give her no alarm. Heedless of her own happiness, of the good opinion of men, and of the fearful evils which afflict her population, she rushes madly towards the goal which she is destined to win only at the hazard of every interest of justice and humanity. It seems incredible that an intelligent and Christian city could witness the annual decimation of its people by preventable diseases without putting forth every honourable exertion to apply the remedy. Yet such, in its municipal capacity, is the conduct of New York. In 1860, by careful computation, this city lost 10,496 of its inhabitants by diseases that either do not exist in the most salubrious districts, or exist only in a modified and not fatal form. The hearts of the people are wrung with anguish when a score or two of lives are sacrificed on an ill-conceived battle-field; the commanding officer is suspended from command; a military commission inquires into the minute details of his plans, and if it proves him incompetent he is dismissed from service. But New York, calmly indifferent, witnesses the annual slaughter of more of her citizens than occurs in a hundred destructive battles. No official is hurled with popular indignation from power; no searching inquiry is made for the causes of this costly sacrifice to official incompetency and neglect; but quietly the new year succeeds the old, and begins its chronicles of the same waste of human life. Scarlatina, small-pox, marasmus, and their congeners, are to-day consuming, like a devouring element, the homes of the labouring classes, without so much as an official inquiry as to the possibility of mitigating their ravages. In savage and inexorable blindness the autocrat of epidemic and pestilential diseases sits on his throne of human skulls at the City Hall, and records with grim delight the weekly returns of his all-conquering agencies."

The following account of the services lately rendered by medical men at the Hartley Colliery is given by the *Times*, and is worthy of record in our pages :—

> "The services of the medical men, too, ought not to be forgotten. Dr. Davidson, the colliery surgeon, scarcely left the pit's mouth night or day for the first four days, and he was nobly aided by Mr. Ward of Blyth, and other volunteers from among his professional brethren in the neighbourhood. Four of them, Dr. H. Ward, Mr. Ambrose of the Arctic yacht *Discovery*, Mr. Nichol, and Mr. Lambert, when the first opening was made in the ruins, volunteered to go down, and force their way through the stifling gas, on the chance of finding some of the men alive."

Dr. Wright of Nashville complains of the neglect of American medical works by Americans :—

> "As publishers and physicians we have been too prone to trust to transatlantic authors for books, etc. Foreign books could be sold at less prices than an American book, because the MS. cost the publisher nothing; and, hence, too often the product of American brains gathered dust, and were food for moths upon the shelves of the publisher. This is all wrong. American physicians should encourage American authors by buying and reading their works; and American publishers should bring to the light American MS., even, if need be, to the exclusion of foreign reprints. Where will the American physician find such an *Anatomy* as Leidy's? Such a *Physiology* as Dunglison's, etc.? In fact, works upon almost every branch of medicine have been produced by American authors, that are unsurpassed in practical usefulness by any of transatlantic authorship. But how are American authors rewarded? Where one copy of Gross's *Surgery* has been sold, ten of Druitt's have found a purchaser; where one of Wood's *Practice*, perhaps ten of Watson's; and so on to the end of the chapter!"

Another of those excellent institutions, a village hospital, of which Mr. Moore is the medical officer, has sprung into existence at Bourton-on-Water. It has been alive since last March, and is pronounced in its first annual report to be healthy and flourishing. This bringing home to the working man's door of hospital comforts is manifestly an immen boon to him. The cheapness of the system al appears remarkable. Another most praiseworth part of the scheme is the semi-self-supporting ch racter of it. Out of an income of £161, we see th £21 : 10 were subscribed by patients. Small ho pitals, and plenty of them, are now all the cry i Paris, where the evils of bad ventilation and th accumulation of the sick have for so many yea told frightfully on hospital mortality.

We are surprised that no establishment for th administration of *pulverised liquid medicaments* ha yet been opened in London. We hear that such a one has been started in the Quartier Latin in Pari at 1½ *franc* per head. In the meantime, the sava of the Academy of Medicine are discussing the que tion : Do the pulverised liquids penetrate into th bronchial tubes, or not ? M. Poggiale has presente a very learned report on the subject to the Academ and on his report will the discussion be based. H opinion is, that pulverised medicamented liquids ma find their way into the bronchial tubes ; but as f their therapeutical effects when thus introduced, h can say nothing. On the other hand, M. Pietr Santa and others affirm that these liquids do n enter the bronchia. While the *savans* are settlin the question, what are called the "practical men will doubtless make a harvest of this invention, o the strength of what it promises.

A young girl suffering from catarrh of the uteru and under M. Trousseau's care in the Hôtel-Die was at his request vaccinated, small-pox being pr sent in the wards of the hospital. Small papules first were alone observed as consequences of the va cination. The patient left the hospital with dire tions to return every fourteen days for cauterisatio of the womb's neck. On her first return, she state that the vaccination had at last taken ; and, on e amination, large ecthymatous pustules were found the punctured spots. These pustules soon enlarg into enormous crusts of rupia, followed by enlarg ment of the axillary and cervical glands. A fe days later, roseola appeared. M. Ricord was invite by M. Trousseau to visit the girl, which he did, a remarked that to his eyes she presented typic signs of syphilis. Whence came the disease ? W it inoculated with the vaccine matter, which w taken from the arm of a child to all appearance pe fectly healthy ? This question M. Ricord was solve, or attempt to solve, in a clinical lecture.

Two societies at present dispute the title of "S ciété du Pantheon", and justice is called upon settle the dispute.

An aristocratic countess, a widow, is about marry one of our French medical brethren. Th only arms he can boast of possessing, say the paper is the quill of a journalist.

Marmontel states that more than eighty thousand izens, whose lives might have been saved under oper hygienic conditions, had perished in the otel-Dieu at Paris between 1737 and 1772.

“There is”, says *L'Union Médicale,* “another int of difference between English and French sur-ry to be noted. Each week in London is marked a fresh case of death from chloroform—a fact ich does not illustrate the skill or the prudence English surgeons, but rather their rashness.

The severity of the French law in reference to *armaciens* and their dealings with the public is rthy the attention of our English druggists, who now nsider themselves justified in playing the character diplomatised practitioners of medicine. A decision s just been given at the Tribunal of the Seine, ac-rding to which the sale by a *pharmacien* of his op to an individual not possessed of a *pharmacien's* oloma is illegal! The French journals also weekly ve details of fines, etc., inflicted upon persons who actise medicine and surgery without a license.

M. C. Sappey (Société de Biologie) has given the sults of researches he has made to determine the mparative size of the cranium and the encephalon man and woman. M. Parchappe agrees with istotle, that the encephalon in man is much eater than in woman. Soemmering, on the other nd, affirms that it is larger in the woman. Most atomists and physiologists, however, give no de-led opinion on the point. M. Sappey, to clear up e question, examined in thirty-two persons, sixteen en and sixteen women, taken indifferently, the lume of the cranium, and its capacity, and the lume and weight of the encephalon. He found th the volume and the capacity of the cranium eater in man than in woman. With regard to the ight of the encephalon, it was much greater in an than in woman; the mean weight showing that was 102 *grammes* heavier in man. This excess of ight was found to exist almost entirely in the ain itself; for the weight of the cerebellum and e medulla oblongata was much the same in both xes. The heaviest encephalon met with in woman ighed 1 *kil.* 376 *gram.*, and the lightest 1 *kil.* 088 *am.* In the male sex, the difference is even greater. one person, the encephalon weighed 1 *kil.* 510 *am.*; and in another, only 1 *kil.* 062 *gram.* In e first case, the difference is 288 *grammes;* and in e case of man, 448 *grammes.* It also follows that, many women, the encephalon is greater than in an. Dupuytren had a remarkably large head, and s encephalon weighed 1 *kil.* 436 *gram.* From what re appears, adds M. Sappey, we must receive with uch reserve the reported weights of the brains of yron, Cromwell, and others. The weight of G. uvier's, which was found equal to 1 *kil.* 831 *gram.*, ems to mark the extreme limit which it can reach. he smallest encephalon observed by M. Sappey was that of an old man of 72, weighing, as above stated, 1 *kil.* 062 *gram.*

M. Velpeau has been elected Vice-President of the Academy of Sciences.

The French Government has decided that it will have a new edition of the *Codex.* Professors Dumas, Grisolle, Regnault, Tardieu, Wurtz, Bussy, Chatin, Guibourt, Lecanu, Petit, and Mourier, have been elected to form the commission.

M. De Ceaux has lived many years in Vienna, and has given the French Academy a detailed account of the climate of Vienna. He considers that the air is vitiated by the predominance of west and north-west winds; that it is vitiated by cesspools, which exist in the courtyard of every house, and are not hermetically closed; and that it is vitiated by the waters.

M. Prévault of Tours speaks thus of his personal experience of the antiphlogistic *method:*—“When eighteen years old, and a student at Paris, I was seized with an attack of acute rheumatism, and carried to La Charité, to M. Bouillaud's wards. Seven bleedings from the arm in four days, eighteen cuppings at the knees, *diète absolue* for a week, mercurial frictions, blisters, were the treatment. However, the fever did not cease before the eighteenth day. At the end of a month, I left the hospital, and managed to reach my lodgings, which I could not leave again for a month; and I was a year before I was free from pain and stiffness of the joints.”

M. Prévault of Tours speaks in the highest terms of praise of the beneficial effects of *elastic collodion* in the treatment of acute rheumatic arthritis. His formula is this: Collodion, 30 *grammes;* Venice turpentine, 15 *decigrammes;* castor oil, 3 *grammes.* The preparation should be spread over and a little beyond the limits of the inflammation; three successive layers should be applied, the last layers being applied when the previously spread layer no longer adheres to the finger—*i. e.*, when it is dry.

M. Foucher of the Hôtel Dieu practises the following method of local anæsthesia in cases of incurved toe nail, and with, we are told, complete success:—A ligature is tightly applied around the second phalanx of the great toe, and then lint soaked in chloroform is laid upon the nail for two or three minutes before the operation is performed. Two patients thus operated upon felt no pain, but only a slight sense of tickling.

A new oath has been promulgated for the benefit of the Austrian army doctors. The *Wiener Medicin Wochenschrift* says that it is a great improvement on the old one, which occupied four closely written pages. The following is a clause in this new oath: —“You swear to devote yourself manfully to the good and the service of the sick and the wounded, whoever they may be, and wherever the will of his

Imperial Majesty may order, by land and by water, by day and by night, in battle and in storms, in fightings and strugglings of every kind, in every place, at all times, and on all occasions, with eagerness and self sacrifice, and to shun no danger." Notwithstanding his oath, the Austrian army surgeon is held as a "non-combatant"; and this is one of his grievances.

The famous traveller, Dr. Schmarda, who in 1852 was suddenly, without process or judgment, deprived of his professorship by the Minister Thun, has been replaced as Professor of Zoology in the University of Vienna.

French doctors, in future, when called to give evidence as *experts*, are to be treated and paid as such, and not, as heretofore, merely as simple witnesses.

M. Thiry, in the *Presse Méd. Belge*, describes a case of ovarian cyst cured by iodine injection. About three *litres* of coffee-grounds-like fluid were withdrawn from the cyst, and then a mixture of equal parts of tincture of iodine and water injected into it, and left there until the patient began to feel heat and pain. In about four days, the cure was complete; and now, many months after the operation, the young woman is well and happy, and has recovered her strength, etc.

Dr. Sevian tells us, in the *Gazette Medicale d'Orient*, that he was medical officer on board the Turkish man of war *Fethiê*, on the occasion of the vessel passing from Constantinople to Glasgow to receive its screw-steamer; and that, during the twenty-one months occupied in the journey, almost every one of his crew, 670 in number, were at one time or another on the sick-list. There were 64 deaths—1 in 10.15. Scurvy, pulmonary diseases, and dysentery were the predominant affections; hard work, and bad food and treatment, manifestly the promoting causes of the diseases.

A M. Caron, gunsmith to the Emperor, has presented to the Academy of Medicine a physic-spoon (with a long letter), "destined to facilitate the administration of disagreeable liquid medicines, and especially of cod-liver oil." This physic-spoon is figured in the *Moniteur des Scien. Méd.*, and represents an "invention" which has done family service in this country for a quarter of a century.

Baron Seutin, member of the Senate, and physician-in-chief of the Belgian army (1831-40), etc., has just expired at Brussels, at the age of sixty-nine This distinguished practitioner was ennobled by King Leopold. He was also an officer of the Legion of Honour.

"The question of spontaneous generation has more adversaries than partisans among *savans*," says the *Charivari*. M. Flandin, however, now comes to make a disturbance amongst them whilst they are quietly attempting its solution. "What do you mean by 'spontaneous generation'?" he says; "what logical sense do you attach to the two words? L us open the dictionary and read: *Generation*, pc terity, descendants, filiation; *Spontaneous*, th which is not produced by anything. Now, posteri supposes anteriority; descendents imply ascendant filiation demands paternity. But can there be effe without cause? Assuredly not. Spontaneous g neration, then, is a thing impossible." And thus the question disposed of, by the power of logimach to M. Flandin's satisfaction.

A French medical journal complains of the cal made upon the doctor's charity by the artist. Artis consider themselves entitled to gratuitous medic services. The poor doctor! he is thought to be pa ing nothing out of his pocket in giving his time ar his knowledge! Every one asks his charity, tl poor of every class, real or fictitious, friends, rel tions, comrades, neighbours, and lastly artists. Tl artists are, indeed, not altogether unreasonable this. Thirty years ago, M. Trousseau loudly a serted that medicine is an art, and the physician a artist; that the best medicine is the work of inspi ation. Hence, arises confraternity of feeling, which we have the honour of paying the expense.

LALLEMAND, PERRIN, AND DUROY ON ALCOHOL.

The following excellent summary of the work of M Lallemand, Perrin, and Duroy, is from the Report (M. Rayer) presented to the French Academy on the o casion of the presentation of a prize to the authors:—

Alcohol is a body, whose study is of great interes as regards physiology, medicine, and hygiene. It ha hitherto, been the subject of experiments; but its re action upon the organism had yet to be shown. M Lallemand and Co. first sought for a means by whic they might be able to recognise the presence of ve small quantities of alcohol in the tissues and fluids the body. Having obtained such a test, they then pr ceeded to follow the course of the alcohol into the bod its absorption by the digestive organs, its circulation the blood, its localisation in certain tissues and in ce tain organs, and then its elimination by different par of the body. They examined with especial care th question, whether alcohol, in its passage through th body, retains its chemical composition, or whether it converted into products of combustion; whether, i fact, it behaves as food or as a non-assimilable sul stance, foreign to the body. These points are all treate experimentally by M. Lallemand and his associates.

By these experiments they establish, in the first place that alcohol mixed with water is rapidly absorbed by th stomach, passes into the blood, and reaches the lung which are the chief organs of its elimination. A fe minutes after the ingestion of alcohol its presence i noted in the air inhaled from the lungs; and the ir halation may continue for many hours, according to th amount of alcohol ingested.

Four men, each of whom had taken 100 *gramme* of brandy, passed their breath during four hours (re lieving each other) through an apparatus. The liqui products of the condensation of the vapour thus intr duced into the apparatus was twice distilled over quic lime, and yielded 4 *grammes* of a limpid liquid, havin

listinct alcoholic odour. It was, in fact, diluted alco-
l, and was capable of burning when heated. The al-
hol also passes off with the urine. Three *litres* of the
ine of four men who had taken three bottles of wine,
ntaining 10 to 12 per cent. of alcohol, and about 120
ammes of *eau de vie*, were collected. The urine was
refully distilled, and yielded 2 *grammes* of highly
ncentrated and nearly pure alcohol. Alcohol was also
tracted from the blood.

In ascertaining this fact, the authors were led to a
markable discovery, viz., that the blood was not the
rt of the body which contained the largest amount of
cohol. 240 *grammes* of alcohol of 21° were injected
to the stomach of two dogs (120 into each), and in an
ur and a half 700 *grammes* of arterial blood were taken
om the carotids of the animals. It was then distilled,
d gave five *grammes* of concentrated and nearly pure
cohol. When different parts of the bodies of these
imals were subjected to distillation, it was found that
e nervous tissues and the liver contained a larger pro-
rtion of alcohol than the blood; and that in the mus-
es only a trace of it could be found: the blood, for in-
ance, containing 1, the liver contained 1.48, and the
ain 1.75, proportional part. Alcohol, therefore, accu-
ulates by a sort of affinity in certain parts of the body.
e fact well corresponds with the well known pathologi-
l effects produced in the liver and the brain by alcohol.
ur authors then endeavoured to ascertain whether alco-
l was decomposed in the body; whether, in fact, it
uld be considered as a respiratory food. They sought
r the products of its combustion, aldehyde and acetic
id. But all their experiments were negative; and
ey therefore concluded, that alcohol must be
nsidered as a non-assimilable substance, acting as
cohol in the body, and as a local excitant of the tis-
es. Hence, then, alcohol ingested is absorbed. In-
oduced into the circulation it pervades all the tissues;
accumulates in the liver and the nervous centres; it
mains a long time in the body; it is eliminated as
cohol by the lungs, the skin, and chiefly by the kid-
ys. The localisation of the alcohol in certain organs
plains its pathogenic influence over certain constitu-
nal and organic diseases of the liver, the nervous sys-
m, and the kidneys.

LITTRE'S HIPPOCRATES.

. LITTRÉ, *L'Union Medicale* tells us, has brought his
nslation of the works of Hippocrates, or rather of what
calls the Hippocratic Collection, to a close. The
rk is said by one of his critics to be the most impor-
nt literary addition made to medicine during the pre-
nt generation. M. Littré says himself, that the
our which he commenced in 1834 is only now finished
1861; and that during the whole of this period, with
e exception of four years, he has been engaged upon the
rk.

"I have not", he writes, "left Hippocrates where I
und him. The criticism of the Hippocratic Collec-
n, the connexion of the text, and its medical interpre-
tion, formed the duties of a new editor.

"I have denominated the so-called works of Hip-
crates as the Hippocratic Collection, because they are
collection of writings of different authors. This fact
admitted by ancient critics, and is readily proved by a
se examination of the work. The collection may cer-
nly be traced up to the date of the establishment of
e libraries and schools in Alexandria. It is certain
at from that time nothing has been added to or taken
ay from it; consequently, the writings which form the
llection belong to what may be termed the ante-
exandrine period. The work refers to many books
composed by Hippocratic physicians; but none of these books have reached us, or even those of the Alexandrine critics who began the formation of the Hippocratic work. Those books perished in the interval comprised between the period of their composition and the formation of the great libraries of Alexandria and Pergamos.

"With regard to the authors of the work it is not easy to speak positively. Both external and internal testimony, however, goes to show that the collection contains within it books which belong to a very ancient medicine, and (speaking in a large sense) to one particular epoch. Between the time of Hippocrates, who was nearly a cotemporary of Socrates, and the Alexandrinė establishments, there was an interval of about one hundred and fifty years, during which time a considerable number of books were written on medicine. Some of these were lost, and some of them form part of the collection. This was the time when the Cnidean books were inserted; and when also the curious fact presented by the books on epidemics occurred—viz., the preservation of notes and papers not destined for publication. These notes and papers were certainly from the hand of an Hippocratic physician, and probably in part from the hand of Hippocrates himself.

"Thus the Hippocratic Collection, in its present form, must be referred to the times of the earliest establishments of Alexandria. It consists of fragments collected from other productions; for the authors of them refer to writings of their own, of which no trace now exists. It contains writings of the great Hippocrates, of him of whom Plato and Aristotle speak. It contains, again, writings which may have been written by his sons or his pupils, but whose real authorship cannot now be ascertained. It contains notes and papers which appear in a state in which no author would have published them; and these, therefore, must be considered as posthumous publications. And it contains the Cnidean books, without regard to ancient differences—a fact which still further shows its posthumous character. Heterogeneous, however, as its contents are, they are all undoubtedly linked together by a community of time, of theory, and of practice.

"With regard to the text, Albinus's, Comarius's, and Foës' editions are excellent, but they belong to the sixteenth century; and since that date, learning not having been directed to medical literature, nothing has been done for the text of Hippocrates. The first thing necessary was a collation of different manuscripts.

"This long and tedious labour I have gone through", says M. Littré, "to the best of my powers. The manuscripts in the Imperial Library are numerous and important, and were placed at my disposal. I have noted all the differences in them. There is an important manuscript at Rome, and I found that we have a copy of it in Paris. We have also two copies of the Florentine manuscripts. The Imperial Library at Vienna possesses a manuscript of the high value, which had not hitherto been made use of. Certain manuscripts which were spoken of as at Munich and Copenhagen were found similar to some of those in Paris; hence, in my edition, the variation in most of the manuscripts is to be found."

"The text has consequently been most extensively corrected. One particularly happy fact has been made out respecting the Latin translation of the treatise on *Weeks*. This treatise, lost in the Greek and found again in Latin, has revealed to us three important and unexpected facts—1, that the pretended eighth section of the *Aphorisms* was a fragment of the book on *Weeks*; 2, that a long fragment of it was included in the little book on *Critical Days*; and 3, that the treatise on *Weeks* had also the title of *First Book of Diseases—the Small*."

Hippocrates and the Hippocratic writers are technical authors. Consequently, it is necessary to penetrate into the meaning of things, as well as to rectify the text. Hitherto, since the days of the Renaissance, little attention has been paid to this point. M. Littré mentions a few facts in this way which he has made out. With regard to the work (vol. ii, p. 538) whose object is to decide the nature of the fevers described by Hippocrates, the general conclusion has been, that these fevers are of a remittent kind. This conclusion has thrown great light on Hippocratic medicine.

Again, in compound fracture of the leg, Hippocrates suggested an apparatus for continued extension, of which no one could comprehend the nature. "I have given the description and a figure of it (vol. iii, p. 363); and I may add, that Malgaigne has recognised its true principle.

"Hippocrates, also, had a machine, which later surgeons called the *scamnum Hippocratis*, or bench of Hippocrates, which he made use of in the reduction of dislocations and fractures of the lower limbs. Commentators had given an incomprehensible figure of it, such as showed it could have been of no use at all. I have shown (vol. iv, p. 20) that the *scamnum* is a machine well-contrived and very effective in application.

"In the sixth Book of *Epidemics*, I have discovered a disease, which I have named the Epidemic of Perinthus, and whose character had escaped previous commentators: viz., cough with paralysis and consequent nyctalopia. Some years after my first work on this disease, when the researches of modern observers had pointed out the paralysis consequent on diphtheria, and on other acute diseases, I connected the past with the present, and thus placed an observation, made twenty-two centuries ago, by the side of one made during the present century.

"It is well known that Hippocratic physicians had some idea of auscultation. I have added to the facts hitherto known, an important one: viz., the leather-creak, a friction-sound which was known to their physicians in connection with false membranes of the pleura.

"The fact of the expulsion of an ovoid mass through the vulva, six months after coitus, is explained, vol. viii, p. 463. This explanation is Dr. C. Robin's, who has founded his explanation on our modern knowledge concerning the normal caducity of the uterine mucous membrane.

"And now," adds M. Littré, "I take leave of Hippocrates, of the public, and of my editor; of Hippocrates, whom I have to thank for admission to the Academy of Inscriptions; to the public, who have never refused me their support; and of my editor, who has not been wearied out either by length of time, or by the extent of the work."

[The results of the attempts which have been made to separate the genuine works of Hippocrates from those which have currently passed under his name, though not written by him, is a striking instance of the different views which different men will take on the same subject. The late Mr. Francis Adams of Banchory, in the introduction to the translation of the *Genuine Works of Hippocrates*, published by the New Sydenham Society, gives the classifications adopted by Grimm, Littré, Greenhill, and himself; and no two of these are exactly the same. One thing, however, is clearly made out: that the works which can be absolutely referred to Hippocrates himself shew that he was a man who clearly understood what was required for the advance of medical knowledge—correct observation rather than vague hypothesis. If medical research had been in all ages carried on in the spirit in which the treatises on *Airs, Waters, and Places*, and on *Epidemics* (to mention these alone) were composed, we venture to say that our science would now be standing in an infinitely higher position than that which it now occupies.]

Special Correspondence.

ITALY.

[FROM OUR OWN CORRESPONDENT.]

Rome, October 25th, 1861.

LEARNED societies and academies, as well as specia scientific committees for the investigation of obscur questions in medicine and natural history, are so frequently heard of in France, Germany, and England, tha we are in the habit of looking upon their labours as mere matter of course. The same is not the case wit Italy, which at present is almost entirely devoid of scientific life, as learned associations for the advancement o science do either not exist at all, or are in a withere and atrophic condition. In 1843, an Academy of Science was founded here, which had also a medical section but, as it spoke out rather boldly in scientific questions it was soon again suppressed. In 1850, when Italy' chains had been freshly soldered, a medical society wa established in Rome, by order of the authorities, an with the special purpose of bidding science to return this was the Societas Hippocratica, which declared progress to lead to certain destruction, which condemne everything new as bad and revolutionary, and abuse the venerable name of the father of medicine in a disgraceful manner. But this miserable child of a miserable time could not live; and quite recently a new medical society was founded, which, it is true, is subjec to many restrictions, as its members must not excee twelve, besides which all its doings are under strict surveillance; and it is only allowed to bear the modest name of Medical Conference (*Conferenze Mediche*); still, it exists and works, and gives fair promise of a bette future. I will to-day communicate to you the results o its labours on Pellagra, as it exists in Middle Italy, which may be of interest, as this disease has recently been the subject of much discussion in some of the academies and societies of the continent.

A short time ago, it was reported to the Medical Conference that, close to us, in the district of Palestrina, where Latium and the country of the Hernicians join in the Val di Lacco, pellagra had appeared for the last twelve years, and was much on the increase. The society thereupon resolved to investigate the subject; and a committee was formed, which consisted of Professor Maggiorani, Dr. Gualandi, Dr. Marchi, and Professor Manassli, who were commissioned to find out whether the disease observed in the district mentioned was in reality pellagra; and if so, what were the causes of it, and what measures ought to be adopted for the extinction of this new epidemic. The committee has just sent in its report, drawn up by Professor Manassli, and of which I extract the following particulars.

Patients suffering from pellagra were met with in the town of Palestrina, and in some neighbouring places, as Capranica, Castel S. Pietro, Valmontane, and Rocca di Cave. The committee examined fourteen patients, whose age varied from eighteen to seventy years; and received reports of many other cases. Most of the patients who came under the eyes of the committee showed the initial stage, or a rudimentary form, of the sease; while, in others, the distemper was quite con- med.

The symptoms observed were the following. There as erythema of the skin, especially on the back of the nd and the forearm, the back of the foot, and the wer third of the leg; besides, it appeared on the nose, the zygomatic region, and on the sternum. This ythema was accompanied by heat of the affected part, sensation of itching and burning; and when it dis- ppeared, desquamation of the epidermis ensued. The kin afterwards remained hot and dry, of a dark brown lour, thin, and like parchment; on a few spots, whitish near stripes were to be seen, similar to scars, while agades were rare. The itching persisted, and even ch patients as had not suffered from erythema, com- lained of pruritus, especially in the legs. The subcu- neous cellular tissue had lost its fat; and the patients ppeared extremely lean and emaciated, especially those ho were aged; one man of seventy looked like a ummy; and the skin, which was quite similar to parch- ent, covered the tense tendons on the back of the and, so as to make it resemble the foot of a goose.

Other constant symptoms were loss of appetite, a itter or salty taste, dryness in the throat, pyrosis in the omach and pharynx, and diarrhœa; this latter being ften present for years before the outbreak of the erup- on. These symptoms ushered in, not only the com- encement of the disease, but also its relapses. The ulse was generally very slow; anæmia and a cachectic omplexion were also present. Muscular weakness was ften extreme; the movements were sluggish, and the ait tottering, so that the patients were obliged to walk ith the aid of a stick. Besides, the power of vision ad decreased; there was vertigo, noises in the ear, or nnitus aurium; the mind was, in some patients, hebe- ated, some having become quite idiotic; and in all cases here was a sad and melancholy disposition.

In severe cases, all these symptoms came on simulta- eously; in others, they appeared successively, one after he other. A few of them were wanting in the milder orms of the complaint; and those which appeared, did so ery gradually. They were most intense during spring; ut in autumn the disease abated, or disappeared alto- ether. It was in this manner protracted over many ears. As to its termination, some patients entirely re- overed in consequence of adopting another mode of iving; but a few cases have ended fatally; and some atients have been transferred to the lunatic asylum of his city, having become quite idiotic.

All these patients belonged to the poorer classes; and he committee has no doubt whatever about the cause f the disease, which it believes to be the consumption f a bad quality of Indian corn (*zea mais*), which forms he staple food of the inhabitants of the districts men- ioned. The cultivation of maize has, for the last twelve ears, very much increased here; all such fields as did ot yield anything else having been planted with this. ince that time, the numerous poor of the neighbour- ood have lived exclusively, or almost entirely, upon aize, which, in the bad, dirty, and narrow dwellings of hese people, can scarcely be well-housed, and is gener- lly soon spoilt. The flour is either baked into maize bread, or boiled with salt and water, and eaten as polenta. During the whole of the winter, the poor have nothing else to eat; and even if they cultivate other kinds of corn, they always sell it, in order to escape the high tax for grinding, and pay, with the produce, the taxes and other necessaries. They preserve a little corn for the time of the harvest only, that they may be better able to perform the heavy work in the fields during that period. It is then that the patients suffering from pellagra improve, while they are worst during spring, after they have for a long time consumed nothing else but maize. As this cereal is acknowledged to be a wholesome article of food, the deleterious influence it exerts upon the inhabitants of Palestrina must be sought in its bad quality. Perhaps, it does not thoroughly ripen there, especially if the weather should happen to be unfavourable; or it may be attacked by a cryptogamous parasite similar to *secale cornutum;* or the bad way in which it is housed may produce certain pernicious changes in it.

The report of the committee may be summed up as follows. Pellagra really exists in the places named. It is a disease *sui generis*, and belongs neither to the diseases of the skin, nor is it a form of gastro-enteritis, nor a disorder of the nervous system; but it is a constitutional distemper, and consists of a disturbance of nutrition. Many cases are of a mild character, and remain for a long time in the initial stage of the complaint; the cause of which is, probably, that hereditariness has not yet had time to exert its influence, and that the maize is not eaten without interruption. The cases which have been observed, do not justify us in assuming an herpetic, an erythematous, a gastro-enteritic, and a nervous stage, succeeding one another; but each symptom may appear at any time, and all at the same time; but if the course be protracted, and the cause allowed to persist, the cachectic and nervous symptoms predominate. Signor Invalidi, in his pamphlet, *Sulla Pellagra di Marraco* (1857), has asserted that no traces of the affection remain visible on the skin, if the patients wear thick woollen stockings; but this does not hold good for pellagra as it is in Palestrina and its neighbourhood. Painti, who has observed pellagra in Venetia, lays peculiar stress upon a scorbutic condition of the gums; but nothing of the kind has been observed in any of the patients examined by the committee; while, in a few cases, the fissures of the tongue, to which M. Landouzy has directed attention, were remarked. Bronzed skin was not found in any other parts than those which had previously been erythematous, with the exception of one patient, aged 70, whose whole body had become of this colour. This man was afterwards transferred to the lunatic asylum at Rome, on account of complete idiotcy. Other forms of insanity than dementia and melancholia were not observed in patients suffering from pellagra.

That maize must be looked upon as the cause of this distemper, the committee concluded, not only from the circumstances mentioned above, but also from certain historical facts, as pellagra was not known before the eighteenth century; and since that time has appeared in Asturia Lombardy, Venetia, and Bordeaux, after the cultivation of maize had become general in these districts. Besides, the intensity of the disease is always proportionate to the amount of maize taken, in different seasons, and by different persons. Although M. Landouzy, who has studied the disease in Rheims, and M. Boudin, who has made researches on it during the late campaign in Lombardy, are of opinion that its cause cannot be attributed to maize eating, the committee of the Conferenze Mediche of Rome agree with almost all other Italian observers, as Balardini, Lusanna, Trua, etc., and several French physicians, as Thouvenel, Roussel, Cortallat, and Tardieu, which latter drew up the report on this disease for the French Academy. It is not, however, good maize which engenders the disease; as this latter does not exist where the maize is indigenous and thrives well. In South America, in the South of Spain, and Egypt, pellagra is not to be found, although large quantities of maize are consumed there by the inhabitants. In Terracina, the lower classes live exclusively upon this article, and are in perfect health, as the quality of the maize which grows there is very good. It has also been observed that, if the harvest of Indian corn, in those districts where it causes pellagra, is worse than the average, the disease is more frequent and more severe. It is very probable that the soil of Lombardy, of Venetia, of the Tyrol, of Asturia, and of the Department of the Gironde, is unfavourable to the cultivation of maize. With regard to the question, whether incomplete ripening, or a cryptogamous parasite, exert the baneful influence, the committee at present suspends its decision, the microscopical and chemical examination of the corn, the meal, etc., having not yet been finished; but it is rather inclined to think that a *sporisorium maidis*, similar to the *sporisorium cereale*, may be the poison which produces pellagra; as the symptoms of this distemper are similar to those of raphania or ergotism; and it is possible that, where pellagra has existed endemically, without maize having been eaten by the patients, an analogous deterioration of other kinds of corn may have been the cause of it.

Concerning prophylaxis and treatment, the committee does not recommend the suppression of the cultivation of maize, which, if of fair quality, is a good and cheap article of food; but proper directions ought to be given to the people for cultivating it. Only such kinds should be selected as are suitable for the soil; the harvest, the housing, and the grinding, ought to be under special supervision; spoiled maize ought to be destroyed; the taxes upon other sorts of grain ought to be diminished, in order to make these latter accessible to the poor; and the cultivation of legumes and potatoes should be promoted. Such and similar measures would, no doubt, go far towards diminishing, and even entirely suppressing, pellagra; but if they should not be attended to, the committee fully expect the disease to become, not only more frequent, but also more severe, than it is at present. In Capronica, where the duration of the disease has been the longest in this part of Italy, the cases of it are far worse than in Palestrina. As soon as the chemical and microscopical researches of the committee on the nature of the morbid influence shall have been produced, I shall send you a short account of them.

Correspondence.

NON-INOCULABLE CHANCRES.

Letter from M. Charles P. de Valencé.

Sir,—Your number of August 17th, 1861, has j been handed to me: I have had the opportunity reading it with all the attention and consideration deserves. But an original essay published in it "Syphilis-inoculation and its relation to Diagnosis a Treatment," has particularly arrested my attention; the author of the paper seems to ascribe to Mr. Her Lee this great discovery.

Thus, in the 44th volume of the *Medico-Chirurgi Transactions* of London, the author says: "Mr. Lee h pointed out in the year 1856, that the adhesive form primary syphilitic inflammation did not furnish a sec tion which, as a rule, could be again inoculated up the same person."

I write with the view of rectifying an error which h the tendency of assigning this discovery to the oth wise distinguished and learned British practition But, as the report with regard to the author is insu ciently grounded, it seems to me that an involunt mistake has been the only fault of the author—that not being acquainted with Dr. Clerc's *priority* as regar the point at issue; for he presented *a memoir*, *on 25th of October* 1855, to the Société de Chirurgie de Par entitled "Considérations nouvelles sur le Chancre i fectant et le Chancroïde," and at page 9 he thus e pressed himself:

"Messieurs, des faits déjà nombreux, recueillis p nous, nous autorisent à soutenir devant vous ce proposition. Lorsqu'un malade porte un chancre fectant depuis peu de jours, si on l'inocule à la lancet avec le pus de ce chancre, dans la très-grande major des cas l'inoculation est *négative*. Il en est de mê lorsque cette inoculation de chancre infectant est pra quée sur un sujet qui a ou qui a eu la syphilis cons tutionnelle."

Mr. Rollet, head-surgeon of the Hospice de l'Ar quaille at Lyons, in his book published (Paris, 186 *Recherches cliniques et expérimentales sur le Chan simple et la Blennorhagie*, says:

"En 1855, Monsieur Clerc annonça le *premier* ce f que, si on inocule avec *du pus du chancre syph.litique* malade qui a la syphilis constitutionnelle, le plus or nairement *l'inoculation est négative*."

In the *Gazette Hebdomadaire de Médecine et de Ci rurgie*, tome ix, No, 1, Paris, 4th January, 1862, in account of M. Rollet's work, by M. Ollier, head-surge of the Hôtel-Dieu at Lyons, the writer says: "Ces de faits capitaux: l'existence de deux virus chancreux et non-inoculabilité du virus du chancre infectant à l'in vidu qui porte déjà une ulcération de cette nature, deux faits sont dus, *le premier à M. Bassereau, le seco à M. Clerc*."

Thus M. Clerc previously pronounces himself, a took all the responsibility of such a nice point *sub judi* but which is now scientifically admitted. In the nir page of the *Opuscula*, which I have the honour to s mit to your impartiality, you will read the followi phrase, in which is contained the interesting discov which the writer *presupposes* in favour of Mr. Lee, one of the most capital in syphilographic pathology.

"Dr. Clerc, before printing his monograph, h several times lectured on that point, which he fina published in 1855; while Mr. Lee's opinion was ma known only in 1856, the following year.

"Therefore it would have been but fair had the aut of the original work quoted Mr. Lee's lectures, but place him on a pedestal and deprive the modest and d guished physician of St. Lazare of *one of the most pital discoveries in syphilis*." . . .

I hope, sir, that you will take into serious considera-n the request so justly made in favour of M. Clerc, d that you will be so kind as to give admittance to ese lines in your Journal, as a just tribute rendered a scientific man of our age.

The only motive that has impelled me to take this ep being: "That science and impartiality have right denizen in every land, and especially in that of reat Britain." I am, etc.,

Charles Poupinel de Valencé,
Chef de Clinique du Dispensaire de Syphiliographie.

Paris, January 1862.

[We have not had an opportunity of referring to . Clerc's original memoir read before the Société de hirurgie de Paris, but M. Diday's opinion, which we ave recently quoted upon the present question, will obably be satisfactory to all parties. M. Diday says: Mr. Lee announced the fact of the non-inoculability of e (infecting) chancre from experiments and observaons made at the Lock Hospital and at King's College ospital in 1855 and 1856: consequently after M. lerc, but before the other French authors." (*Gazette édicale de Lyon*, Oct. 1861, p. 459.) The importance of is subject is now fully admitted, and its bearings upon athology and practice are receiving a full consideraon; but so little was thought about it in 1856, and so ovel did the doctrine then appear, that the Council of e Medical and Chirurgical Society for that year did ot, we believe, consider it prudent to publish Mr. Lee's rst paper upon the subject. Editor.]

BRANDY OR IPECACUANHA.

Letter from Francis Davies, Esq.

Sir,—I am not going to take up Mr. Higginbottom's love. His practice I do not entirely fall in with. A riend of mine, in his 85th year, told me he had drank pint of port-wine every day for forty years. Keeping good deal of company, he necessarily frequently took uch more. When 86, he was seized with giddiness; is wine was stopped; and he was cupped. Need I tell he result? His stomach "struck for wages"; he graually sank, and died. I do not believe that half a rachm of ipecacuanha could have saved him.

On the 14th, I was sent for four miles into the ountry, to see a pauper, who was suffering from hæmorhage—a small, spare woman, 27 years old, and the nother of four children. Her labours had all been ard. My first impression was to deliver immediately, s she was now in her eighth month, and had experienced much flooding a month before. I thought it rudent to send for my friend Mr. Claridge, a gentleman f much experience and of considerable standing. The æmorrhage having ceased, and the pulse being good, e did not think I would be justified in interfering. On he 17th, I was summoned at 6 A.M. I again sent for ny friend, who, as the woman had comparatively recoered, wished me to give her another chance of going er full period. We remained until twelve, and then eft. At two, I was hastily sent for, as the woman was nuch worse. On my arrival, I found such to be the ase. The hæmorrhage had been fearful; so, instead of giving Mr. Higginbottom's remedy "a good emetic", I gave her two ounces of brandy, and proceeded to deliver. I had great difficulty in introducing my hand into the vagina; and, when I had done this, the pelvis was so contracted, that it was with the greatest difficulty I could get my hand above the brim, owing to the severe pain it gave her. I found a foot, and at once delivered. The placenta entirely covered the os uteri. A bandage was at once placed round the abdomen tightly; and, as the pulse was not to be felt at the wrist, I gave two ounces of brandy with a drachm of laudanum, and desired a spoonful to be given every half-hour in gruel. I remained there a very considerable time, and left the woman comfortable. To-day (23rd), she is doing well.

No person who has not tried, can have any idea of the difficulty of passing the hand through a deformed pelvis. I am, etc.,

Francis Davies.

Pershore, January 23rd, 1862.

"NOTTINGHAM ALE."

Sir,—I do not think that your intelligent and honoured correspondent, Mr. Higginbottom, could have selected a more favourable illustration to prove his proposition than the beverage he has chosen, if the ale of my native town continue to be brewed as it was in my younger days, when Mr. Higginbottom was a young rising practitioner, and I was a medical student there; especially if his friend enjoyed it as many of the professional and all other classes enjoyed it in those days. The burden of our old song was, and no doubt still is—

> "Nottingham ale, boys, Nottingham ale:
> No liquor on earth like Nottingham ale."

And it was entitled to this preeminence, if the old song had been sung by those doctors only who did *not* drink it; for it brought "grist to the mill". It was sweet, heavy, even luscious; but brought, as it was, cool from the deep cellars in the rock, very tempting, and very seductive.

> "Bacchus, that jolly god,
> Sprung from a barrel on 't."

So the old song told us, and it is not improbable; or, at all events, that he was nursed upon it, if the rotundity of his person, as depicted, is a faithful likeness of the son of Jupiter!

But, seriously, I affirm that the case related is not a fair illustration. Would Dr. Prout have called attention to the valuable properties of well fermented ale, as that of Bass or Allsopp—ale reduced to the lowest degree of attenuation, so as to require a double portion of the very finest hops to prevent the vinous running into the acetous fermentation—if the ale of Nottingham had been his theme?

I will not ask to enter the lists in the conflict invited by Mr. Higginbottom, as I think he is in better hands; but I do protest against Nottingham ale being received as a fair type of alcoholic drinks. It is, or rather was, in my day, neither wholesome as food nor useful as physic. I am, etc., F.R.C.S.

February 1862.

HYDROTHERAPEIA IN HOSPITAL PRACTICE.

Letter from C. Lockhart Robinson, M.D.

Sir,—I have read with interest your remarks and the letter of Dr. Risdon Bennett on the application of the healing powers of water to the cure of disease. In the *Journal of Mental Science* for July 1861, I have printed a paper which I read last April before the Brighton and Sussex Medico-Chirurgical Society, "On the Sedative Action of the Cold Wet Sheet in the Treatment of Recent Mania; with Cases;" and my subsequent experience of that powerful agent in the treatment of nervous and mental excitement confirms the very favourable opinion I then expressed of its efficacy. I have again and again seen cases, ariving here in a state of violent acute mania, actually fall asleep in the first or second application of the wet sheet.

Again: the stimulant action of water, in its application by the douche, is a power which modern physicians most unwisely neglect. Nothing can, indeed, exceed the meagre extent of the hydropathic agencies at the command of the London hospital physician. Did you ever visit the bath-room, or den rather, of St. George's Hospital? A more mournful spot I have seldom seen. Even in the new hospital of King's College, I saw certainly some capital warm baths, almost equal to those of our county lunatic asylums; but I failed to see any douche, or hot-air bath either. I once saw a patient of Dr. Budd's, I think, ordered a hot-air bath; and what a petty and melancholy contrivance was set to work in the poor man's bed to attain the object! The Malvern lamp-bath,* even, is not known or used.

As you truly say—and I could not in a page put the question better—"*Through some incomprehensible obliquity of vision, of such manifestly most powerful therapeutic agents as hydrotherapeia and the Turkish bath, we wash our hands, as of things not belonging to the province of legitimate medicine.*"

To-night, as I write, a case of mania, in which noise and sleeplessness, with hysterical symptoms, have for two days been most urgent, sleeps calmly after half an hour in the Roman hot-air (Turkish) bath, followed by the cold douche. As yet, no London hospital boasts of this soothing remedy; and I believe the Sussex is the only lunatic asylum in England which employs it. A Roman bath can be built complete for £150, and worked for a shilling per day, large enough for six patients' use at a time. Surely some of the wealthy metropolitan charities might afford their poor this sum. Why, thrice this money is wasted in most hospitals yearly for foolish drugs, or their ignorant application, as in the decoctum sarsæ, which is equal to about good barley-water; or in the use of pounds of quinine as a simple tonic, in which properties I have no hesitation in saying that cold spring-water beats it, not to mention Bass's ale, etc.

Pray, sir, continue your remarks on the importance of the hydrotherapeia. I am, etc.,

C. Lockhart Robinson, M.B.Cantab.

Sussex Lunatic Asylum, Hayward's Heath, January 27th, 1862.

CHLOROFORM OR ETHER?

Letter from Charles Kidd, M.D.

Sir,—I am afraid "F.R.C.P." has not been at all or in any degree reading up the subject of "chloroform *versus* ether", or he would have seen that what he thinks so very desirable has been done thoroughly already. He says that "any one who would undertake to collect from all the journals all the reported cases of death from chloroform and ether would do a great service to medicine. The cases should be scheduled, and statistics given of the age, the disease for which and in which the chloroform was given, etc." What I complain of is, that I have done all this to the minutest particulars, and yet our medical journals (except yours) so feebly represent the true interests of, or work done by, the profession, and are so mean or bigoted, that I am weary of striving in vain to have these very statistics and their deductions given. I would undertake in a month or a week to do everything "F.R.C.P." wishes. There have been, in all, about one hundred and fifty deaths from chloroform, and about fifty from ether or ether mixtures. But of this "F.R.C.P." may be sure, that the more or most practical results of constantly poring over these tables are what I mentioned in a note in the Journal of the 25th ult. There never was in the history of medicine a case so calculated to test what we are always in leading articles philosophising about—the inductive and deductive philosophies of the schools, or of that great bugaboo, Lord Bacon. We have facts in endless numbers as to chlor form, and as to ether. We have large groups of indu tive facts pointing one way, other groups pointing i another (for statistics, after all, as remarked by Quetele are but the finger-posts at the cross-roads of journalisti medicine); but what use is all the labour and industr of the profession, so long as unfair means are used t prevent the real facts of the case coming to light, an the fair inferences deduced from them?

I am, etc., Charles Kidd.

Sackville Street, Piccadilly, February 1st, 1862.

P.S. One is obliged to write in this miserable strain against his will; for it would be very wrong to speak s confidently to the profession about chloroform, if on had not done what "F.R.C.P." suggests, viz., tabulate carefully, and reviewed over and over again, the pheno mena connected with these two hundred deaths. I there is one thing the profession are in need of, it is th *a b c* of anæsthetics, as suggested by "F.R.C.P."

CONTAGION.

Letter from John Morgan, Esq.

Sir,—As it is, I believe, generally admitted, that persons labouring under typhus and typhoid fevers can communicate the contagion to others in a state of health, I am anxious to know at what stage of these diseases the effluvia or emanations are most active. The popular opinion is, that contagion is more readily and certainly communicable when fevers and exanthematous diseases are declining, or rather when the patients are in a state of convalescence. How is this to be accounted for?

Is it not more reasonable to suppose that the contagious effluvia are more powerful at the height of the disease, when both the secretions and excretions from the body are highly offensive; when the tongue, fauces, and teeth, are covered with sordes; and when, notwithstanding the greatest cleanliness, an offensive smell is exhaled by the breath and skin of the patients?

Again, are the miasmata or poisonous exhalations arising from sewers, neglected or imperfect drains, the decomposition of dead animal and vegetable matter, and other filth, similar in their nature to those arising from the living human body affected with typhus or typhoid fever? and are they equally dangerous or fatal in their results?

If you, Mr. Editor, or any of your medical friends, can enlighten me on these points, I shall be obliged.

I am, etc., John Morgan.

Waters Upton, Salop, February 3, 1862.

A MAD STORY.

Sir,—It was not without considerable satisfaction that I read the remarks on Sir B. Lytton's *Strange Story* in your last number. Plainly, it might much more appropriately have been called "A Mad Story"; for it reads for all the world like the autobiography of a madman.

I have for some time been specially engaged in the treatment of the insane, and find that there is a particular, confused, painful feeling which comes over me when talking with certain of them—a sort of feeling as though your mind were about to burst open your head, and which makes you think it absolutely necessary to turn your back in order to preserve your senses. Well, I soberly assure you, that this *Strange Story* produces exactly the same feeling in me; and, as a matter of actual fact, I am obliged to throw the book aside every now and then, just as I turn my back on the babbling delusions of certain of my patients. It is surely a great pity that such a story should have been published; for the author is not writing from conviction, it is almost cked on his part to put forth such nonsense; but if does write from a sincere conviction, the matter is re grave still.

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* Messrs. Langworthy and Reed, ironmongers, Brighton, have manufactured for me a simple and cheap lamp for the hot-air bath, which they supply (with a descriptive letter) complete for four shillings. They have already sold many dozen in Brighton, they tell me. It is an addition to every dressing room, and a real luxury, both in hot and cold weather.

If no one else, after due consideration, undertakes task, your present correspondent is prepared to take at story in hand, and to show that it is a mass of inherencies, and that the ostentatious show of science it is either an exhibition of remarkable ignorance, or ne-sided, special pleading, cunning attempt to account certain beliefs, which the writer has a sort of semiuscious feeling that all the world will deride.

Whoever saw or heard of such a lunatic as Lilian hleigh? Not all the asylums of Europe could furnish r pattern. And yet, writers have successfully created nacy. Goethe's sketches thereof are admirable, to e life. Shakespeare is always true to the principles, he is sometimes extravagant in the details. But such being as Lilian Ashleigh can only rank with that ndrous steel rod, that more wonderful inhuman man Margrave; or, I may add, with the creations in at most contemptible of all books which this age of ew sensations" has seen, I mean the *Woman in White.* Mr. Editor, is it not, in serious earnestness, quite ne, now that we are in the nineteenth century, that tion should have some semblance of fact and some mblance of nature? And what possible good can relt from the publication of such outrageous improbalities; or, to give them their true name, such lies ainst nature, as certain writers have of late disgusted s with. I am, etc., EARNEST PROTEST.

[There is one satisfaction to be derived from the pubation of the extravaganza referred to. It is this, that s grossness has destroyed its evil tendencies. We are ost pleased to note that those (even young ladies) who ce took interest in the tale, have at last found it utterly stupid" and "unreadable." EDITOR.]

PROFESSIONAL ETIQUETTE.

LETTER FROM D. NOBLE, M.D.

SIR,—Having some means of judging of the feeling f the profession in Manchester, as to your conduct in ublishing Professor Williamson's private communicaon to his family patients, I have to state that it is *not* enerally approved of here; and I would observe further at the evidence of "Medicus," or of any other anonyous correspondent, upon such a subject, is quite alueless.

I have some right to participate in the painful disssion which you have, as I think, most unwisely oriinated; for Mr. Williamson, in a most serious crisis, laced himself implicitly in my hands; and consented, t my urgent instance, to withdraw, for a considerable eriod, from the fatigue, and the worry of general pracice; the necessity for which proceeding, to a man in he meridian of a successful career, were, one would hink, of a nature to excite sympathy, rather than perecution and detraction.

I hesitate not, moreover, to state that, in the matter f the so-called circular, Mr. Williamson did not act efore he had obtained my concurrence; and, for this eason, I am quite prepared to share in the condemnaion you have pronounced; although I do not see that, hen the Association appointed you editor of the JourAL, it was intended that you should act, in regard to its embers, as *censor morum.*

I am, etc., DANIEL NOBLE.

Manchester, February 2, 1862.

[Does Dr. Noble wish it to be inferred that because a edical man is a member of this Association, he is to e free from censure when he infringes the laws of proessional etiquette? Dr. Noble's authority is, no doubt, very great; but we have equally good—in fact, far better—authority in our hands for asserting that professional feeling on the subject to which he refers is the exact opposite to that which he says it is. We printed the letter without a word of comment. If the profession in Manchester approve of the letter, what earthly injury can its publication do Professor Williamson? What Dr. Noble's views of our duties as Editor are, is a matter of very little consequence to us. Our brethren will decide who has best served the dignity of of the profession; we by objecting to that epistle, or Dr. Noble by giving it a paternal shield. Dr. Noble knows the proverb, *qui s'excuse, s'accuse.* EDITOR.]

GRATUITOUS MEDICAL CERTIFICATES.

SIR,—In your leader of last week you forcibly alluded to the evils experienced by the profession from gratuitous medical services.

Agreeing with every word of that article, I hope you will carry it further, and expose the certificate system, from which so much trouble is incurred, and for which there is so seldom any acknowledgment.

Living as I do, in the centre of an extensive country district, and having the charge of a Poor-law union, there is scarcely a day passes but on which I have to write several papers of this class. Perhaps, it it a certificate of fitness for removal; or an order for wine; or a form for the admission of a member into a sick club, for the commencement, continuance, or termination of illness; or it may be a vaccination business; or proposal for life-assurance; or a certificate of death. Although these papers, each involving a considerable amount of writing, and generally called for at inconvenient seasons, are ungrudgingly given, they are too often very thanklessly received; and I sit down with a consciousness of having contributed somewhat to the public weal, but, at the same time, without the least remuneration for it.

I certainly feel this as a greater evil, or rather annoyance, than even gratuitous medical advice. In the last case, one at least does some good; but the certificate system, as it now stands, is entirely a matter of unfairness and annoyance. I am, etc., BETA.

January 26, 1862.

[We most thoroughly agree with the remarks of a correspondent who tells of the annoyances and injustice inflicted on members of our profession by the certificate system. This abuse of the time and services of our profession—writing certificates gratuitously—may be readily shown to be one of the many evils which have their origin in the general evil of gratuitous medical services. EDITOR.]

PROFESSIONAL CHARGES.

SIR,—The case of Jackson *v.* Gee, which has attracted considerable attention throughout the profession, seems one from which we may expect a general benefit to ensue.

Permit me, therefore, to aid this issue by the following observations.

The facts are these:—

One surgeon tried to recover that, which in his estimation, is a just debt, arising from a fair rate of professional charging.

Two others, of much longer standing, but, nevertheless, with *no more professional status*,—as far as diplomas go —undertake, on oath be it observed, to declare the charge to be exorbitant, and through their instrumentality the judge is induced to dock the bill to what *he* and *they* consider a just amount.

Dividing the plaintiff's bill by the number of visits, interviews, "consultations," "advices," or even *teas-out and teas-in*, if you like, the charge appears to be under five shillings for each item entered in the account.

But this charge includes advice, medicine, instruments and surgical appliances, and the cost of the "doctor's-boy's" keep, who is found always to gauge his appetite in the inverse ratio to his weekly stipend.

Now, who is the "cheap-doctor"? Messrs. Crossley and Lilley, who supply no physic, and feed no medicine-boy, and yet charge three shillings and six-pence every time they see a patient, or Mr. Jackson, who finds everything above enumerated, and contents himself with a charge of four-and-tenpence.

Is the difference more than the patient would be called upon to pay the counter-quacking chemist, who, by the way, recommends *only* the doctor who feeds his till—and on whom every medical man looks as a sort of enemy, except he who happens to stand "A 1" in the counter-cashbook through his "custom" of recommending patients?

If not, then why should Messrs. Crossley and Lilley appear in a court of justice, and on oath, give evidence which takes away the character of a brother practitioner for honour and integrity?

To charge a man with exacting at law an exorbitant bill, is only the equivalent of accusing him of picking a pocket, but to see him convicted on such a charge and on such evidence, is more than "physician," "surgeon," or "apothecary," can bear.

Let us, then, among ourselves insist on having a tariff of charges recoverable in any court, without the necessity of calling a witness *pro* or *con.*, and we shall hear no more of these disgraceful exhibitions. The public will soon learn that tariff and will place themselves in our hands, without the distrust they now experience in "going to the doctor."

I am, etc., P. H. E. D.

February 4th, 1862.

Medical News.

UNIVERSITY OF CAMBRIDGE. Professorial Certificate Examination—Downing Professor of Medicine. February 1st. (Examined and approved.)

Barker, Corpus
Casson, Christ's
Catt, Trinity
Child, Emmanuel
Cooke, Trinity
Davies, John's
Dewe, Catherine
Greene, Christ's
Hawkins, Trinity
Hilleary, John's
Hodgson, Corpus
Maddy, John's
Mason, Catherine
Burton, Trinity
Simpson, Trinity
Townend, Trinity
Vernon, Corpus
Wilkins, John's

(Signed), W. M. Fisher, M.D., Downing Professor.
G. E. Paget, M.D., Assistant Examiner.

ROYAL COLLEGE OF SURGEONS. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on Jan. 30th:—

Amy, Frederic, Jersey
Bartley, Acheson George, Ballybay, co. Monaghan
Brown, Alfred Gardiner, Woolwich
Cass, William Leonard, Goole
Clarke, William Fairlie, Elvington, Yorkshire
Emmett, William Henry, Bolton, Lancashire
Hayward, Sidney, Queen Anne Street
Hunter, William Frith, Margate
Jackson, Thomas Creswick, Wimpole Street
Little, Frederick, Peterborough
Mallet, Stanley Edwin, Jersey
Marin, Adam Rae, Rochester
Michell, Sloane, Minehead, Somerset
Nankivell, Arthur Wolcot, Torquay
Norton, William Augustus, Alderton, Woodbridge, Suffolk
Prosser, Charles Howard, Margate
Ray, Robert, Victoria, Australia
Shepherd, Thomas, Farnworth, near Manchester
Skinner, George Walker, Stockton-on-Tees
Witherby, William Henry, Croydon

Admitted members on January 31st:—

Connon, William, Willenhall, Staffordshire
Eadson, George Stych, Bath
Jenner, William, Devizes
Jones, Owen, Aberystwith
Lloyd, Evan, Crossin, Carmarthen
Lynn, Christopher Coates, Newcastle
Makens, John, Ringshall, Suffolk
Teare, Thomas Murray, Ramsey, Isle of Man
Todd, John William, Rothbury, Northumberland
Wilson, John Wire, Brunswick Place, Barnsbury Road

At the same meeting of the Court—

Pratt, Alfred Septimus, H.M. brig *Rolla*, Portsmouth, who h previously been admitted a member of the College, pass his examination for Naval Surgeon.

APPOINTMENTS.

BREWER, W. H., Esq., appointed Consulting-Surgeon to the Di pensary, Newport, Monmouthshire.

BUCHANAN, George, M.D., appointed Physician to the London Fev Hospital, in the room of the late Southwood Smith, M.D.

CHRISTIE, James, M.D., appointed Consulting-Surgeon to the Di pensary, Newport, Monmouthshire.

FISHER, Luke, Esq., appointed Junior Surgeon to the Preston Di pensary.

LANG, John, Esq., elected Surgeon to the General Hospital ar Dispensary for Children, Manchester.

*METFORD, J. S., Esq., appointed Surgeon for the district of S John's, Redland, of the Clifton Dispensary, Bristol, in the roo of *G. M. Stansfeld, Esq.

ROYAL ARMY. The following appointments have bee made:—

CARTE, Surgeon J. E., M.B., 14th Foot, to be Surgeon-Major, havir completed twenty years full-pay service.

DE LISLE, Surgeon R. F. V., Royal Artillery, to be Surgeon-Majc having completed twenty years full pay service.

GORDON, Surgeon H. G., M.D., 69th Foot, to be Surgeon-Majo having completed twenty years full-pay service.

SCOT, Surgeon T. G., M.D., 79th Foot, to be Surgeon-Major, havir completed twenty years full-pay service.

ROYAL NAVY. The following appointments have bee made:—

BAYNES, William W., Esq., Staff-Surgeon, additional, to the *Victor and Albert* yacht.

DILLON, William E., Esq., Assistant-Surgeon, to the *Nereus*.

INMAN, William I., Esq., Acting Assistant-Surgeon, to the *Tartar*.

M'CLEMENT, Richard C., Esq., Assistant-Surgeon, to the *Hawke*.

VOLUNTEER CORPS. The following appointments hav been made (A.V.=Artillery Volunteers; R.V.=Rifl Volunteers):—

LOE, J. S., Esq., to be Assistant-Surgeon 7th West Riding R. V.

TAYLOR, H. H., Esq., to be Surgeon 3rd Durham R.V.

To be Honorary Assistant-Surgeons:—

MARTIN, G. W., Esq., 12th Kent A.V.

RUSSELL, W. A., M.D., 3rd Hertfordshire R.V.

DEATHS.

HEWAT, Richard, Esq., Assistant-Surgeon, late 65th Foot, i January.

HYDE, Charles J., Esq., Surgeon, at 6, Clifton Villas, Maida Hi West, aged 57, on February 1.

LEES. On January 21st, aged 19, Albert Harrop, only son (*Samuel D. Lees, M.D., Ashton-under-Lyne.

NOURSE. On February 1st, at Brighton, Margaret M., infan daughter of W. E. C. Nourse, Esq., Surgeon.

SHEPHERD. On February 4th, at Claremont Square, Sarah, wife o William G. Shepherd, M.D.

SMERDON, T. W., Esq., Surgeon, formerly of Exeter, at Chelse aged 80, on January 30.

SMITH, Edward K. W., M.D., Assistant-Surgeon, late 56th Foot, i January.

STONE, Edward W., M.D., Staff-Surg.-Major, half-pay, in January.

WALLER, Charles, M.D., at 9, Finsbury Square, aged 63, on Jan. 30.

YOUNG, Colin, M.D., Surgeon Royal Army, in January.

FREEDOM OF SLAVES AND PHYSIC. In the Senate petitions have been presented for the emancipatio of the slaves, and in favour of employing homœopathic physicians in the army. The Secretary of Stat was called upon for a list of all the Consuls. (*America News.*)

TEST FOR PARAFFIN. Dr. Herapath writes to th *Times* on the best means of ascertaining whether oi sold as paraffin or petroline is explosive, and recommends the following test:—"Let two or three drops o it be allowed to fall upon a plate or saucer, and apply t them a lighted match; if the flame spreads over th surface of the drops, the oil should on no account b used, as it will under many circumstances prove explosive. The genuine paraffin or petroline will not bur except upon a wick."

IVERSITY OF CAMBRIDGE. The Professor of Anato- vill continue his course of lectures on Zoological sification, Comparative Anatomy, and Physiology, Vednesday, Feb. 12, at one o'clock, in the Anatomi- chool.

RTHS IN PARIS. Official returns show that the num- of births in the twenty arrondissements of Paris ig the year 1860 was 51,056, and of deaths 41,261, difference being 9,795 in favour of births. Out of births, 14,092 were illegitimate. In 1860, seven ons died in Paris aged from 95 to 100 years.

ELHI PRIZE MONEY. The following are the amount ares of this prize money taken by officers in the cal department of the army. Each share repre- 86 rupees: Surgeon 15 shares; Assistant surgeon Apothecary 4; Sub-conductor 2½; Hospital steward Assistant-apothecary 2; Assistant-steward 2; Hos- -apprentice 1.

OYAL COLLEGE OF SURGEONS. Professor Gulliver commence a course of lectures in the Theatre of Royal College of Surgeons on the 25th inst., on the d of Vertebrata, and will be succeeded by Professor on, who will deliver six lectures in continuation of ubject of the Influence of Rest in the Treatment urgical Diseases and Accidents.

RITISH LYING-IN HOSPITAL. There are two vacancies e medical staff of this hospital. Dr. Graily Hewitt, has held the office of physician with charge of out- nts, now becomes senior physician in charge of in- nts. Mr. Brookes has been appointed consulting eon. Two new officers will be appointed by the d of Governors; one for the in-door, and one for ut-door department.

IE POPULATION OF FRANCE. A table has just been ished in a Paris journal, classifying the population e French empire by sex and position, according to ensus taken in 1861. The total population of the y-nine departments amounts to 37,382,325, of whom 2,604 are males, and 18,739,721 females. There 0,210,856 bachelors, 7,503,024 married men, 928,724 wers, 9,487,541 spinsters, 7,457,115 married women, 1,795,065 widows.

ODEL LODGING-HOUSES. There are two model ing-houses for the poor in Dublin, one built in 1834 Ir. Thomas Vance, in Chapel Alley, off Lower Bridge et, which well deserves the name. It has clean, , well-ventilated rooms, and is capable of accom- ating twenty-nine families, or about two hundred viduals. There is a washhouse supplied with hot cold water; also a bath and mangle, for the use of inmates. The rent for each room varies from 2s. . 6*d*. a-week. They are eagerly sought for; and, as mmercial speculation, the undertaking has been dedly successful. The second model lodging-house, gned for single men only, is in Marlborough Street, its condition is not satisfactory, its aspect is gloomy prison-like, and there is an average of more than eds in each room.

R. METCALFE BABINGTON. The late Dr. C. M. ington began his medical career as house surgeon to George's Hospital. He became a member of the ege of Surgeons in 1838; and surgeon-accoucheur St. George's and St. James's Dispensary. Upon Dr. t's resignation of lecturer on Midwifery at the Middle- Hospital, Dr. Babington gave the course of lectures on wifery for one session: but not being a member of College of Physicians at the time, he was disqualified he laws of the hospital from being a candidate for lectureship; and Dr. Frere was elected to the office. 849, he became a licentiate of the Royal College of sicians, and in 1857 was elected a fellow of the col- . During the past twelve years he was physician to en Charlotte's Lying-in Hospital; and for some time physician to the Hospital for Sick Children. He was a fellow of the Royal Medical and Chirurgical Society, and a vice-president of the Obstetrical Society.

VACANCIES. The following appointments are vacant: Assistant Physician to the London Fever Hospital, by the election of Dr. Buchanan to the office of Physician; Resident Medical Officer to the Poplar Hospital; House Surgeon to the Dorset County Hospital, by the death of Joseph Hocking, Esq.; Medical Superintendent and Apothecary to the Royal Infirmary, Glasgow, by the death of Dr. James M'Gbie; Medical Officer to the Kilmacavogue Dispensary District, in the Waterford Union, by the death of Dr. George M. Den; Assistant Resident Medical Officer to the Public Dispensary, Leeds, by the resignation of H. H. Collins, Esq.; Consulting Physician, and for a Physician at the British Lying-in Hospital, by the decease of Dr. Henry Davies, and the resignation of Dr. John Clarke; Obstetric Physician and Lecturer on Midwifery and the Diseases of Women and Children, at St. Thomas's Hospital, by the death of Dr. Charles Waller; Poor-law Medical Officer for the Stalbridge District, in the Sturminster Union, Dorsetshire.

A REBEL DOCTOR. A correspondent of *The Protestant Churchman*, a religious paper, which does not advertise quack medicines, writes from Port Royal as follows. The person mentioned was a former resident physician of Bellevue Hospital. The men, in digging out a new bomb-proof passage in the works, discovered a body buried in the sand. A case of instruments, found in the hand, with bandages, etc., showed that it was a surgeon. On his handkerchief was the name of Buist; the same name is found on some medical books in the hospital. It is believed to have been a surgeon, formerly of the U. S. Army, who resigned to enter the service of the rebels. He was a man of high standing in his profession. It is evident that he was sitting on his campstool, in the bomb-proof passage, waiting to be in readiness when he was needed. A shell penetrated the bomb-proof to the timbers and exploded directly above him, killing him and burying him in the same instant. A gold watch was found on him, and his dress indicated affluence. One of his professional brethren gathered up his effects, and severed a lock of his hair, designing to send them across the lines to his family. We carried the body to a quiet spot in the woods, and there, by twilight, a grave was dug, at the foot of a large tree, in a spot easily identified, a musket-box served as a coffin, and we gave him a christian burial. Those men he deemed his enemies mourned over him, and prayed for his bereaved home, remembering Christ's precept, to pray for them that hate us. (*American Medical Times.*)

SUBURBAN HOSPITALS OR "HOMES." Amongst the numerous visitors of late to the *Maison de Santé*, or "Surgical Home," of Mr. Baker Brown in London, have been several learned French, American, Belgian, and Spanish surgeons, attracted by the recent statement in Paris that there have been at the Suburban or "Cottage Hospital" nineteen operations for ovariotomy in almost as many months, with sixteen undeniable cures! as well as over a hundred operations for vesico-vaginal fistulæ, with similar good results as to cures. M. Nélaton, who is to establish a like institution in Paris under the auspices of the Empress, has been recently with Sir James Clark and Sir C. Locock, in daily attendance at the vesico-vaginal operations; and this month Dr. Koepl, in attendance on the King of the Belgians at Osborne, has been also indefatigable in observing the cases, commissioned to do so by the surgeons of Brussels. During the last few weeks Mr. Baker Brown has cured some cases of epilepsy by removing, as suggested by Brown-Séquard, the peripheral source of irritation which seemed to be in the nerves of the pelvis! Dr. Marion Sims of Boston has been also at the operations. But two bad fistula cases, put well and deeply under chloroform, this month were operated on in a new method, much simpler than that of Dr. Sims. In very bad cases ether, as safer, is now used along with chloroform—Dr. Kidd assisted with the latter. Dr. Koepl and M. Nélaton both stated that such perfect examination and control over the fistulous openings, and such success in the operative procedure, were quite unknown in France or Belgium. (*Dublin Med. Press.*)

Varieties.

Deaths from Amputation. Malgaigne states that of 100 persons operated on, 56 die in Paris, and 30 in London. In amputations for pathological causes, as amputation of the thigh, there are 60 per cent. deaths in Paris, 21 in London, and 19 in Massachusetts. (*Amer. Med. Times.*)

A Medical Baronet. After the battle of Waterloo, Sir James M'Grigor was asked by Lord Castlereagh what he considered his services entitled him to. "Three pounds a day and a baronetcy," he replied. The three pounds were readily given, but the baronetcy stuck; he accepted the honour of knighthood as a snack, and sixteen years afterwards he got what he had asked for. He was, we believe, the first military surgeon ever raised to that rank. (*Austr. Med. Rec.*)

Similia Similbus. M. Rigoden, taking as a basis of treatment the experiments of Dumas and Bernard, by which they have proved that sugar in the economy is indispensable to life, thinks that it is rational to *give* sugar in diabetes, as patients suffering from this malady lose large quantities of it. By depriving these patients of fecular sugar, they must be made worse, for they are deprived of the means of making up for saccharine losses. M. Rigoden, therefore, allows a diet, in which sugar-yielding substances play a great part; but as he also gives Vichy water, the cases are not so conclusive as might be wished.

Chloroform Solution of Gutta Percha. Take of gutta percha, in small slices, an ounce and a half; chloroform, twelve fluidounces; carbonate of lead, in fine powder, two ounces. To eight fluidounces of chloroform contained in a bottle, add the gutta percha, and shake occasionally till it is dissolved; then add the carbonate of lead, previously mixed smoothly with the remainder of the chloroform, and having shaken the whole thoroughly together, several times at intervals of half an hour, set the mixture aside and let it stand for ten days, or until the insoluble matter has subsided and the solution has become limpid, and either colourless or of a light straw colour. Lastly, decant, and keep the solution in a glass stoppered bottle. (*American Journal of Pharmacy.*)

POPULATION STATISTICS AND METEOROLOGY OF LONDON—February 3, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week..........................	Boys..1007 Girls..1013	2020	1492
Average of corresponding weeks 1852-61		1969	1414

Barometer:
Highest (Sun.) 30.132; lowest (Th.) 29.553; mean 29.772.
Thermometer:
Highest in sun—extremes (Sun.) 81 degs.; (Th.) 53 degs.
In shade—highest (Fri.) 55 degrees; lowest (Sun.) 31.5 degs.
Mean—45.8 degrees; difference from mean of 43 yrs. + 8 degs.
Range—during week, 23.5 degrees; mean daily, 10.1 degrees.
Mean humidity of air (*saturation* = 100), 87.
Mean direction of wind, S.W. and W.—Rain in inches, 0.53.

OPERATION DAYS AT THE HOSPITALS.

Monday.......	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M St. Mark's for Fistula and other Diseases of Rectum, 1.15 P.M.
Tuesday.	Guy's, 1½ P.M.—Westminster, 2 P.M.
Wednesday...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—Univer College, 2 P.M.—Royal Orthopædic, 2 P.M.
Thursday.....	St. George's, 1 P.M.—Central London Ophthal 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M London Surgical Home, 2 P.M.
Friday.......	Westminster Ophthalmic, 1·30 P.M.
Saturday.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Geographical, 8.30 P.M.—Medical, 8.30 P.M. Lettsom Lecture. Mr. H. Thompson, "Lithotomy: the several thods which are adopted at the present day for the M Subject."

Tuesday. Royal Medical and Chirurgical, 8.30 P.M.—Civil E neers, 8 P.M.—Zoological, 9 P.M.—Syro-Egyptian, 7.30 P.M.

Wednesday. Society of Arts, 8 P.M.—Graphic, 8 P.M.—Mi scopical, 8 P.M. (Anniversary.)—North London Medical, 8 —Royal Society of Literature, 8.30 P.M.—Archæological A ciation, 8.30 P.M.

Thursday. Royal, 8.30 P.M.—Harveian, 8 P.M.—Antiquaries, P.M.—Philological, 8 P.M.

Friday. Astronomical, 8 P.M. (Anniversary.)—Royal Instituti 8 P.M.

Saturday.—Asiatic, 3 P.M.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addre to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their commun tions, should authenticate them with their names—of course necessarily for publication.

M. E. S.—We have already some papers prepared on the subjec Spectrum Analysis; these will shortly appear.

G.—A medical man may honourably introduce a brother pra tioner to his patients as successor to his practice. If he unwell or otherwise unable to give a personal introduction, we no reason why he should not introduce his successor, as propo by G.; of course, the introduction being limited solely to his circle of patients.

Mr. G. Bodington will, we hope, excuse us for not publishing clever letter. It would necessarily elicit a rejoinder; and it hardly worth while to discuss further an opinion which is o held by a solitary authority.

COMMUNICATIONS have been received from:—Dr. Gra Hewitt; Dr. J. O. McWilliam; Dr. J. Barclay; Dr. H Salter; P. H. E. D.; Mr. W. J. Harris; Dr. Callon; Earn Protest; Mr. G. Bodington; G.; Dr. D. Noble; Mr. A Steele; Mr. J. F. Nicholson; Mr. J. Hutchinson: Mr Adamson; Mr. J. Morgan; Dr. Althaus; Mr. R. Dunn; T Registrar of the Medical Society of London; Mr. T. Stone; and Mr. W. Copney.

COLDS, COUGHS, CATARRH AND CONSUMPTION.
SIROP & PATE de CODÉIN
Of Berthé, of Paris.

These preparations, inscribed in the French Codex, are rec mended by the principal doctors of Paris for colds, the stubborn fatiguing cough of the grippe, catarrhs, whooping-cough, bronchi and consumption.

The experiments made by MAGENDIE, BARBIER D'AMIE ARAN, VIGLA, G. DUMONT, etc., doctors of the hospitals in Pa professors of the Faculty of Medicine, etc., have really proved remarkable calming virtues of these preparations.

WHOLESALE DEPÔT IN LONDON,
PEREAU, 11, Moorgate St., E.C. Apply by lett
Retail { M. Dinneford and Co., 172, New Bond Street.
M. Lemaout, 57, Princes Street, Leicester Square.
M. Brown, 2, Lower Street, Islington.

Clinical Lecture

ON

CUTE LARYNGITIS.

GIVEN AT

ST. MARY'S HOSPITAL, OCTOBER 25TH, 1861.

BY

THOMAS K. CHAMBERS, M.D.,

ELLOW AND CENSOR OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON; PHYSICIAN TO, AND LECTURER ON MEDICINE AT, ST. MARY'S HOSPITAL; ETC.

HE case referred to by Dr. Chambers, is the first iat of Maria F.) related in Mr. Young's report m St. Mary's Hospital, at p. 168.]

Inflammatory laryngitis (or rather glottitis) is a ease in which the power we wield of saving existence is most strikingly exhibited. What a paltry ap of flesh is damaged! Yet how frightful the ults are to witness! The question of life or death a question of an eighth of an inch more or less meter in a tube! If the same amount of inflamtion were in your finger, or at the end of your se, any old woman would laugh at you for going a doctor about it; if it were in your digestive ial, you would perhaps stay away from lecture, l take some slops, but you would not care to ke an accurate diagnosis of its whereabouts. tarrhal inflammation may even attack the lower t of the larynx itself pretty severely, and yet ursery" practice be all that is required. The girl bed number 7 (admitted at the same time as this e), had lost her voice from the tumefaction of the cal cords, yet I did not think it worth while to at her further than by keeping her in bed, with water inhalations and ammoniated salines. But inflammation sink through the mucous memne of the glottis to its submucous tissue, let that ome anasarcous, and you see what a piteous call your active interference! I say you "see" adedly; because, though the patient has all the pearance of screaming loudly, and mayhap is tryto do so, no cry reaches your ears. It matters if the inflammation be violent or weak, be rapid slow—directly it has caused the edges of the ttis to swell to the point of not admitting as ch air as the lungs want—instantly that it has ched this point, life is in imminent danger. It tters not what was the former state of the pat—the present moment is a present and pressing il—a Hercules or a Lazarus equally hovers on the e of the grave.

n point of fact, the importance of acute laryngilepends, not on the *degree* of injury to life, but its *localisation*. And, hence, the value of relies is proportioned closely to the special definites of their action on the part affected. There be, perhaps, at the druggist's, excellent remefor inflammation, which would act most powery all over the body of your patient—all over the y of an animal three times her size; but you do *want* just now to act all over her body, only on little spot which stands between her and life. not run the chance of acting deleteriously on whole person for the sake of a possible benefit uch a minute portion of it. Do not ransack your brains for that which is the extremest remedy for this extremely dangerous inflammation; but for that which will get nearest to the seat of peril. When this woman came into the ward, she was, as is described in the report, blue in the face, speechless, incapable of swallowing and breathing without labour and noise. It was very obvious that something must be done to relieve her without delay. But her skin was cold, her pulse was weak and not quick, and she was exhausted by abstinence and bodily exertion. Therefore, though I anticipated tracheotomy would have to be practised, I thought it as well to try other measures first, especially as there are other measures equally local and equally important without being so alarming. I got her, therefore, warm in bed, gave her some teaspoonfuls of hot beef-tea and wine, made the air damp and soft round the mouth with hot steam, and put four leeches on the outside of the trachea. There was a certain amount of relief from this, and the purple hue of the face faded during the afternoon. But the next evening it came again; and Mr. Young carried out the provisional order for performing tracheotomy. Then the relief was immediate, the lividity of countenance vanished; she shortly fell asleep, and continued afterwards to breathe through the tube till such time as the swelling of the glottis subsided enough for her to respire in the natural way; then the tube was removed.

Tracheotomy is an alarming operation to hear of or look at, but is, in reality, not a dangerous one. Bungling suicides often saw open the trachea by cutting their throats right in front; yet, if they miss the great vessels, they fail to kill themselves. And if a wound, under circumstances of such violence, is not fatal, how is it likely to be so when made with the deliberate caution of a surgeon? In point of fact, I cannot find on record any instance of the operation being fatal. Patients, of course, often die after it, because laryngitis is so often complicated with extensive pneumonia, croup, diphtheritis; but I cannot find anything indicating that the operation has ever hastened the death; nay, in most even of these, it seems to have postponed the unfortunate termination. Do not, therefore, alarm the patient's friends by speaking of it as "a last hope," "a final resource," or by any other twaddling expression. The effect of such conduct is that they beg you to postpone it a little and a little longer, till the time has passed for its complete success. Each minute the throat is becoming more swelled and filled with black blood, and there is more likelihood of the surgeon's hand being stayed by troublesome hæmorrhage. Each minute congestive pneumonia is becoming more and more probable; more and more incurable, if already existing. In fact, the operation is as the stiff leap to the timid sportsman, "the more you look at it, the less you'll like it."

The only reason for delay is that of which you saw an instance in the present patient; namely, a possibility that the excessive urgency of the symptoms may be due to some easily obviated external cause, such as cold, weariness, nervous excitement, hysteria, or the like. It was not unlikely that a patient, chilled with coming to the hospital and sitting in the waiting-room, might appear worse than she really was, and that warmth, stimulus, and rest, might alleviate the pressing danger. It did so to a certain extent; but not so far as to prevent a relapse.

This is not a place to speak much about the surgical part of the business. I will merely say what the physician requires of the operator. His requirements are :—1. That blood shall not be allowed to get into the trachea (to secure which the use of a simple scalpel, and the waiting for all serious bleeding to have ceased before the cartilages are cut, are the best means). 2. That the opening shall be large enough to admit a sufficient body of air; that is to say, it must be capable of being stretched to nearly the diameter of the trachea. 3. That the instrument inserted should be capable of being kept clean by a nurse, and not easily jerked out by spasmodic movements on the part of the patient. (The ordinary curved double cannula seems to me the best.)

So far, then, for restoring the deficiencies of the respiratory functions.

But other functions require care also. You will observe that half a pint of warm beef-tea is ordered to be thrown up into the colon by enema every three hours from the first admission of the patient. These patients are usually suffering as much from want of food as from want of air. The deficiency, indeed, does not kill them so rapidly as the impediment to respiration; nor does it make itself so conspicuous; and, for that very reason, is apt to be forgotten. But observe the convulsive motions of a patient with laryngitis on trying to swallow, and you will not be surprised that they resist all attempts at feeding by the mouth, and that nurses have no heart to force them. The attempt is another name for strangulation. Yet if they get no nourishment, they are hourly becoming less able to bear up against the depressing influence of the devitalised blood, less able to renew the injured larynx. This is a matter of great moment, not only as regards the present retention of life, but as regards the later prospects of the patient. For the last hundred years, people have been writing a great deal, more or less sensible, about laryngitis; but I do not think anyone has noticed this important part of the treatment since Van Swieten a hundred years ago. (*Commentary on Boerhaave*, vol. viii, sect. 813, *ad fin.*) It seems not improbable, from the details given, that many of those whose immediate danger has been happily postponed by the operation, have died of starvation through the neglect of this simple measure.

In all cases where you desire to administer nutriment in enema, it is safer to prevent it from running off before it is absorbed by adding a few drops of an opiate. This was done at first in our patient's case; but it was not necessary to continue it, as no fæces were passed *per anum* for three days.

When the powers of life have been so reduced by the deficiency of the respiration that the mucous membrane of the intestinal canal rejects the food undigested, you mix pepsine with it; and you may appropriately administer tincture of bark and port wine. Both were ordered on this girl's card; but little of them were given, as, by forty-eight hours after the operation, her pulse had got full and natural. Remember always, as I told you with regard to low fever, wine is an adjunct or help to restorative treatment; but if made to take its place, is hurtful.

When the patient begins to take food again the mouth, you will not rarely find that solids certain kinds are easier swallowed than compl liquids. This happens in all kinds of dysphag in fact, the embracing of a gulp of fluid by semi-voluntary pharyngeal muscles is a greater fort, and more apt to cause spasm, than is the c with a more resisting mass. You can try this day in your own throats. But you must select the solid you administer some one which slips dc easily, such as the oysters which have been orde for this girl.

I feel you expect me to say something about drugs which have been strongly recommended in ac laryngitis—antimony and mercury. I must con I have never been able to trace any advantage fr their use, either in cases which have recovered which have died. I no longer use them, and do recommend them to you. The action of these me is to increase destructive metamorphosis, and lower the force of the heart. By such means t certainly do appear to me to have a controll power over inflammation. But it is a power exerci slowly, and at the expense of depressing the gene vitality rapidly; so that they are peculiarly uns able for cases where an effect is desired to be quic produced; for, if enough of them is given to stop flammatory action in the short time allowed, a s ous lowering of the functions ensues, extremely d gerous to patients who have already sustained shock of being half stifled. And this depressio the more decided from the limited extent of the flamed spot, and the limited inflammatory react on the system; for the poisonous actions of antim and mercury are the stronger in inverse proport to the amount of tissue inflamed. Give them t healthy man—to a man with a cold in his head, an inflamed corn—and they pull him down m wonderfully; but give them to a patient with dou pneumonia or peritonitis, and he hardly feels th effects. In laryngitis, therefore, *more* than in m inflammations, these drugs are likely to have a de terious action, and *less* than in most inflammation beneficial action.

What I would have you keep in mind, in y treatment of laryngitis, is as follows :

1. If the external and obvious conditions of t patient be such that some part of the sympto may be due to those conditions, remove th Warm the surface of the body; saturate with steam the air inspired; put on leeches, and fomentation to the throat. In special favoura cases, bleed.

2. If benefit do not quickly follow, perform t cheotomy, or get it performed.

3. If a relapse occur after temporary bene every minute that the operation is delayed is minute lost.

4. Food must be sedulously administered, if by mouth, by rectum. This is especially necess if leeches are applied, more especially if you dec to bleed, and still more specially than ever if m cury or antimony have been thrown in.

5. Let the restored air of respiration be mo and warm; and take care that there is enough of by inserting a full sized double cannula in t operation, and sedulously watching the orifice d and night, lest it be blocked up by mucus.

As a contrast to a disease in the larynx induci uch serious danger by its locality, but rapidly reovered from by reason of the slight morbid alteraion which has taken place, I show you here a larynx aken this week from the body of a man who died of ulmonary consumption. See how extensively it is isorganised. The mucous membrane covering all he upper part is white, thick, and ragged; just beow the vocal cords on the right side, there is a agged deep ulcer, which has bared the arytenoid artilages, and caused them to become necrosed by illing the perichondrium; a piece of the necrosed artilages projects into the bottom of the cavity. There is another superficial ulcer in a corresponding lace on the opposite side. Yet here the symptoms eferrible to the larynx were of the most minor imortance. The man's voice was indeed hoarse nd weak, but not more so than you find in most ufferers dying with a very large vomica in one lung nd the other filled with crude tubercles, which we ound in this autopsy. There was a considerable ecretion of pus also, and pain in the larynx when ressed; but no difficulty of breathing, in whatever osition the patient lay. Consequently, no local pplications were made to the organ. There was no emand for local medication, and certainly it would ave been useless to the prolongation of life. The eficiency calling for restorative treatment was the mportant one of chronically deficient nutriment to he whole system. The larynx was ulcerated and egenerated, for the same reason that the kidneys ere shrunken and granular, and that the whole erson was emaciated to a skeleton: sufficient aliient was not absorbed to compensate waste. A espairing effort was made to supply this by endeaouring to restore digestive and absorbent powers to he alimentary canal by means of quinine and iron, nd to supply muscle and fat with meat and cod-oil. ut in vain. Sentence of death had long before one forth; and it was difficult to see that it was in ny degree delayed by treatment, however approriate. My object in quoting this case now is not y it to commend the remedial agents employed, but o draw your attention to the rule, that the *immeiate* danger of diseases is mainly traceable to their ocality; the *final* danger, to the extent and degree f the pathological changes.

I would therefore lay it down as a rule that, in ases where the danger is immediate, the attenon of the medical attendant should be directed to ocally active remedies; where it is more remote, it hould be directed to those of general agency. Thus acute laryngitis you are to think of the larynx lone, to the temporary neglect of other parts; in hronic laryngitis, of the general nutrition, in preerence to the local injury.

GRINDING. The tutor 'crams' his pupil, not with nowledge, but with promising bits of information droitly selected, and teaches him how to reproduce hem by the most rapid process and in the most speous shape. He carefully studies the papers that are et, divines, if he can, the theories or tastes of the Exminers, makes 'shots' at the subjects most likely to ay,' and discovers or constructs short cuts to the knowdge required. The proficiency obtained under such a stem is not likely to be genuine, but whether it be al or simulated signifies little, so long as the object is ained. If the pupil appears in the list of the successl candidates, he is satisfied, and his tutor too.

Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY
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PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL; LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

DISORDERS OF MICTURITION. (*Continued.*)

GENTLEMEN,—We have now considered the cases in which micturition is difficult, and those in which it is painful. The next class of cases are those in which

c. Micturition is frequent. There is, perhaps, no one diseased condition of the vagina, uterus, bladder, or adjacent organs, which may not, at one time or other, give rise to frequency of micturition, to say nothing of the varying conditions of the urine which may occasion the same phenomenon. Frequency of micturition can hardly, then, be considered as characteristic of the presence of any one diseased or altered condition.

Frequent micturition is often an early sign of pregnancy. During the first two months of gestation in primiparæ it is very generally present. Towards the latter end of pregnancy also, it is pretty frequently observed. In hysteria, frequent micturition is often present during the attacks.

Displacements of the uterus may occasion frequent micturition; but more often difficulty and pain during micturition are produced thereby. In retroflexion of the uterus the micturition was most frequent during the night in two cases observed by Ashwell. In prolapsus uteri, there is frequency of micturition, especially during its early stages; it is diminished by the horizontal posture. *Ovarian* or other pelvic *tumours* occasion frequent micturition, owing to pressure on the bladder before remarked. Urinary difficulties are more frequently present during the early than the later stages of these tumours; when larger, they rise out of the pelvis, and the patient suffers less. One of the most important causes of frequent micturition is retroflexion of the *gravid uterus*, a condition in which urinary difficulties are rarely absent. There may be difficulty alone; but more generally difficulty and frequency of micturition are noticed; the latter may alone be observed. *Organic affections* of the uterus, as cancer, fibroid tumour, polypus uteri, or simple hypertrophy, or an inflammatory or hyperæsthetic condition of the organ, may, each of them, give rise to frequent micturition. Cancer would be recognised, after its very earliest stage, by the other symptoms present; fibroid tumour and hypertrophy might be unaccompanied by other symptoms; in polypus, menorrhagia is not often absent. Tenderness and pain are the characteristic symptoms of the inflamed or irritable uterus. Pressure on the bladder, and consequent frequent micturition, may be produced by abscess in the cellular tissue between the bladder and vagina, or by effusion of blood into the peritoneal cavity around the uterus in peri-uterine hæmatocele.

Dysmenorrhœa is often associated with frequent micturition; the tenesmus of the uterus extends to the bladder. But certain conditions of the bladder itself may give rise to frequent micturition. Calculus of the bladder, cystitis, cancerous disease of the organ, the condition known as the "irritable bladder," occasion this symptom, which is, moreover, observed in the early stage of the affections in question. The presence of the blood in the urine occasions frequent micturition, as do also various disordered conditions of the urine. Irritation propagated from the kidneys, when these organs are diseased, or from the rectum, as when hæmorrhoids are present, may occasion frequency of micturition. Cases in which hæmorrhoids have to do with disturbances of the function of the bladder not seldom remain for some time obscure.

Inflammation of the urethra, as in gonorrhœa, is a cause of frequent micturition: the urine is then passed in drops, with scalding pain. *Vascular tumour* of the meatus occasions frequency of micturition distinguished from inflammatory conditions by its chronicity.

d. Micturition Involuntary. The conditions under which this symptom may be observed are the following.

Fistulæ in the Vesico-Vaginal Septum. In such cases, the patient has hardly the slightest control over the evacuation of the bladder, the urine escaping from the bladder by the unnatural opening as fast as it is secreted. The condition dates from a definite period, at which time the vesico-vaginal septum was injured, and since when there has been involuntary micturition. The formation of these fistulæ is generally connected with the act of parturition; but *syphilitic* or *cancerous* ulceration may be the source of the evil. If the existence of fistula be suspected, the vagina and bladder must be carefully examined.

There are cases on record in which involuntary micturition was produced by the existence of a *vesico-uterine fistula.* Here the symptoms are very peculiar, and the nature of the case would be easily recognisable on careful study of the history of the case, combined with examination of the vagina. If the urine were seen issuing from the os uteri, this would conclusively determine the diagnosis.*

At the latter part of *pregnancy,* micturition is often involuntary, either entirely, or when the patient is in certain positions. The diagnosis of this would be obvious enough.

Retroflexion of the gravid uterus generally occasions great distension of the bladder; and not unfrequently a case of this kind comes before us in this form:—the patient complains of involuntary micturition; and, on examination, it is found that the condition really present is one of *retention of urine,* produced by retroflexion; small quantities from time to time escaping, owing to the extreme distension of the bladder. The period of pregnancy at which this distension of the bladder most commonly occurs is the fourth month. The distension of the bladder was supposed by William Hunter to be the cause of the dislocation of the uterus. Dr. Tyler Smith has shown that the retroversion (in many cases, at all events) is the primary evil; the fact being, that the retroversion existed before the pregnancy occurre (See vol. ii of the *Transactions* of the Obstetrical S ciety.)

When the bladder is paralysed partially or entirel as in the course of fevers, etc., great distension of th organ and *overflow* may occur, as in the case of r troflexion just noticed.

After parturition there is often involuntary mi turition for a few days, which may extend to weel or even longer. The muscular structure of th urethra has in such cases undergone undue pressu and injury during the act of parturition. In wome who have had large families, the neck of the bladd occasionally becomes thus permanently weakene and the control over the bladder is subsequently a ways imperfect.

Tumours of the ovaries now and then produce i voluntary micturition; the tumour drags on th bladder, and mechanically interferes with the actio of the sphincters. This effect is more commonl witnessed when the tumour is large. Other tumou in the pelvis or neighbourhood may have a like effec

Great hypertrophy of the nympkæ was a cause incontinence of urine in a case recorded by Bresla Owing to the traction of the enlarged nymphæ, th action of the sphincter was interfered with.

Cancer of the uterus may extend to the neck of th bladder, and give rise to involuntary micturitio (Kiwisch. See West, vol. ii, p. 195.)

Congenital defect of power over the sphincter the bladder is very rare, but the possibility of its e istence should not be forgotten. Congenital inco tinence of urine may be due to *imperfect formatio of the urethral canal associated with epispadias,* which a very interesting case is recorded by D Röser (*Würt. Corr. Bl.*, 1861; Schmidt, *Jahrb.*, vo cxii, p. 47). The case was that of a young woma aged 18, who had had incontinence from birth. Th clitoris consisted of two parts; the upper and ant rior portions of the orifice of the urethra were wan ing, and the orifice itself was very large. A cu was obtained by bringing the separated halves the clitoris together by a plastic operation.

II.—MICTURITION NOT POSSIBLE.

In cases where the patient is absolutely unable pass urine, it is evident that there is either an i pediment to the escape of the urine from the bla der, or that there is no secretion from the kidney In other words, the case is one of *retention* or *suppression of urine.* In the distinction of thes two conditions, it is to be remarked that retention i as a rule, accompanied by a desire to evacuate th bladder, which is for the most part absent in cas of suppression: the exception is in reference to cas of paralysis of the lower extremities, and some oth instances where there is *sensational* as well as *mot* paralysis. Cases are rare in which there is a poss bility of taking suppression for retention; but might prove a dangerous mistake, and one mor within the limits of possibility, to overlook retentio and set down the condition as one of suppressio Such cases occur in connexion with the presence diseases producing great prostration, fevers bein the chief of these. The patient may for a conside able time have no evacuation from the bladder and, this circumstance escaping attention, the bla der is allowed to go on increasing in size. Th obscurity of the case is often increased by the fac reviously alluded to) of a small quantity of urine scaping from time to time from the distended organ, ie retention all the while persisting to a dangerous egree. The fact that the patient has expressed o desire to evacuate the bladder must be disrerded; and, after a certain time has elapsed, an exnination should be made, in order to ascertain hether the condition present is one of retention or ippression. The definitive decision between retenon and suppression depends, then, upon the results examination.

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* A most interesting case of this kind is related by Dr. Leishman, in the "Glasgow Medical Journal," October 1861. The patient in this instance could only retain urine within the bladder when lying on the side.

Cases in which retention is combined with involntary micturition have been already disposed of. .

Retention produced by inability to evacuate the adder, coupled with distress and strong desire for e same, may arise from mechanical pressure on e neck of the bladder, of whatever kind. Whater, in fact, may produce mechanical *difficulty* may oduce also *retention*. *Fibroid* tumours of the erine wall, enlargement of the uterus by fluid, etc., t in this way, as do also, but more rarely, *ovarian mours*. The explanation given by Dr. West of is fact is, that the uterus is central, and therefore ore likely, when enlarged, to press on the neck of e bladder and produce retention, than an ovarian mour, which is generally lateral. In such cases, fficult micturition has generally preceded the rention. *Retroflexion of the uterus*, or *retroversion* this organ, when suddenly produced, may also use retention, which either supervenes suddenly, is not detected for a long time, in consequence of rtial escape of the contents of the bladder occanally taking place. In cases of *prolapsus of the erus*, retention may occur during the catamenial riods, when the organ is larger and heavier, and cases of prolapsus of the bladder itself, and chronic version of the uterus, etc.

Another form of retention, not by any means unnmonly observed, is that witnessed in *hysterical* tients, arising from spasmodic contraction of the hincter, associated, perhaps, in some cases, with erectile condition of the clitoris. Retention from s cause is accompanied with a good deal of acute in in the hypogastrium. The attack is of a more ite character than in the cases before considered. ere is generally a history of previous attacks of a ilar character; and the previous history of the e affords, on investigation, pretty complete evince of the presence of hysteria in some one of its ltitudinous forms. In many cases, the nature l cause of the presumed retention cannot be made without an examination.

Lastly, there are cases in which no urine is passed, ause there is none in the bladder. This kind of *ppression* has been known to be produced by prese of large ovarian or other tumours on the ureters. re ordinarily, however, suppression in the true se of the word is due to other causes, the consiation of which does not come within the scope of present inquiry.

TREATMENT.

here is comparatively little to be said respecting treatment of disorders of micturition; the treatnt usually consists in removing the cause of the order, whatever that may be. Respecting the jority of cases of this kind, therefore, the quesn of treatment will be more appropriately consied elsewhere. In many instances, the making of the diagnosis is the essential thing, the mode of giving relief naturally suggesting itself when the cause of the pain or inconvenience has been once ascertained. There are a certain number of cases, however, in which palliative treatment may be indispensable; the removal of the disorder there and then present being necessary. Such are cases of *retention* of urine in which the patient is absolutely unable to evacuate the bladder, and requires temporary relief.

The catheter is the instrument by means of which the relief in question is obtained; and it may be well in this place to give a few directions as to the manner in which this instrument is best applied.

Mode of Introducing the Female Catheter. The first thing which it is important to be aware of is this—that ease in the use of the instrument is only to be attained by practice; and, consequently, that it is important that opportunities for practice in the manœuvres necessary be not, as is often the case, neglected. The plan to be adopted is the following:—The patient is to be laid on her back; the operator is to stand on her right side; the right leg is to be flexed, the sole resting on the bed or couch. The operator then, by means of one finger of the left hand carried from the abdomen over the pubis, ascertains the position of the clitoris, and of the urethral orifice just beneath it; and, having done this, the right hand, holding the gum-elastic or silver catheter, is passed under the right leg, and the point of the instrument guided into the urethral canal. The introduction of the instrument is very easy, if these several points be attended to, and by one who is cognisant of the anatomical relations of the parts. The principal thing is to make certain, in the first instance, of the position of the clitoris and urethral orifice; the latter is known by the fact that the vaginal canal is immediately below it. If the finger be introduced into the vagina, the urethral canal must therefore be in the median line immediately above it.

It is convenient to have a slender India-rubber tube, five feet long, attached to the catheter. The urine then flows directly into the receptacle on the floor.

THE CHLORATE OF POTASH TREATMENT OF PHTHISIS. "We see, then," says Dr. Percy, of New York, "that Dr. Fountain's high expectations of the great value of chlorate of potash in phthisis, are not likely to be realized; for others who have preceded him in the same views, have experienced but little benefit from it, and those who have followed up his experiments have met with but little success. It is a strange fact, but we daily learn over again the same lessons, and many of us let them slip as quickly from our memories. Theories, and systems, and medical agents are brought forward, and have their day, and are for awhile the fashion; but when common sense reviews these claims, they soon assume their proper level. Time passes by, and another mind, reasoning from the same deductions, takes up the same remedy with the same earnestness, and again it becomes the fashion, and is again forgotten except by those who use it for its legitimate purposes. The thing occurs again and again, and the last man who vaunts it, through his imperfect investigation of medical literature, is equally honest with the first, and supposes he has made a most valuable discovery. Dr. Fountain has shown no more Quixotism in mounting his hobby, than Dr. Churchill has shown in riding his; but let us take a lesson from their experience." (*American Med. Times.*)

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

TWO CASES OF ACUTE LARYNGITIS, IN WHICH TRACHEOTOMY WAS SUCCESSFULLY PERFORMED.

By Edward Parker Young, Esq., House Surgeon to the Hospital.

Maria Friar, aged 22, servant, was admitted into the Victoria Ward of St. Mary's Hospital on Oct. 12, 1861, under Dr. Chambers's care.

When first admitted, it was not deemed prudent to take the history of her case, as talking distressed her; but, on her recovery, she said that she had been a servant at Croydon, and there caught cold on October 6th, and the next day came up to London for a few days holidays; but her cold increasing, she came as an out-patient of this hospital, under Dr. Markham, on the 9th. Still getting gradually worse, she was recommended to come into the hospital; and on the 12th was admitted. Her voice then was thick, and her respirations increased; there was also slight fulness about her throat, which was tender and painful when touched; her pulse was quickened, but small. Four leeches were at once applied to the trachea; and a draught of an ounce of decoction of cinchona, and a drachm of compound tincture of cinchona ordered to be taken every alternate hour.

Oct. 13. She passed a very bad night. The dyspnœa is increasing; but she was able to swallow till 11 A.M. with difficulty. The throat is more tender. She is obliged to be propped up in bed, as she could not breathe in any other position. There is slight cough; the face is flushed; the lips livid; the eyes swollen; and countenance anxious. These symptoms gradually increased till 7.30 P.M., when she was found gasping for breath, and asphyxia was fast coming on, when a little chloroform was administered, and Mr. Young performed tracheotomy. After the operation, the pulse was 100. She was able to swallow; and expressed herself greatly relieved.

Oct. 14. She could not sleep very well. She took a little nourishment. The breathing was tranquil. She was ordered to have an enema of mutton-broth, with ten minims of laudanum every three hours; and also as much nourishment as she can take by the mouth.

Oct. 15. She slept pretty well; pulse 100; tongue furred; slight cough. She breathes a little through the nostrils.

Oct. 16. The trachea and larynx are not so tender; pulse 98.

Oct. 17. The tube was withdrawn; she breathes tranquil. The bowels have not acted since the operation. A simple enema was ordered at bed-time. Her appetite is very fair; she is able to take three eggs, beef-tea, etc., in addition to enemata of mutton-broth.

Oct. 18. The bowels acted freely. The wound is granulating a little. Air still passes through the opening, which is covered by a piece of muslin gauze.

Oct. 19. She is cheerful; tongue cleaning at edges, but still very much furred in centre; pulse 95.

Oct. 21. Pulse natural. She sleeps tolerably well. She has slight cough, and expectorates a little.

Oct. 23. The appetite is improving. She was ordered to have half a dozen oysters daily.

Oct. 24. She feels sick and has vomited several times. She was ordered effervescing mixture, with hydrocyani acid every four hours.

Oct. 27. The sickness has stopped. The effervescin mixture was omitted. The mutton-broth enemata ar discontinued; and she is able to take a piece of rum steak, three eggs, and simple diet daily.

Oct. 30. The wound was healed on the 28th. Sh complains of slight pain in her throat, due to her havin talked too freely. Six leeches were applied to th throat, and she was ordered to inhale the steam of h water.

Nov. 2. The throat feels much better; the voice clear. She is able to get up; and complains of feelin hungry every quarter of an hour. She was ordered o dinary diet and a half; a pint of porter, and one pint milk.

Nov. 4. Diarrhœa is present. The porter w omitted; and astringents were ordered. From this dat she was able to wait on the other patients; but it w not considered advisable to send her out, as the diarrho continued occasionally, and the weather was very ba but on Nov. 22, she left the hospital cured.

Case ii. Harriet Burton, aged 55, married, was a mitted into St. Mary's Hospital on December 4, 186 suffering from acute laryngitis, under the care of D Alderson.

She states that she caught cold at her last confin ment twelve years ago, and since that time her voice h been thick. During the last ten days, her throat h been sore, and she has had shortness of breathing; b the last day or two it has become much worse, preven ing her from washing. She, therefore, applied for lief, and was admitted at 2.30 P.M. When in bed s presented the following symptoms. There was mu restlessness and anxiety; some difficulty of deglutitio and also difficulty of breathing, showing itself by p tracted and wheezing inspirations. On asking her t seat of pain, she pointed to the pomum Adami. H voice could only be heard in a whisper; her face w flushed and dusky; her skin quite moist; pulse sm and quick. A dozen leeches were at once applied the larynx; and she was ordered a grain of calomel a a quarter of a grain of opium in a pill, and a sali draught, every four hours.

About 8 P.M. her symptoms became more serio The countenance was livid and anxious, the eyes swoll and protruding, and dyspnœa increasing; pulse sm and flickering; and death appeared to be not far dista Tracheotomy was performed by Mr. Young; but bef the trachea could be reached, breathing was suspend The trachea was opened, and the tube inserted; and blown through it, and the chest compressed; the pati took a gasp, then another, and, in a few minutes, s breathed tranquilly through the tube. She was th able to swallow with ease; her countenance resum its natural colour; and she expressed great gratitu for the relief afforded her. The tube was almost hid from sight from the œdema and fat. She was orde three pints of milk, two eggs, and one pint of beef-t also, an ounce of brandy whenever she felt faint.

Dec. 5. She slept well; pulse 130, full. She swall without difficulty. The tongue is furred. While cou ing this morning, the tube came out. There was breathing from mouth or nostrils; and it was with so difficulty that the tube was replaced, on account of great œdema and swelling. Respiration 28. At 1 P.M., Dr. Alderson saw her, and ordered her to be b to eight ounces, and the brandy to be omitted.

Dec. 6. She felt much relieved from the bleedi The headache better; and she has passed a comforta night. The inner tube has frequently to be withdra and cleansed, on account of its being clogged with mu purulent matter and false membrane. Pulse 120, fu

Dec. 7. The cough troubles her, and the phlegm very difficult to expectorate through the tube.

owels have acted several times. Pulse 100. The œdema s commencing to subside.

Dec. 8. The tube was this morning withdrawn; but o breathing could be detected from the nostrils or outh; it was, therefore, replaced. The tongue is leaning.

Dec. 9. She complains of her gums becoming slightly ender. The pills were omitted. Pulse 96.

Dec. 10. The tongue is quite clean and moist; pulse 0. She was ordered four ounces of port wine. The aline mixture was omitted.

Dec. 11. She bears the wine very well. She was orered an ounce of decoction of cinchona three times a ay. There is a little breathing through the mouth and ostrils. The swelling around the throat is going down.

Dec. 12. She could not sleep very well. The breathng is more free through natural passages. Pulse reular.

Dec. 13. The tube to-day was withdrawn. She reathes very well when the opening is closed. Tongue lean and moist.

Dec. 14. The wound this morning was brought togeher with strips of plaster. Pulse 72.

Dec. 16. The swelling has all subsided; the wound s granulating; pulse natural; tongue clean.

Dec. 18. She is able to take fish diet, two pints of ilk, and two pints of beef-tea, with four ounces of port ine, daily.

Dec. 21. She is progressing favourably.

Dec. 25. She was allowed to get up for a short time. ulse regular; tongue clean and moist.

Dec. 29. The wound was healed on the 27th. She s gaining strength daily; and from this date up to Jan. 3, 1862, she was able to get up and help in the ward, hen she was discharged, forty days after her admission, uite recovered.

These cases, Dr. Alderson remarked, show how imortant it is that the acting house surgeons of our hositals should be able to judge correctly and act promptly n difficult occasions.

It must almost always happen that the necessity for mmediate action in such cases occurs during the abence of the physicians and surgeons of the institution. The symptoms threatening life which are the reasons or xcuse for resorting to such extreme methods, more frequently come on at night than at any other time. The alue of having house surgeons as highly qualified as heir age will permit is strongly exemplified; for, not nly are decision to act promptly and skill to perform he operation indispensable, but cool judgment to know hen to refrain, as well as when to act, of the utmost mportance.

There cannot be a greater proof of the use of changng the old methods of allowing any pupil who could ay the fees to assume the responsibilities of houseurgeon, to that of appointing young men to that office y competition only; thus ensuring the best qualifiations that the school attached to the hospital can fford.

Temperature of Sitting and Sleeping Rooms. "Generally speaking," says the *Siècle*, "during winter, apartnents are too much heated. The temperature in them ought not to exceed 15° centigrade (59° Fahrenheit); and even in periods of great cold, scientific men declare hat 12° or 14° had better not be exceeded. In the vards of hospitals, and in the chambers of the sick, care is taken not to have greater heat than 15°. Clerks n offices, and other persons of sedentary occupations, when the rooms in which they sit are too much heated, are liable to cerebral congestion and to pulmonary complaints. In bedrooms, and particularly those of children, the temperature ought to be maintained rather low; it is even prudent only rarely to make fires in them, especially during the night."

Original Communications.

CARLSBAD WATER IN GOUT.

By Edward Meryon, M.D., F.R.C.P.

For the last two years I have been gradually inclining to the belief in the efficacy of Carlsbad water as a prophylactic agent in the treatment of gout; and my opinion has been so far strengthened by the observation of many cases, that I am disposed to think that that water has well-nigh, if not quite, as special an influence on gout as quinine has on ague; and I was led to the persuasion by the following anecdote, narrated to me by Dr. Hochberger of Carlsbad.

During the Crimean war, a Russian officer had the humerus of one arm fractured; but, for want of proper surgical assistance, the broken extremities remained unreduced, and a large mass of callus was formed around them. A deformed limb was, of course, the result. After the war, this gentleman was sent to Carlsbad for an affection of the liver; and, after copious libations of the Sprudel for some five or six weeks, the exuberant callus was absorbed; and one day, whilst using his arm, the broken ends of the bone were suddenly disunited, and he presented himself to Dr. Hochberger with the limb dangling. The further use of the water was immediately discontinued; coaptation of the extremities of the bone was accomplished; and the individual returned to his country with a perfect arm and an improved liver.

Having a patient who for many years has been, and still is, very much crippled by chalk-stones both in his hands and feet, it occurred to me that the mineral water of Carlsbad, if taken for a long period of time in small doses, might cause the absorption of the urate of soda from the joints, as it had caused the absorption of the phosphate and carbonate of lime from the fractured humerus; but herein I have been disappointed.

The gentleman in question has never passed four consecutive months without suffering from gout for nearly forty years (his first attack having occurred on the day of the Oaks, in May 1824), until the year 1860. During the years 1858-9, the attacks recurred so frequently (rarely, however, with acute pain, for during the few previous years the disease gradually assumed the atonic form), and his strength was so much diminished as to be unable to resist the slightest provocation, that, with the concurrence of my friend Dr. Gairdner, I advised him to go to Buxton, where he remained some five or six weeks, and returned to London considerably invigorated, but without a respite from his old enemy until June 1860, when he began to take half a pint of the Sprudel early every morning; and from July 1860 he remained perfectly free from gout until October 26th, 1861, when a slight attack came on, somewhat more painful than it was wont to be, but which entirely subsided in three days, under the influence of small doses of colchicum.

It is with the permission of my patient that the above details are given; and I could enumerate more than twenty other cases in which the water in question has been equally successful. I am also using it in cases of gouty diathesis, where no local manifestation of the disease has been observed, as well as in cases of regular gout.

Complicated cases not unfrequently present themselves, as, for instance, when a diseased condition of the heart or kidneys appears, wherein, for obvious reasons, I should not think of advising this system of treatment; but in no case of ordinary uncomplicated gout have I been disappointed in the action of the water as a prophylaxis; and when, as sometimes happens, it stimulates the kidneys and causes an inordinate and excessive secretion of urine, I have found this obstacle to its use removed by the administration of a dose of gallic acid for four or five successive nights.

Although the Sprudel comes to the surface at the temperature of boiling water, I have found it as useful and far more agreeable when taken cold.

I purposely refrain from any speculation on the existence of a *materies morbi*, in which, however, I have a firm belief; as well as from other theoretical questions. These I shall reserve for a future occasion; but such are the facts.

OVARIAN CYSTS.

By John F. Nicholson, F.R.C.S., Stratford Green.

As the treatment of ovarian cysts is of the deepest interest to the surgeon, I beg to send two cases which have occurred in my practice; and as they passed under the eyes of several of our London eminent men, they will, doubtless, deserve the greater attention.

Case i. Jan. 17, 1861. I was called to see a lady, aged 42, whom I had attended in six natural labours, and who had always been healthy. She had passed a restless night; and awoke with great pain across the loins, shooting towards the pubes. The pain was constant, but had severe exacerbations. She said she could not exist much longer. There had been slight chilliness, but no rigor; and the weather was unusually cold. There was no fever; the tongue was clean and moist; the skin cool; pulse under 80; and her face rather pale. Vomiting came on during the day, but only of the fluids taken, and having no trace of bile. Opiates and ether were given freely, with only very partial relief. The bowels had been moved during the morning; and the urine was free and natural. The seat of pain pointed to the kidneys, as if a calculus were passing along the ureter; but it did not extend into the thighs or pudenda. She was five months pregnant, and had felt the child distinctly in the morning.

Twelve leeches were applied to the lower portion of the abdomen on the right side, as she complained of more tenderness here; fomentations with turpentine epithems were freely applied, with chloroform, aconite, and turpentine, to the loins. The leeches gave ease; but she had no sleep; and on the 18th, the pain again returned, extending higher towards the umbilicus, with vomiting of everything swallowed. Iced drinks were taken, and one grain of calomel and opium every two hours. She could not raise herself in bed, owing to the excessive pain and tenderness, which were so great that the very slightest pressure was insupportable. Twelve leeches were a second time applied, and, as before, with some relief.

Jan. 19 was passed with slight amendment; but in the evening she began to draw her legs up towards the abdomen, which, below the umbilicus more especially, was exceedingly tender to the touch. Opiates were still given, but without procuring sleep, and only with very partial ease. The pulse had risen to 112, but there was no fever; and the tongue was clean and moist. I now examined the os uteri; it was very high up, closed, and there was no discharge of any kind.

Jan. 20. Dr. —— met me in consultation. He agreed that there was decided peritonitis; but the cause was not clear. He suggested that there might be an extra-uterine pregnancy, with rupture into Douglas's sac, accounting for the pain commencing posteriorly in the back, and shooting thence towards the pubes and abdominal walls. He agreed that it was unusual to see peritonitis in pregnancy; and thought that there was some internal mischief of this kind. He advised the free exhibition of opiates, omitting the calomel; the abdomen to be covered with an ointment, composed of an ounce of the milder mercurial ointment, with two drachms of extract of belladonna; and effervescing salines with hydrocyanic acid, and beef-tea, to be the form of nutriment. He thought that the acute stage was passed; and that by time and patience she would do well. She now lay constantly on her back, and the vomiting was incessant.

Jan. 24. All her symptoms were aggravated. The pulse was 130 to 140. The eyes were sunken; the countenance very anxious. The opium had produced only two hours sleep, with dozes of a few minutes duration disturbed by fits of pain. The latter had become less severe; but had extended gradually from below upwards over the whole abdomen, and was complained of most at the epigastrium. There was also distressing hiccup, and extreme tympanitis. The fœtus had not been felt for two days; but there was no discharge nor labour pain. She lay on her back, with her legs constantly drawn up, but could bear to turn a little towards the right side. The urine was now scanty and high coloured. There were great exhaustion and sense of faintness. The nights were very restless, and the pain was always then increased. Another physician met me in consultation; and fully concurred that there was extensive peritonitis, but could not state the cause. He thought the case now hopeless, and advised tincture of opium and chloric ether as palliatives. An enema had been administered, as the bowels had not acted from the first, and was repeated. She said she could not strain to pass fæces. A pint of gruel, with an ounce of turpentine, gave but little pain; a very small motion passed with much flatus. She now grew weaker; the mind though clear when roused, became vacant; the countenance sallow and anxious, with sunken eyeballs; the tongue dry and brown in the centre, with moist edges; vomiting and hiccup incessant; a dark brown bilious fluid was ejected with scarcely any effort; tympanitis so urgent that she said she should burst; and the pulse quick and thready. She expired on January 26, about 7 p.m.

On the 28, I made a *post mortem* examination. The body had most rapidly decomposed. The face was sadly changed; the mouth, eyes, and nose, had turned to a dirty greenish hue; the fœtor was horrible; a quantity of dark bloody fluid escaped in profusion from the mouth and nostrils.

On opening the abdomen, to my surprise, I found no evidence of peritonitis; not a trace of lymph or pus was seen. The intestines, both large and small, and the stomach, were enormously distended with flatus, and otherwise nearly empty; the peritoneum was shining, here and there, perhaps, redder than usual. On the right side, about the cæcum, and extending upwards to the liver, a bloody fluid was effused, of a tenacious viscid consistence, like treacle, only redder. By the side of the caput coli, I found a loose saccular body of the size of a child's head, extending upwards to the liver, and discoloured by contact with bile; it was ruptured at its upper extremity, and a similar dark fluid was still flowing out. It proved to be a cyst, and was connected to the right side of the uterus, evidently ovarian and multilocular. This had burst into the peritoneal cavity, and was the cause of all her sufferings. The uterus was normal, and contained a fine five months fœtus, the placenta completely adherent. The Fallopian tube was healthy; its fimbriated extremity was loose and patent, admitting an ordinary probe for several inches. A distinct and well-formed corpus luteum, with its cavity all but closed, was observed. The cyst, on examination, contained several smaller cysts within the larger envelope; some gelatinous and transparent; others filled with bloody, dark contents, and opaque. The coats of the cyst were thick and opaque near the ovary, and gradually became thinner and transparent towards the loose extremity; in fact, so thin that only a slight orce would have easily ruptured it. The cyst and œtus are in the museum of St. Bartholomew's Hospital.

In this case, the patient was ignorant of any abdominal tumour excepting pregnancy, and, consequently, no suspicion was entertained of the presence of an ovarian cyst. Had her medical advisers been aware of such a growth, I do not see what treatment could have been beneficial. The chances of recovery, supposing extirpation had been attempted, must have been very small, considering the great base of the connections of the cyst; while the occurrence of fatal collapse seems the most probable issue from any surgical interference. Death seems to have resulted from two causes: the prostration consequent upon the nervous shock; and the decomposition of the blood and other tissues that were effused into the peritoneal cavity, and their poisonous effects upon the system, It is singular that no products of inflammatory action were discovered, in the shape of lymph or purulent effusion. A slight increased redness was all I could discover; and this, perhaps, was not the effect of increased vascular action, but of those static changes by which the tissues are merely stained with the colouring matter of the blood.

Dr. Barnes has made some most instructive observations upon this case, in a clinical lecture published in the *Lancet*, Aug. 3, 1861, which will well repay an attentive perusal. He says, "From the extreme proneness of the body to decompose, it may be also conjectured that the blood had become poisoned, either by the absorption of fluid that escaped from the ruptured cyst, or by the disturbance of the blood-forming and blood-purifying functions induced by the shock."

Case ii. Nov. 4, 1860. I was called to a married female, aged 48, the mother of eight children, all healthy. She had never been ill, except during her confinements. Her parents were healthy; but her mother died, aged 63, of dropsy. She had been attended by a surgeon for an attack of diarrhœa, accompanied by pain in the right side, under the liver. There was loss of appetite, frequent purgings, with severe colicky pains, great thirst, general abdominal tenderness, excessive flatulence, glazed red tongue, and feeble quick pulse. I thought there was indistinct fluctuation immediately above the pubes; but the surgeon who had been in attendance had not noticed it, nor could he now detect it.

Astringents and opiates gave relief; but she continued weak, with low typhoid symptoms, for some time. Her complexion was sallow. Stimulants were freely given with diuretics, as the urine was very scanty and dark-coloured, but contained no albumen. I examined the body more carefully, and was doubtful whether the fluctuation, which was still indistinct, was ascitic or ovarian. The body felt too tense and hard for mere ascites; I inclined, therefore, to the opinion that it was an ovarian cyst. Iodide of potassium, decoction of scoparium, and bark, were given with advantage.

Jan. 28. As the tumour increased, I sent her to my friend Dr. ——, who kindly gave me his opinion as follows:—"I think the case ovarian; the dulness in front below the umbilicus, the clear sound above, the clear sound at the right iliac region, all go with encysted dropsy, and negative the impression of ascites. Moreover, the upper border of the tumour is very distinctly felt a little above the umbilicus. I fear there is some solid matter at the left side, though otherwise the cyst appears unilocular. I wish I could give you any useful suggestion for treatment. I fear that letting alone, iodine injection, and extirpation, are the three alternatives; none very satisfactory."

June 8. Dr. —— again saw the patient, and wrote:—"The case seems to me one in which the question of extirpation may be very fairly entertained. There still seems to me less distinct fluctuation in the left iliac region than elsewhere; but I should not think that there is any such presence of solid matter as to negative the operation, though it may, perhaps, require some increase in the size of the incision."

March 7. Mr. —— saw her, and wrote as follows—"I consider the case to be enlargement of the right ovary, partly solid and partly fluid. If the tumour increases, then I should advise its removal, which should be done either at her house or a hospital. In the meantime, I wish your treatment (the bark and iodide of potassium) to be pursued. P.S. I consider the case very favourable for operation."

June 16. Fluctuation was now very distinct in every direction. The body was hard, and the tumour extended above the umbilicus almost to the ribs towards the left hypochondrium. The health was now tolerably good; but there had been profuse menorrhagia; in fact, she was seldom free from discharge for more than a week or ten days at a time. Gallic acid, infusion of roses, and quinine, had been given to keep this in check. The os uteri was patent, and flabby, and large. She could walk several miles; and was willing to undergo an operation if advisable, notwithstanding the full dangers had been pointed out. She had never had a miscarriage; the catamenia had always been regular, but profuse. The operation was given up for the present, till she experienced more decided inconvenience from the tumour.

Aug. 12. Another eminent surgeon saw the patient with me. He gave me his opinion that there were no pelvic adhesions; that the os uteri was large and spongy; that the tumour was ovarian and multilocular; and observed that he could distinctly trace the boundaries of several cysts. He said that it would require a long incision of ten inches, as there was probably much solid matter; and that the case was favourable for operation. He did not advise it immediately; but, as her health was good, to wait till it interfered with the breathing, or caused other distressing symptoms. She applied turpentine every night, which, she persisted, had done much good.

Sept. 25. Her husband came for something to stop sickness and violent pain over the whole stomach. The bowels were not confined. Effervescing salines were given.

Sept. 26. I found her in bed, rolling from side to side in great pain, constantly vomiting a dark green fluid; everything taken returned immediately. There was slight chilliness, but no rigor. The skin was cool; pulse slow and soft; tongue furred, and white in the centre, with red edges; the abdomen was tender, but she could bear it to be fairly examined. Fluctuation was clear; there was no tympanitic condition. Calomel and opium, in grain doses, were given to relieve the pain and vomiting. Turpentine stupes were applied to the abdomen. She was allowed barley-water only to drink.

Sept. 27. She slept well, and was easy throughout the night; but this morning she awoke with severe pain and vomiting. The catamenia had been flowing for a fortnight, and had stopped; but since the vomiting, they yesterday reappeared. There was no fever; the abdomen was not more tender. The calomel and opium pills were continued.

Sept. 28. The bowels were relieved by an enema. The pain and vomiting had ceased.

Oct. 3. She continued to improve up to yesterday, when vomiting returned, but without pain. The abdomen was very tense, tympanitic in the epigastrium and over the semicolon. The bowels had not been moved, though she had taken several doses of castor-oil. She lay in an apathetic dozing state, upon her back or left side, with her legs drawn up. She was perfectly conscious. The skin was cool and sweating; pulse small, under 80; there were great thirst, hiccup, and an anxious leaden countenance. She passed very little urine, which had a slight trace of albumen.

Oct. 4. She was evidently sinking; she was free from pain, but had occasional vomiting. The epigastrium was very tympanitic. An enema was tried, but the sphincter did not retain it. She expired, perfectly conscious, about 10.30 P.M.

Oct. 5, at 4 P.M., I made a *post mortem* examination The abdomen was very tense. The dimensions of the tumour could be plainly seen, bounded by the distended stomach above and semicolon on the left side. I dissected, as carefully as I possibly could, through the abdominal walls; and, on opening the peritoneum (proceeding as in ovariotomy), there escaped in a jet about a gallon of perfectly clear limpid serum. I was doubtful now whether the fluid was ascitic, or that the cyst adhered to the abdominal walls. A probe was introduced, but no adhesions could be felt. On extending the incision upon a director, it seemed that the cavity containing the fluid filled the lower half of the abdomen from the rim of the pubes to about two inches above the umbilicus. There lay collapsed, at the bottom of this cavity, a large gelatinous cyst, floating in the fluid. It was perfectly white, and tore so readily as not to bear its own weight. It was formed of albuminous jelly-like layers, with a granular internal surface, and perfectly smooth exterior, and was as large as a child's head, and pyramidal in shape. It had evidently burst into the larger cavity, and floated loose, having no point of adhesion.

On further examination, the larger cavity was found to be a large cyst, everywhere adherent to the peritoneum, with numerous bands or bridles running in different directions from its posterior surface towards the mesentery, intestines, and other viscera. It was firmly adherent, and required the greatest care to dissect it from its connections; but here and there small patches of smooth unattached peritoneal membrane were traced with the corresponding peritoneal surface of the intestines facing, proving it to be an ovarian cyst. It had evidently started from the right ovary, forming attachments to the under surface of the fundus uteri, thence to the posterior surface of the bladder, extending upwards in contact with the abdominal walls, and pushing the intestines backward, and firmly adhering to them. It could admit of no further distension, owing to its connections, confining the uterus and bladder, so that they could not be raised above the pubes. The fundus of the bladder might be seen shining through an oval patch, of about the size of a crown-piece, where the cyst was perfectly transparent and very thin, as if it had expanded in this direction. The left ovary was free; the fimbriated extremity of each ovary was loose and highly congested. The uterus was hard, as large as an orange, filled with a coagulum of blood. The os was of a dark purple colour, soft and velvety; the cervix hard and enlarged, admitting a director with some difficulty. Had impregnation taken place, the uterus must have thrown off the ovum at an early period, for the uterus could not have risen above the pelvic brim. The bladder also, from the same cause, could not have contained an ordinary quantity of urine, and she was obliged throughout to pass it very often. All the other viscera were healthy. The cyst was decidedly unilocular, and no solid matter contributed to its size.

The above case shows how the subject of ovariotomy is beset with difficulties. No one will surely, after the *post mortem* disclosures, think that extirpation could have been practicable in this case. During life, the diagnosis of several gentlemen, admitted to be authorities on the question of ovarian disease, was, that the removal of the cyst by operation was favourable, On this point, all seemed agreed, and that the amount of solid matter was considerable. Mr. Wells only considered it to be multilocular. It seems that tapping and injection by iodine might have been practised with the greatest hope of success; and, owing to the complete adhesions, no fluid could have escaped into the abdominal cavity, and the chances of peritoneal inflammation therefore were much diminished.

I have published the above case, not to discourage ovariotomists, but to show how great caution is needed before proceeding to extirpation. If the most experienced fail in the question of diagnosis, it surely behoves the humbler disciple to pause long before he undertakes an operation, the expediency of which is too broadly condemned by some, while it is, on the other hand, too indiscriminately addopted by others.

THE GRANULATION OF MEDICINES.

By Thomas Skinner, M.D., Physician to the Liverpool Dispensaries; Fellow of the Obstetrical Society of London, etc.

"By the application of art, it is intended that medicines should be rendered more agreeable, more convenient, more safe, and more efficacious than they are in their natural state. To obtain these ends is the intention of pharmacy." (*Duncan's Elements of Therapeutics*, 1773, volume i.)

In furtherance of the above elegant and forcibly expressed ideas of Duncan, I beg to submit the following as an addition, if not an improvement, to the *methodus medendi*: namely, the *Granulation of Medicines.*

In an admirable paper by Dr. Henry Kennedy, of Dublin, which appeared in the pages of the *Dublin Medical Press*, and an abstract of which appeared shortly afterwards in the first volume of this year's Journal (p. 524), it is laid down by him as an axiom in therapeutics, that the form of powder "*is the most efficacious in which a medicinal substance can be administered.*" Having always entertained the same opinion myself, I have frequently thought of some method which would render powders more easy of deglutition, and less offensive to the senses of taste and smell. It at once occurred to me that the granular form, with sugar or gum as the excipient, would suit the purpose; but how to obtain the granular form without having recourse to the art of the confectioner, or without the aid of an excessive amount of heat, sadly puzzled me. On explaining my difficulties to Mr. Samuel Banner, an enterprising chemist in this town, and at the same time informing him that the French pharmaceutists had a form of medication which they call "poudres granulées," the process of preparing which consisted in enveloping the particles of medicines in syrup by means of heat and constant stirring, as in the art of making comfits, he at once suggested a very simple plan, by means of which almost every medicine capable of assuming the form of powder may be granulated of a firm consistence; a process which demands little or no aid from heat; which requires very little moisture, and which results in a granular powder that may be laid upon the tongue and washed over the throat by means of water, without leaving a trace of a medicinal substance, or the slightest sensation to indicate its recent proximity to the peripheral extremities of the gustatory and olfactory nerves. The process is a modification of the method of granulating gunpowder.

Method of Preparing the Granules. The first requisite is a thoroughly good material; to obtain which, it is necessary that all powders, previously to their being converted into granules, should be fresh and of the best quality. As regards pulverisation, it may be as well to observe, that in order to form granules it is not necessary that the powder should be impalpably fine; a coarsely ground powder being quite as easily granulated as an impalpable one, and the resulting granule being quite as efficacious, if not more so, for reasons which will hereafter appear.

1. *Making the Mass.* The powder is to be placed in a Wedgwood mortar, and sufficient mucilage of gum arabic, of the London or Edinburgh *Pharmacopeia*

ength, is to be gradually added until a mass is ıde, of such consistence that it will with difficulty ep together, and which will readily crumble; at the ne time, it must be so unadhesive as not to stick to e meshes of the sieves aftermentioned. There are v practical chemists having experience in pill-making o will not understand the required consistence. Or e powder may be made into a mass of the consistence a dry paste, with the mucilage, rolled into flat thin kes, and dried in a water bath, at a low temperature, in a current of dry air. The cakes are then to be arsely powdered or bruised in a mortar, when they will ready for the next part of the process. (The last ethod is always preferred where it can be adopted.)

2. *Granulating and Sifting.* Three sieves will be reiired, of different degrees of coarseness; namely, elve, sixteen, and twenty meshes to the inch, which ay be called respectively, Nos. 1, 2, and 3. They are be so fitted together that No. 1, the coarsest, shall be the top; Nos. 2 next, and No. 3, the finest, lowermost. ne mass being ready, and of the required consistence, it to be rubbed through the top sieve with the open hand; e sieves, still fitted together, are to be shaken about as sifting. This part of the process being terminated, it ll be found that granules of the largest size are between eves No. 1 and 2; the smaller between Nos. 2 and 3; d the "waste" below No. 3, either on paper or on a leaer or parchment "drum." This waste is to be redamped; formed into a mass, and passed through the same pross. If the mass have been formed into cakes and uised, the *débris* is simply passed through the series sieves as in ordinary sifting. The waste is redamped th simple water, reformed into thin cakes, dried, uised and resifted.

N.B. The different sizes of granules are never ixed, but kept separate for dispensing.

3. *Drying, Coating, and Waterproofing the Granles.* The two sizes of granules are to be kept art; those prepared by the caking process require drying; the others should be spread out on par to enable them to dry spontaneously; or, if they ntain no ingredient which might be volatilised or herwise acted upon by heat, such as charcoal, etc., ey may be placed in a hemispherical copper pan, ich must be kept in constant motion over a gas ove until the granules are dry. They may also be eedily dried in a current of dry or hot air with occaonal stirring. When perfectly dry, they are placed in mortar of convenient size, and a sufficient quantity of strong tincture of tolu, (ʒiij to ℥i) with or withıt musk, rose, etc., is added to them, until by constant irring all the granules appear to be glossy and shing. They are then again put through the drying process, keeping them in constant motion.

Granules well prepared by the above process are very mpact, and, to some extent, they are insoluble in ld water; a desideratum, as they may be conveniently lministered in that, the best of all vehicles, without nparting to the water the slightest taste, smell, or olour. It may be well here to remark, that the quantity f gum in the average of granules is computed at onexteenth by weight; a quantity so small as not to affect ne usual doses of powders. The quantity of balsam f tolu is so small as to be totally unworthy of notice.

Method and Apparatus required for preparing small uantities of Granules. For preparing small quantities, ne wire sieve, about twelve meshes to the inch, eight nches in diameter (worth about eighteenpence), a little uslin, and an ordinary small brass pan, such as is to e found in every house, will be all the apparatus that is equired. The foregoing directions on the large scale ill be a sufficient guide.

Pulverisation, etc. In treating of the advantages of ranulation, it is necessary to take into consideration ertain objectionable practices which universally obtain in the trade of drug-grinding. In the first place, I do not think that the trade is to blame in the matter; it is the fault of those, namely ourselves, who demand of the drug-grinder an impalpable a powder, in almost every instance of the pulverisation of a drug. Now, an impalpable powder is all very well where charcoal and such like substances are concerned; but with cubebs, opium, rhubarb, spices, and a variety of similar medicinal substances, an impalpable powder cannot be obtained without considerable loss, as well as certain damage to their active principles. In order to obtain an impalpable powder, all drugs have first to go through the drying process, which is generally effected in a room heated to about 120° F., by means of a stove or steam pipe. (Mohr and Redwood's *Practical Pharmacy*, 1849, p. 238.)

The authorities whom I have just quoted state, that the principal, if not the only necessary cause of deterioration, in the product in the process of drug-grinding, is the long continued application of heat to which the drugs are exposed in the drying-room. "The strong smell which fills the drying-room when opium, or myrrh, or cinnamon, are under operation, affords sufficient evidence that some volatile matter besides water is escaping, and that the resulting powders cannot strictly represent the drugs from which they are made. Thus, myrrh, valerian, cardamoms, cinnamon, and spices generally, lose some of their efficacy in being reduced to fine powder." (*Op. cit.*, p. 241.)

Again, without taking into consideration the fact of the wholesale adulteration of drugs; of the errors of omission and commission which occur through mistakes in the botany of our materia medica, let me for one moment allude to the conventional practice of the trade, in reference to the allowance for loss of product during the process of drug-grinding; namely, the system of making a uniform allowance for loss of weight in grinding, whatever the nature or quality of the drug might be.

Messrs. Mohr and Redwood, after quoting a table taken from the experience of Messrs S. and G. Allen, shewing the loss sustained in grinding forty-two different drugs, state,—"It appears from this table that the average loss in powdering drugs is more than four per cent. (the percentage returned in every instance by the London drug-grinders, except in grinding such substances as cream of tartar and sulphuret of antimony, where they only allow two per cent.) in nearly all cases, and that in some it is considerably more. Now, can it be reasonably supposed that, in these cases, the druggrinder will supply good rhubarb or jalap, gentian or ginger, for the water which has been imbibed in a damp warehouse or cellar? He is required to make up a certain quantity of powder, evidently more than the crude drug produces, but how is he to do it? Does he keep a stock from which to supply deficiencies of all the drugs he grinds, and go to market and purchase more when his stock is exhausted; or is there some magical power in his mill?" (P. 246.) The same most excellent authorities inform us that,—"Instead of water, sawdust is used for cleansing the drug-mill. After grinding any drug, in order to remove the adhering particles from the mill, sawdust is ground until the mill is rendered sweet and clean. Sawdust, then, is indispensable at a drugmill, as necessary as water is in a druggist's shop, and if the druggist sends damp jalap, containing fifteen per cent. of water, to be ground, and requires dry powder to be returned, with only four per cent. of deduction for loss, he adopts a conventional method of asking for some of the *rinsing of the mill*—a veritable 'powder of post.'" By this practice the weakest and most worthless of drugs are rendered still weaker; besides, as it sanctions the practice of admixture, and affords facilities for those, who are so disposed, to pursue a ruinous competition in price at the sacrifice of quality, any means which will assist in removing so gross a system—a system which not only ruins our own reputations, but which is prejudicial to the advancement of our beloved science—must be hailed and welcomed. The granulation of powders I look upon as such a means.

Advantages of Granulation. As I have before stated, it is not at all necessary, except in the instance of charcoal and a few other substances, that the drug should be reduced to an impalpable powder; a coarse or moist powder being quite as easily granulated as an impalpable one, if not more easily; and I am quite convinced from experience, that the secretions of the alimentary canal act on and are reacted upon by the active principles of the granules made from a coarse powder, quite as effectually, and in the same amount of time, as when the granules are prepared from an impalpable one. This being the case, and as the process of granulation from the first requires very little or no heat during any stage of the process, I repeat that I think it bids fair to remove the four per cent. system; to lessen the amount of loss of the active ingredients of drugs caused by the present demand for impalpable powders; and to give us the crude material unaltered, in a form most easy of deglutition and always ready for infusion in nature's own digestive apparatus, the living human stomach.

By the process of granulation, the active principles of medicines are not only prevented from loss by evaporation or decomposition *during* their preparation, but, every particle being enveloped as it were in a pellicle of gum, and a number of these particles being aggregated together, when they become dry, powerful contraction takes place, rendering them very compact, and capable, if kept dry, of preserving their active principles for an almost indefinite period *after* they are prepared. The coating of tolu renders them inaccessible to the ordinary moisture of the atmosphere, and, to some extent, to any cold liquids in which they may be taken. With the exception of extracts, the form of granulation contains much more of the active ingredients of medicines, bulk for bulk, or weight for weight, than any of the other forms of medication. On this and on other accounts, most of the saline and irritating caustic remedies will necessarily be exceptions to the form of granulation, that of solution being their only legitimate form of administration.

Lastly, as all the various officinal and other pill-masses are capable of being as easily granulated as powders, it is not improbable that, to some extent at least, pills may become an all but obsolete form of administering medicines. By granulating pill-masses, they are much more certain and rapid in their action; the dose is much more easily apportioned, and still more readily dispensed. When it is considered how difficult it is to get children and young people to take a pill, and how next to impossible it is for some adults to swallow them, the granulating of pill-masses, whether officinal or not, will, I have little doubt, become a matter of imperative necessity.

Speaking of the *poudres granulées* of the French school of pharmacy, Sonbeiran has applied the epithet "*Citò, tutò, jucundè;*" which words, Bouchardat states, "Contiennent en germe toute une revolution dans la pharmaceutique. Cette revolution, il faut le dire, est déja en partie accomplie." If so much can be said in favour of the *poudres granulées*, with equal justice, I think, the same may be said of the process of granulation so happily thought on, and so well carried out by Mr. Banner.

Doses and Mode of Administering Granules, etc. As the quantity of gum is only one-sixteenth, it has not hitherto been thought necessary to alter the ordinary officinal or recognised doses of powders. Unless they contain poisonous ingredients, there will be no necessity to alter the dose. As it stands, the mistake is certain to be on the safe side. Granules may be prescribed or dispensed by weight in separate powders or in bulk. If in bulk, s by weight from one to four ounces; and the directi may be worded, a teaspoonful or a saltspoonful twice thrice daily, before or after meals, as the case may be.

A modern teaspoon and saltspoon are useful and co venient measures for apportioning the doses of mc granular powders. As a rule, a teaspoon holds doub the quantity of a saltspoon, thus: one teaspoonful (u heaped), of charcoal granules equals fifty grains, whi a saltspoon holds twenty-five grains. Granules of Gr gory's powder (compound rhubarb powder), are seven grains to the teaspoonful, or thirty-five grains to t saltspoonful. These two medicines may be looked up as a very fair average of most granules formed of veg table and other light powders. More active ingredien should be prescribed as separate powders.

Officinal or not, compound powders may be kept stock, or they may be dispensed from the various ind vidual granules *of the same size* as that of which th compound powder is made up; but they cannot, ar more than extempore granular powders, be made at th time of dispensing without great inconvenience and lo of time to the dispenser, unless some simpler and mo expeditious plan is found out. So far as Mr. Banner establishment is concerned, no additional charge is ma for granules over ordinary powders.

The following modes of administering granules ha been adopted by my own patients, some prefering th one method and some the other, according to taste fancy, I suppose.

1. Place the dose of granules on the tongue, take little water into the mouth, and swallow them over wit the water. Some prefer to moisten them with the wat in the mouth, previous to swallowing; a very usef precaution, as it is extremely difficult to swallow an thing that is dry. 2. Others put the granules into wineglass, full or half full of water, quickly stir the round and swallow them while suspended, *secundu artem*. This latter method, I think, is the best; the is no taste, colour, nor smell, communicated to the wate if it be done quickly. In fact, this form of medicatio renders powders, hitherto the most unpleasant of a forms of medicine, the most elegant and agreeable.

In conclusion, I cannot resist the temptation to mak a few remarks on two granular powders, namely, char coal and ergot of rye. The former of these substance I look upon as a most invaluable medicine; but on ac count of its colour and the difficulty hitherto experience of rendering it at all agreeable to swallow, it may be sai to have become obsolete. In 1856, I remember a box charcoal biscuits which used to be shown at the table Professor Simpson, as the latest pharmaceutical curi osity, and which was sent to him from London as a spe cimen of an *elegant* form of administering charcoal i dyspepsia. The appearance of the biscuits may hav *produced* the affection in some of the curious lookers on but I am certain that they stood a poor chance of *curin* it, as I never saw any one who dared to venture beyon a nibble at the foul intruder. Granulated charcoal i doses of a saltspoonful or teaspoonful, at bedtime, o twice or thrice daily, after meals, will be found to be a readily taken as any medicine we possess.

As to ergot of rye, I do not think that we have an reliable preparation, particularly one that will keep Moreover, I have long been convinced that the *liquor* as prepared by the very best of chemists, does not contain all the active ingredients of the fresh powder, much less is one fluiddrachm of the *liquor* equal to one drachm of the fresh powder, because I have often given at one dose as much as six drachms of the *liquor* as prepared by Messrs. Duncan & Flockhart, and Messrs. Clay and Abraham, the leading chemists in Edinburgh and Liverpool respectively, without producing uterine action or *sickness or vomiting*, the idiopathic symptoms of a full medicinal dose of ergot or its active principle, whilst I e never given two drachms of the *fresh* powder with- producing *nausea or sickness* and powerful uterine traction, during or after labour, except where there sted complete *inertia uteri*, arising from disease, from ate weakness, from excessive loss of blood, or from gerous exhaustion; under all of which circumstances hould never rely upon nor have recourse to the ex- ition of ergot.

Believing, as I have stated, that no liquid preparation herto introduced is really equal to the fresh powder de by one's own self in its medicinal effects, and, know- by experience, that the powder does not keep well, I ture to affirm, that the granules of a fresh specimen of good season's ergot will be found to be the best pre- ation of the drug, as regards keeping, ease of ad- nistration, and certainty of effect; I shall only add, t as the powder of ergot is subject to the same mis- ps from the *rinsings of the mill* as other powders, I uld strongly recommend those of my professional thren who desire to possess a reliable form of this portant and useful drug, to get the present season's got from Butler in Covent Garden Market, powder it mselves and make it into granules as directed, or ler the same through any respectable chemist. If s advice is followed, I feel confident there will be less lt to be found with ergot and fewer cases of its failure orded, in cases where such an agent is at all likely to t with effect.

In administering ergot in granules, the smallest size preferable, as they are more quickly dissolved in the mach. The dose is a saltspoonful or more.

British Medical Journal.

SATURDAY, FEBRUARY 15th, 1862.

GRATUITOUS MEDICAL SERVICES.

UR esteemed correspondent, Dr. P. H. Williams, s, we believe, stated in his letter (given at another ge), as honestly and fully as can be stated, the guments—we fancy, the only arguments—which n be adduced in favour of gratuitous medical ser- ces. We sincerely trust that the subject may now cite the serious consideration of the profession. ong reflection on it has fully satisfied us of the eep injury inflicted on our profession by the system universally adopted amongst us; and well con- inced are we that, the more the subject is discussed, e more anomalous and unreasonable will the system ppear in the eyes of the profession. It is not our tention on the present occasion again to enter upon e injurious influences which it exercises upon the osition and the income of the medical man. We ish only now to suggest one or two important data hich have been omitted in Dr. Williams's letter, nd which, as we venture to think, entirely destroy he value of his arguments in favour of gratuitous edical services.

There is perhaps some confusion in the meaning f the term gratuitous medical services, as used by r. Williams and by ourselves. Dr. Williams greatly nistakes our views, if he thinks that, in denouncing the system of gratuitous medical services, we are denouncing the system of giving gratuitous medical services to those of our poorer brethren who are unable to provide themselves with the blessing. On the contrary, we go quite as far as Dr. Williams does, in the desire that the poor should have all these things gratis. Let this be fully admitted.

Then, taking the very grounds upon which Dr. Williams assumes that the poor have a title to gratuitous medical services; using the very argument used by him—viz., that those who benefit by the experience obtained by medical men in hospitals and medical schools should thus requite the poor,—admitting all this, we are led, and by inevitable logic, as it seems to us, to a very different conclusion from that adopted by Dr. Williams. Yes; let those who obtain the benefits of that knowledge, thus gained at the expense of the poor, abundantly requite the poor. But who are they who do thus benefit? Why manifestly the community at large, not the medical profession merely. Why, then, should not the real debtor—the community at large—pay for the benefit? Why is the whole burthen of the debt to fall upon the man of medicine alone? Let him, assuredly, pay his share of the account, like the rest of the world. Why, one of the ordinary bribes, so often used by governors of hospitals to catch subscribers, is this very one; viz., the benefit which they, as members of the community, indirectly derive from hospitals, through the extra medical knowledge there acquired by the doctors. Surely, then, they get benefit out of the poor; and why are they not to pay for it?

The other argument used by Dr. Williams is as clearly untenable. He says: "There is another and a higher plea for our benevolence, as a profession, to the poor; namely, our claim *to unite with other classes in the work of charity*." The answer to this is plain. We *do* unite with other classes in the work of charity, and quite independently of this gift of advice gratis. There is, in truth, no class of society which, in the mere money gift and other acts of charity, is more benevolent than our profession. We do all that "the lawyer, the butcher, the brewer, the coal-merchant," and the rest of the community do in finding "*abundant* aid in the *pecuniary* department of the various institutions in which we labour." We are as free with our money as they are with theirs in all this. Our guineas fall as abundantly as theirs into the lap of charity. But mark the immense difference between their charity and ours: in addition, we give our labours and advice gratis.

Here, then, stands the matter, as argued by Dr. Williams, and as answered by us:—The medical knowledge gained at the expense of the poor is a boon to the whole community. Medical men, as members of the community, sustain medical charitable institutions with their purse just as fully and freely as the rest of the community. On what principle, therefore, of right and justice, are they called upon, in addition, to give the immense gift of their gratuitous services to these institutions? Why should they, having paid the same annual subscriptions as the baker, and the lawyer, and the butcher, continue daily giving their services gratis to these charities, any more than the butcher his meat, the lawyer his legal wit, the brewer his beer, or the miller his corn?

Dr. Barclay's letter has reached us since the above lines were written. He will, we believe, find the main points in it answered by what we have there said. Dr. Barclay, like Dr. Williams, falls into the error of founding his reasonings upon erroneous comparisons; viz., the comparing gratuitous medical services with ordinary acts of charity—the Christian duty whose performance is a necessary part of every honest man's life. An occasional butcher and coal-merchant may supply meat and coals at cost price to the poor on certain pressing occasions; but we all know that Dr. Barclay and other charitable people supply the poor with tickets which enable them to receive the butcher's and coal-merchant's bounties. An occasional architect may supply plans gratis to a public institution, and a farmer may lend his cart and horses to draw bricks for its erection; but what possible comparison is there here between these simple passing acts of charity and the solemn, systematised, regular engagement entered into by the medical man for the daily performance of the arduous and serious duties of a hospital physician or surgeon? A farmer lends his cart for charity's sake, to save his guinea. The doctor pays his guinea for charity's sake, and gives all this immense amount of gratuitous services into the bargain. Let Dr. Barclay, as we have said, show us the butcher, or lawyer, or architect, etc., who subscribe as we do to our hospitals, and who also do as we do—give their meat, and plans, and advice, etc., gratis to our hospitals; and we shall then have the comparison exact. As now put, it is manifestly defective. It is, we must confess, utterly beyond our powers to see the very smallest connexion between the gift of a guinea to the victims of the Hartley Colliery explosion, and the gift involved in the idea of gratuitous medical services.

We have not space now to do more than allude to that other observation made by Dr. Barclay; viz., concerning the ministrations of our spiritual advisers. It is clearly a defective argument—that, because pastors are shamefully ill paid, therefore doctors ought to work gratuitously for the poor. Why! do we not all deplore the miserable pay of our clergy? Then, as for the Romish priests' devotion to their duties, Dr. Barclay knows that their labours are a mission; that neither their kingdom nor their reward is of this world; that their duty—the e joined business of their lives—is to do all the things gratis; and that, therefore, they cannot ta money for their performance. What possible con parison here, again, between their position and th position of hospital physicians and surgeons, wh accept hospital appointments mainly for the pu pose of thereby having their name spread throug society, and of obtaining the honourable position an emoluments which are supposed to, and sometim do, accompany celebrity? The spiritual men r ferred to cannot take pay for their services; bu where is the hospital physician or surgeon wh would refuse the hire he is so well worthy of, if were the custom of hospitals, etc., to pay medic men directly for their services?

In conclusion, we would remark, that we have her said nothing of that heaped up pile of evils unde which the profession groans, and which, in ou opinion, may be most clearly traced to gratuitou medical advice as their primeval source. On thi head we would refer our readers to some facts state by us at p. 261 of the volume of the JOURNAL fo the past half-year.

AN ACTION FOR LIBEL.

THE profession will be glad to learn that the actio of Wells *versus* Webber has been decided in favour o the plaintiff, and that a member of our fraternit has not been guilty of the charge involved in thi libellous action. Mr. Wells has, in fact, thoroughl vindicated himself from the libel with which he ha been so unjustly charged; and we have the authorit of the Lord Chief Justice that he was fully justifie in bringing the action. The defendant did not eve venture to appear in the witness-box, but, on th other hand, offered a too tardy apology.

The conduct of the journal which originally published the libel, and thus occasioned all this scandal, deserves unqualified condemnation. The private letter to the editor of that journal, with which the libel was accompanied, fully showed the *animus* of the defendent. Indeed, the journal, in publishing the libel, actually states its disbelief in its truth. "We cannot believe that Mr. Spencer Wells would intentionally offend," etc.; and "we expect and look for an explanation!" Thus, in fact, this journal publishes a most damaging attack without inquiry, which it admits, from internal evidence, cannot be believed; and it does this out of a sense of duty, and for the honour and glory of the profession!

The College of Surgeons, to the surprise of every one, has exhibited some remarkable signs of vitality in reference to this incident. It is a sign of progress, worthy to note, that the College should thus show a determination to institute inquiry, on fitting occasions, into the conduct of its Fellows and Members, nd not to allow the general character of the whole ody of the College to be injured by the misconduct f any individual member. The College, we learn, ok sharp action in this case ; for, as the judge said, r. Wells was called upon for an explanation on the ery day on which the libel was published.

Mr. Wells has by this public trial fully answered e malignant charge made against him. The judge d jury have emphatically and substantially exressed their opinion as to the sufficiency of the nswer, and as to the motives and conduct of the ccuser.

THE WEEK.

ow that Parliament has again met, the profession ill have to readjust the batteries which they still ve directed against that fortress. For example, e Income Tax will doubtless come on for reconsieration, and, it is to be hoped, reconstruction, ring the session. Our profession, therefore, ought be ready to do its share in removing the great d happily now admitted inequality which at prent exists in the levying of that tax. The mode in hich we must act is plain enough; it is by petition "your honourable house", and by the exercise of ivate influence over members of the honourable use. In the present state of public feeling on the estion, a strong effort on the part of the profeson would hardly fail to bring with it favourable nclusions. We would say, indeed, that the present portunity is a very favourable one for the exercise what pressure we can make on the House of Comons. Public justice and common sense cannot nger endure the manifest injustice of deducting om the dividends of my Lord Bimillion's consols e same amount of tax as is taken from the hardrned pittance of Surgeon Poor-law.

IE great syphilographist, M. Ricord, has once ore appeared in the theatre of his former fame—e lecture-room. At the request of M. Trousseau, d to the excitement of medical students, he has livered two lectures at the Hôtel-Dieu. The prosed object was to enlighten his auditory on a very scure question : "Can syphilis pass into the body th vaccine matter ?" M. Ricord took occasion to ss in review the well-known doctrines of the Midi ool; and he did so with all that verve, those facetiæ, d very broad illustrations, which all who have d the good fortune to attend the professor's *leçons* the Midi must well remember. M. Ricord appears ll to hold well to his former articles of faith. He mits the existence of two kinds of chancres—the ecting, and non-infecting ; and he also now adds his creed a partial belief in the inoculation of condary syphilis. He believes that at least, under certain circumstances, mucous tubercle—the most primitive of secondary appearances of syphilis—may be inoculated. On the main question, however, which he was summoned to elucidate, M. Ricord exercises the wisdom of a very sane reserve. To the query whether with vaccine matter syphilitic matter may be passed into man or woman, he answers simply, "C'est possible." "The only answer which can be given to the question at the present moment is an immense point of interrogation." The students have had a treat; but M. Trousseau is left where he was. The *Lyons Gazette* takes the opportunity of asking whether this incident be not a proof that the speciality represented by M. Ricord is not sadly in want of an authoritative exponent in the Parisian schools ; whether M. Ricord's silence is not a serious loss to medicine and to medical students ; whether M. Ricord is called in to supplement the defective syphilographic knowledge of the clinical masters of Parisian medical schools.

A LADY in full dress, duly decorated with a modern wreath of fifty green leaves, carries on her head forty grains of white arsenic—enough to poison herself and nineteen friends. The nodding sprigs and sprays are to the eye of science very much what funereal plumes are to the world at large—an indication of death. Death to those who make them, we already know that these leaves are ; and death or poison to those who wear them, we may anticipate they cannot fail to be. We have of late years taken to the surrounding ourselves with arsenic in our dwellings. We rejoice in arsenic paper-hangings ; and our wives and daughters keep up a continual dust of arsenical powder flying around them, either from their heads or their dresses. Green tarlatanes, Professor Erdmann of Leipsic says, contain as much as half their weight of Schweinfurt green. The colour is, it seems, merely laid on with starch, and comes off on the slightest friction ; so that our fair charmers in green whirl through the giddy waltz actually in a cloud of arsenical dust. Twenty yards, under crinoline *régime*, are required for the modern female dress, and twenty yards of green tarlatane would contain about 900 grains of white arsenic. Well may the fascinating wearer of it be called a killing creature. She actually carries in her skirts poison enough to slay the whole of the admirers she may meet with in half a dozen ball-rooms. We are satisfied that our brethren, ever ready in such a cause, will lend their very powerful aid in arresting this enormous error. It is, we are sure, enough that they should point out the facts to their friends and patients, to arrest the evil, which is clearly so dangerous and destructive to the life of the producer, and so full of danger to those who make use of the product.

MEDICAL Paris has been, during the past week, in an extraordinary state of excitement. M. Demarquay has informed the Academy of Medicine that he has dared to practise the operation of ovariotomy in Paris itself. The journey of M. Nélaton to London was the distant provoking cause of the operation. MM. Trousseau, Bourdin, Parmentier, and others, sanctioned the proceeding by their presence. "Thus," writes the *Gazette*, "has been accomplished the first act of this great and novel enterprise, this happy importation from England. The operation, when calmly considered, and the first feeling of astonishment and fear has passed away, may be looked upon as a Cæsarean section, *minus* the wound of the uterus, *minus* the puerperal state, and an intraperitoneal wound. The skilful surgeons who have introduced it may be hopeful of its success, and proud of their wise and courageous initiative." MM. Nélaton and Trousseau "were commissioned by the Academy to follow the progress of this remarkable case." The patient, we learn, died on the 5th, having been operated upon on the 2nd instant. She appears to have died from hæmorrhage into the peritoneum. She was nineteen years old; the cyst, multilocular, had been already tapped, and had rapidly filled again; with its contents it weighed 40 lbs. The death of the patient will, we may be sure, be made the most of by those who absolutely reject this "daring innovation."

THE disputation which has for some time past been going on in reference to the future of St. Thomas's Hospital has brought forward facts, which naturally lead the public to ask, who is the manager of this institution? Under what governmental machinery are its affairs regulated and ordered? As far as we can understand its present position, the hospital appears to be in a regular fix—a position which does not, on the face of it, indicate good generalship. Perhaps, some one can tell the profession how hospitals are managed in the Borough. Who are their governors, and rulers, and prime movers. The following letter from the *Times* certainly does not speak much in favour of the skill of the treasurer, or whoever it is who rules supreme over the hospital:—

> "SIR,—'Guardian' seems to be taking it for granted that St. Thomas's Hospital is to be removed. But what warrant has he for this? The governors have no sort of assurance that the railway company will have to buy the hospital. Even Vice-Chancellor Wood's judgment only went as far as this: that if the governors could make a good title to the property, the company must take it.
>
> "The Lord Chancellor has expressly said that he will not force the company to accept the title; and it is understood that the governors cannot, as matters now stand, show such a title as the company cannot refuse. If they could, why all their anxiety to compel or induce the company to accept it.
>
> "The governors have thrown away money enough already. Their contests in Parliament and in Chancery, and their arbitration, which have ended in giving the company the only bit of ground they wanted, have probably cost them little less than £10,000, in addition to defeat and disappointment. Instead of throwing away money in advertising for a site that they may never want, they had better try to save themselves from further loss. It is currently reported that, if they would have arranged with the company amicably before the arbitrator made his award, they might have got £360,000 from the company and their help in getting an Act of Parliament to make the title good. At the best, they can now only get £296,000, after having asked £750,000; while there is a great risk of their getting nothing more than the price of the corner of the garden which the Lord Chancellor has decided that the company shall have.
>
> "It is worse than the Windham case. If he spent £30,000, at all events he gained his cause; but the governors have thrown away at least £10,000 and £64,000, and seem to be further off from winning than ever. If Lord Westbury had not said that the Windham case should be the last of its kind, it might be as well to take out a lunacy commission against the governors; for it is pretty clear that they have shown themselves 'incapable of managing their affairs.'
>
> "It is not what they want, or what they mean to insist on, but what they are legally entitled to, that ought to guide their conduct. They cannot screw out of the company more than the company are legally compellable to let them have. Hitherto, the governors have lost and the company have gained, every point in contest. Is it business-like to throw away a chance of an amicable arrangement, by which they might save something out of the wreck that they are making of a most important and valuable charity?
>
> "The governors ought to put their affairs into the hands of some one man competent to manage them judiciously, and to reject every temptation to assist a job.
>
> "Personally, I have no ground to complain; for it seems to be getting more and more clear that, however the governors waste the money of the charity, my near neighbour the hospital is to remain close to,
>
> "Yours obediently, "BOROUGH MARKET.
>
> "February 8."

WAR is raging in the capital of Spain against homœopathy. The pestilence, it appears, will not at all events, on a future occasion, find its way into the palace. The power of calling in *extraordinary* physicians is abolished; in future, only the regular consulting doctors can enter. In this way, Hysern and Company are excluded from giving future globules to the royals. M. Corral is thus well revenged.

MM. Demarquay and Leconte have analysed gases forming general traumatic emphysema in man. They find that the atmospheric air is modified exactly as in experiments on animals. The oxygen is absorbed; carbonic acid exhaled; and nitrogen forms nine-tenths of the mixture. During its absorption the oxygen increases, and the carbonic acid disappears.

L'Union Médicale talks of the establishment of a "Haller Society" in Paris—a repetition of our Sydenham Society. Its object is to produce a general bibliography of medical sciences in the French language.

The administration, it is said, is about to place t the disposal of the Parisian hospital surgeons, a ouse in the country, where they may perform, under the most favourable conditions, certain exeptional operations which require especial care."

The hospitals of Vienna are at this present time owded with patients. On the 28th ult., there were the General Hospital 2383 patients; rheumasm and fevers, small-pox and measles, being the rominent diseases. Our French friends, who are lking just now so much against the "agglomeraon" of the sick, might get some facts from the bills mortality of this General Hospital of Vienna.

Dr. Félix Roubaud, Inspector of Waters at ougues, and formerly journalist, is about to marry, y the French journals, the young widow Countess e Montureux.

MM. Robert and Colin have presented to the Acaemy of Medicine an instrument, by which anatoical microscopists are enabled readily to obtain ctions of animal or vegetable tissues of the one-undredth of a *millimètre* in thickness.

The salaries of the Professors at the College de rance, and at the Academy of Sciences, have been xed at 7500 *francs*.

Medicine, like other things, is awake in Portugal. he Chamber of Deputies has passed a law creating chair of pathological anatomy in the three centres instruction, a chair of histology and general phyology at Coimbra, and one of legal medicine and ygiene at Lisbon and Oporto.

The Academy of Sciences suddenly brought its eeting of the 3rd instant to a conclusion on acunt of the announcement of the death of M. Biot, hich "throws the whole scientific world into ourning." M. Biot was the dean of French *savans*. e died, after a short illness, in the eighty-ninth ear of its age. He was born in 1773. Since 1800, has been Professor at the College de France. In 02, he was made member of the Academy of iences; in 1806, member of the Bureau des ongitudes; of the legion of honour in 1814; of the oyal Society of London in 1815; and of the French cademy in 1857.

The United States Senate (says the *American Mecal Times*) is engaged, in these momentous times, the consideration of a subject, in itself, perhaps, e most frivolous which ever enlisted the thoughts a rational creature, but which may prove the ost important act of the session. Senator Grimes Iowa has introduced a bill placing some of the ilitary hospitals at Washington under the charge homœopathists.

The army of the Potomac is well-clothed and welld. There was but one answer to the question, Have you enough to eat?" and that was, "Yes, ore than enough." Most of the men seemed to me to regard campaigning as a kind of holiday life, replete with fun and jollity, and somewhat fearful that it might terminate too speedily. The many curious devices and ornaments with Christmas greens, with which many of the camps were profusely decorated, show that the soldier is not insensible to the æsthetic.

The following facts show that editors are capable of assuming a warlike attitude not merely upon paper:—Benjamin Lee, M.D., has assumed the editorial management of the *American Medical Monthly*, during the absence of Dr. Douglas at the seat of war. David Wooster, M.D., editor of the *Pacific Medical Journal*, Sacramento, has entered the army, and is succeeded by James Blake, M.D.

New York (according to *American Medical Times*) is not only a great commercial centre for inland trade, but it supplies to the cities and villages of the continent many of the contagious and infectious diseases with which they are afflicted. From its inhaustible supply of small-pox, the nation is annually inoculated. At Washington, this loathsome pestilence is rife; it prevails extensively also at Brooklyn. The friends of sanitary reform attribute the defeat of the Health Bill in the New York Legislature three times in succession to bribery of the basest kind. At the last session, the bill had acquired such a moral power, and was in such imminent danger of becoming law, that the opponents of the measure had to give money on the most liberal scale. A morning paper says:—"We understand that 10,000 dollars in cold cash went up from our city to Albany on Friday night to defeat the Metropolitan Health Bill." Mr. Brady, a city *father*, said, at a meeting of the Board of Aldermen, "Well, sir, I took up 6000 dollars, and slept on it between two beds at the Delava House; I had to come down to get 2000 more. They had killed the Health Bill three years by hard dollars, and that was where they beat the doctors."

A French visitor to the military hospital at Riga says that the head physician, a German, gave him an idea of Russian discipline. All the patients who could rise were placed in a row, as if at a review. He then asked one after the other how he was, adding, "Put out your tongue." Thus stood thirty of them all in a row, with their tongues out; after a pause, he ordered them to draw in their tongues, which they did all at once. The visitor objected to the joke, as improper. "On the contrary," said the doctor; "they consider their cure advanced by thus standing before the doctor with their tongues out; and the longer they so stand, the better they like it."

The Medical Society of Caen has determined to admit as members representatives of the veterinary science.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	York House, Bath.	Thurs., Feb. 20, 6.30 P.M.

Special Correspondence.

NORWICH.

[FROM OUR OWN CORRESPONDENT.]

"IN the midst of life we are in death." So says the Proverb; and it is a fit motto for the narrative which forms the subject of my present communication. A horrible calamity has befallen a family in this county, arising chiefly, as I believe, from the neglect of those hygienic measures which have been found so useful for the prevention and mitigation of disease, and which have of late been so strongly recommended by the profession for adoption by the public wherever the necessity for them is discovered. Perhaps there is no medical problem so completely solved as the prevention of the spread, and abatement of the malignancy, of epidemic diseases; we hear of their progress being arrested, and their evil effects eradicated, wherever proper sanitary measures are early and actively adopted to deprive them of a *pabulum* favourable to their propagation and essential to their existence. This *pabulum* I believe to consist chiefly of the secretions and excretions of those labouring under fevers; which, if mixed and exposed with other refuse material in bins, privies, or on the surface of the ground, have the power to disseminate the disease, and concentrate the poison which produces it.

To pass on to the immediate subject of my letter, I have to inform you that the locality in which the following occurrences took place was at the time a healthy one; there being no fever in the neighbourhood, and the house a recently built parsonage, of good dimensions, and placed on an apparently unexceptionable site. There is a water-closet within the house, well supplied with water from a large tank, its waste pipe leading into a capacious well-glazed drain, just outside the house, which carries its contents under-ground a long way off the premises into a ditch, too far removed to be hurtful. But there are two other privies, with open arches, through which their contents pass into an oblong square dirt-bin, situated very near the back door of the house, and very few feet from the large drain above mentioned, which could have carried all the refuse of these privies, as well as of the water-closet, to a safe distance from the house. Unfortunately, this very obvious and desirable arrangement was overlooked by the builders; and, as one of these privies was used for the conveyance of all slops, etc., from the house, this bin, into which both fluid and solid refuse was admitted, was often extremely offensive.

The family residing in this house consisted of the clergyman himself, his mother, aged 82, and paralytic, h wife, six children, the eldest being about 14 years ol and several servants. The second son was at school in small market town many miles off, but scarlet fev broke out in the place, and he was taken home. C his journey, he became chilly and faint, reached hon with difficulty, and then exhibited the usual sympton of scarlet fever in a mild form, and recovered. Soo however, two of the other children and a servant to the fever, and in less than a week all three died. C the 20th of January, I received the following note fro the husband, the first intimation I had of what w going on.

"I have lost two children and a servant by scarl fever during the past week, and my wife is now attack by it. Mr. —— says she has no unfavourable sym toms; but I should like much for you to come over an early train to-morrow."

This was written on Sunday, January 19th; and, ju as I was starting by train on Monday morning, I r ceived another summons by telegraph. The distan was too great for me to arrive before the afternoo and, before I got to the house, I was told on the ro that Mrs. —— was also dead! On my arrival, a hear was standing at the door, containing the servan coffin; and they were bringing a child's coffin out at t hall-door, to proceed with the two to the church for i terment. The wife was lying dead on her bed; she h been dead an hour or two—a sacrifice, as far as I cou understand, to the laryngeal form of the disease. T day before, she had a bright eruption, and seemed to going on well, but afterwards lost her voice, and di suffocated. I was then asked to see another chi seized with the fever that very morning—a nice intel gent little boy, of about six years of age. He was qu sensible, but pallid, cold, and complaining of pain one side of his throat. I found the right tonsil i flamed, with commencing ulceration lower down; but could swallow well, and took whey freely. His count nance bespoke the existence of a deadly poison in l blood; his pulse was very feeble; and, although he h a good fire in his room, was covered with warm blanke and had hot bottles to his feet, he still remained in state of collapse. We applied turpentine round l throat, which he said relieved him; and, when I left the evening, he was a little warmer; but I stated r conviction that he was in very great danger.

The next evening, just in time for me to start by t mail-train, I received the following telegram: "T little boy is dead; the eldest son is taken; please come by the first train." I arrived in the mid of the night, and found the eldest son but sligh ill, and, fortunately, in another house, a few hu dred yards from the parsonage. I stayed all nigl and he was not worse in the morning, having neith eruption nor sore-throat, and only complaining occasional sickness. Our next care was to empty t parsonage-house, destroy all stained linen, and remo the father, the infant about a year old, and the son w had been the unfortunate means of communicating tl fearful disease, to a distance at the seaside; for t double purpose of removing them from the poisono locality, and of taking immediate and decided steps ıse and purify what might be fairly termed a pest- e.

e are unavoidably doomed, as a profession, to wit- many sad scenes of misery and distress—scenes h harrow the feelings, depress the mind and spirits, sadly tax both the inner and the outer man; but of uch that I have witnessed in a long professional nothing so awful or overwhelming can I remember is sudden destruction of five members of a family respectable sphere of life, living in a healthy dis- in a house not more than two years old, and with he comforts about them which in most instances to ensure security against the inroads of epidemic se. What, then, can have imparted such malig- y to a disease, not violent or fatal to any great ex- in the district in which it originated? The first attacked had it in a mild form, and recovered; but local cause, propitious to the concentration of the n essential to the disease, quickly rendered it as ferous as the plague, and brought sudden sorrow calamity into a household previously healthy, and expecting so dreadful a visitation. This local I believe to be the exposure of the excretions of ick in the bin before described, where, mixed with refuse, both vegetable and animal, and water, imparted to the exhalations arising from the whole ilence so intense as to be almost suddenly fatal to who were subjected to its influence. Had it not for the sad oversight of not leading the contents of rivies into a drain close by, made as it were for the purpose, possibly all these lives might have been ; and this frightful catastrophe conveys a most seri- esson to all who have the management and super- dence of the erection of residences, not to incur anger of neglecting so obvious a means of pre- ıg health as that of duly providing for the removal use animal matter by proper drainage.

Reports of Societies.

AL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 28th, 1862.

G. Babington, M.D., President, in the Chair.

E TREATMENT OF ANEURISM OF THE EXTREMITIES FLEXION OF THE LIMB. BY ERNEST HART, ESQ.

paper read before this society in April 1859, and d in the forty-second volume of the *Transactions*, uthor had brought to the notice of the society a f popliteal aneurism which he had successfully d by flexion of the leg in 1858. Mr. A. Shaw communicated at the same time a second case, he had subsequently successfully treated by that d.

Hart wished to ask the attention of the society ıe further cases treated with success on this plan, the above were made public through the medium *Transactions*. They were all cases of aneurism extremities—for the most part popliteal. Indeed, nature of this method of treatment, its applica- as confined to the extremities; for here the ge- law of position of the great arteries to some extent ed it.

The author remarked that the effect of forcible flexion of the healthy arm or leg might be observed in the considerable retardation of the blood flowing through the main artery, and the almost entire extinction of its pulse.

The application of this principle to the extreme flexion of the arterial trunks was obvious. Their structure favoured the effect described. Probably, also, the projecting bellies of the contracted muscles might cause some pressure on an artery which lay in contact with them; and in the case of an aneurismal swelling some direct pressure might be made upon the tumour; but of the occurrence of this circumstance, or of its desirability, the author was doubtful.

It was now pretty clearly established and generally accepted that the object in treating aneurism was not to cut off the supply of blood, or altogether at once to arrest circulation in it, but to cause such a retardation of the current as would lead to the gradual deposit of fibrinous laminæ in the interior, and so effect its gradual consolidation. The former method was uncertain and dangerous; the latter safe and permanent in its results. In the case in which the author first applied the method of flexion to the treatment of popliteal aneurism, and in that in which Mr. Shaw subsequently tested it, they were completely successful in obtaining the latter result. Mr. Hart had met with similar success in the following case.

Case iii. In September, 1860, a healthy and robust looking man, aged 35, was sent to him by Mr. Bridge for treatment of a popliteal aneurism of the left leg. It was of the size and shape of a large lemon, projecting on the inner side of the ham. It had a loud bruit and very perceptible thrill, but was not entirely reducible. The skin was somewhat discoloured over the tumour as though from a recent bruise. The patient had noticed the existence of this pulsating tumour for nearly two years. It had increased somewhat in size during the first nine months that he had observed it; and he had several times thought of seeking advice, but as he had felt little pain from the disease, he had neglected its cure. About three weeks before the author saw him, he had received a blow in the region of the tumour, and since then he had suffered pain in it, and the swelling had increased. The arteries of the leg pulsated distinctly, and there was no very marked dilatation of the veins below the knee. There was no history of gout or syphilis. A week was allowed to elapse before commencing any treatment. The discoloration of the skin was then no longer visible, and the aneurism was pulsating distinctly as before. Mr. Hart desired in this case to separate the effect of treatment by flexion as clearly as he could from any collateral or adjuvant agencies. He did not, therefore, employ any form of medical treatment whatever, nor did he invalid the patient by enjoining the horizontal position and confinement to bed. He rolled the leg in a flannel bandage from the foot upwards, stopping below the tumour so as not to compress this in any way. He then bent the leg on the thigh, and retained it in the flexed position by means of three pieces of bandage attached to the ankle and along the leg. The patient was allowed to rise and go about the room by the help of a crutch. The forced flexion of the leg entirely arrested the pulsation of the tumour. Complete flexion caused, however, an inconvenient degree of pain, and after eight hours he relaxed the bandages so as to leave the leg in a semi-flexed position. At night he ordered one grain of solid opium. The patient slept well. Next morning the tumour still pulsated distinctly. He again completely flexed the limb, and during the next two days it was retained in that position, being unmoved during the night. The patient moved about freely the whole time, by the help of a crutch and stick, and occasionally of a wooden pin leg roughly adjusted below the bent knee. He occupied himself in reading, writing, and smoking. He complained of pains in the knee-cap, but after the first night he slept moderately well without opium. On the fourth day Mr. Hart somewhat relaxed the bandages, and examined the tumour. He had the satisfaction to find that it was as nearly as possible solidified; a faint thrill, however, could be detected by placing the hand on the tumour. He again replaced the leg in the position of forcible flexion, and retained it so until the end of the sixth day. He could not then find on examination any trace of pulsation or thrill. The articular arteries beat perceptibly, and he concluded that the collateral circulation was satisfactorily established, and the aneurism consolidated by the disposition of laminated clots. As a desirable measure of precaution, he retained the leg in the semi-flexed position for another week—a proceeding to which the patient, who fully understood the nature and object of the treatment, offered no objection. The subsequent progress of the case was in every way satisfactory; it offered no peculiarity worthy of note. It was three weeks from the conclusion of the treatment before the patient ceased to limp from the stiffness of the knee caused by its confinement.

It seemed to the author that this case sufficiently established the simplicity and efficiency of the treatment of popliteal aneurism by flexion in certain cases. Here he was enabled to effect the cure practically in six days, without the use of any apparatus—without the intervention of any watchers or assistants—without risk or danger. This patient had been cured of popliteal aneurism—a disease formerly so formidable—without being confined for a day to bed. In order to afford the grounds of a judgment on the relative merits of the flexion treatment, it might be proper to add a brief *resumé* of the cases which had been successfully treated by other surgeons in this country who had employed the method since the author had the honour to introduce it to the notice of the Society. Some of these cases had been treated by flexion solely; in others, that method had been conjoined to the treatment by compression.

Case iv. *Popliteal Aneurism; Recurrence after Ligature of Superficial Aneurism; Treatment by Compression Unsuccessful. Cure by Flexion of the Leg.* By James Spence, Esq., F.R.C.S.E. T. H., a coal-carter, was admitted into the Royal Infirmary, Edinburgh, under the care of Mr. Spence, in August, 1858, with a pulsating aneurismal tumour, of the size of an orange. The superficial femoral had already previously been tied in May, 1857, with the effect of producing solidification of the tumour. But the pulsation recurred a few days before this second admission, and the tumour was then as large and pulsating as violently as before the artery was tied. Compression was carefully employed over a period of upwards of five months, but the tumour was at the end of that time increasing instead of diminishing. The patient left the house for some weeks, but returned, desiring to submit to any operation that might be thought necessary. The following is the sequel of this very interesting case in the words of the surgeon:—

"On examining the aneurism at this time, its condition was as follows: it was the size of a pretty large orange, and pulsating strongly; the femoral artery could be felt to pulsate for about four inches below Poupart's ligament, ceasing to beat about an inch or less above the point where the superficial femoral had been tied. Pressure on the common femoral completely and readily arrested pulsation in the sac. Compression of the superficial femoral above the point tied also did so, but required very firm pressure to be made directly backwards. Compression along the course of the superficial femoral below the point tied produced no effect until it was made over the lowest part of Hunter's canal, when the pulsation of the aneurism became thoroughly commanded by it. Under these circumstances, after weighing the comparative chances of success between ligature of the external iliac,
or the lower part of the superficial femoral, the l
plan was decided on, and the patient willingly gave
consent. But as the case did not seem a very h
ful one, it was thought as well to try the plan of fle
of the leg upon the thigh recently proposed. On b
ing the limb fully, all pulsation was at once and
pletely arrested, and the limb was bandaged in that
sition. But the patient could not bear such flexi
be kept up. Accordingly, a slipper, with a slip of
dage sewed to the heel, was fastened to the foot, an
slip of bandage was then fastened to a loop conn
with a broad bandage round his pelvis, and this grad
tightened, so as to increase daily the flexion of the l
the thigh. This treatment was commenced on the
of May, 1859. On the 23rd, the pulsations were we
but returned when flexion of the limb was disconti
On the 27th, the pulsation diminished; tumour sm
and firmer. There was still a tendency to increa
pulsation when the limb was allowed to remain str
for any length of time. On the 6th of June, the p
tion was scarcely to be felt in the aneurism, even
flexion was discontinued. The tumour felt solid
smaller, and enlarged anastomosing vessels could b
over it and around the knee. The patient was no
lowed to walk about with crutches, the affected lim
ing suspended in a flexed position. When in bed
ting in the ward, he was desired to extend the leg
sionally, and not to keep it constantly bent. O
23rd of June, there was not the slightest pulsation
felt in the aneurism, which was firm and conside
diminished in bulk. Several very large anastom
vessels could be felt over the tumour, the limb
good heat, and there was no stiffness of the knee-
I kept the patient for about three weeks longer i
hospital under observation, and he was dismissed
Since then he has returned to his usual occupati
coal-carter, which requires him to walk considerabl
tances; but when I last saw him there was no ten
to return of the disease."

Case v. *Aneurism of the Popliteal Artery Succes
Treated by Flexion Combined with Pressure.* By O
Pemberton, Esq., Surgeon to the General Hospital
mingham.

Case vi. *Traumatic Aneurism of the Radial
Successfully Treated by Flexion and Compression.*
R. M. Craven, Esq., Hull.

Case vii. *Aneurism of the left Popliteal Artery,
in sixty-eight hours by the Combination of Flexio
Compression.* By Leith Adams, M.B., Surgeon t
22nd Regiment.

Case viii. *Popliteal Aneurism; Compression;
increase of Tumour; Flexion of Limb; Cure.* By
liam Colles, F.R.C.S., Surgeon to Steevens' Ho
Dublin.

Case ix. *Popliteal Aneurism Cured by F
Flexion.* By Augustin Prichard, Esq., Su
Bristol.

The author was not unaware that the flexion
ment had not always been successful. In cases
the care of Mr. Paget, Mr. C. H. Moore, and M
kett respectively, it had been employed and disused
effective. The first two were, however, cases in
the contents of the aneurismal sac escaped by r
or ulceration. These are severe forms of the dis
which extreme treatment is always likely to be req
In all three compression also failed, and ligature
sorted to. In the hands of other surgeons the m
had been found painful, and apparently abandon
that account. On this head he would only remar
other methods of treating aneurism are commonl
more painful and tedious, as well as attended with
risk.

The first results of any method of treatment ar
to be, as they always have been, less perfect and le
formly successful than those which follow upon a

rience and a more assured application. It is pro-
e that attention to certain points of detail may tend
revent pain and inconvenience. By carefully ban-
ng the limb, support is given to the superficial veins
rest to the contracted muscles. Friction of the limb
ards may serve the same purpose. Inunction of the
-cap with oil and chloroform diminishes the sensa-
of stiffness and relieves pain. By allowing the pa-
t to rise from his bed and dress himself, much of
tedium is obviated and coagulation of the fibrine
d. Sleep follows much earlier at night. Any fa-
ite habit, such as smoking, may be usefully per-
ed, with the same object. It is desirable to bespeak
assistance of the patient himself, by explaining the
re of the malady and treatment. Flexion should
mployed with care and graduated. The author's
on for referring to these minutiæ might be found in
past history of this method and of the cognate treat-
t by compression, in which attention to minute de-
had been shown to produce a remarkable increase
e success obtained. For success a watchful and in-
gent interest was necessary.

reviewing the cases already successfully treated by
on, it seemed to the author that there were many
ents for a favourable judgment. Compared with
pression, it had the advantage of not requiring the
tant and watchful attention essential to the success
at method. No instruments were employed, and no
tants were needed. There was no risk of ulcera-
of the skin, of erysipelas, or of that other rare effect
ribed by Mr. Oliver Pemberton—the production of
rismal varix at the site of pressure. If not ulti-
ly successful, it would still have had the effect of
ficially developing the collateral circulation. Of
se, where practicable, it would always be preferred
e use of the knife. The interesting case of recur-
popliteal aneurism under the care of Mr. Spence,
ds an instance in which flexion effected a cure where
uperficial femoral artery had already been tied, and
pression during five months had failed; the unde-
le alternatives being the ligature of the femoral
to the sac or the external iliac, under unfavourable
mstances. Mr. Spence states: "From what I saw
e plan of flexion of the limb in this case, I would have
hopes of its success as a curative measure, far sim-
and more efficacious than any form of compression I
seen employed, devoid of all its risks, and not in-
ring with, but rather beneficial as a preparation for,
re of the artery, should it fail in itself accomplish-
he cure."

e cases related show that flexion may be satisfac-
employed as aiding compression where this is de-
. Finally, Mr. Hart said that he did not now seek
fine the position of the flexion treatment in relation
eurism, or to establish arbitrarily its superiority to
methods. He desired to leave this matter to the
ment and further experience of the surgical profes-
His object in this communication had been to
it to this Society the further facts that had come
knowledge since he had the honour first to bring
reatment to their notice, and which furnish the
ds for a more complete judgment of its merits and
encies.

Mysterious Tale. A correspondent of the *Phila-
ia Medical Reporter* writes the following myste-
tale: The Sanitary Association is not idle. Many
ments of no little consequence to this community,
ring to light the sad depravity of bar-room health
ns, and the unmitigated bribing of unlettered poli-
s, who know less of hygiene even than veracity.
ess will no longer tolerate the shameful usages of
who make a living out of others' deaths. A proper
m will be soon inaugurated.

Correspondence.

GRATUITOUS MEDICAL SERVICES.

Letter from Philip H. Williams, M.D.

Sir,—Allow me, in reply to a question contained in your leader on the subject of "gratuitous medical services," to express a thought which has frequently occurred to my mind. Your question is, "why should medical men, more than any other of the numerous classes of working men who form society, give their services gratis to the public?" If it be granted that the "public" who really derive benefit from our "services" are *the poor*, my honest conviction is, that such services ought to be gladly rendered, and for this reason—that, as medical practitioners, we are mainly indebted to the poor for all we know. From whom do we learn our anatomy? The poor. From whom our midwifery? The poor. From whom our clinical medicine? The poor. From whom our surgery? The poor. From whom our pathology? The poor. Nor are our obligations to the poor limited to our early career as students in dissecting-rooms and hospitals. To whom, I would further ask, are we indebted for the widest fields of subsequent observation of disease on which are founded the researches of our most careful inquirers? the skill of our most able practitioners, together with the invaluable instruction communicated by them, as lecturers and writers, to the whole body of our profession? I answer still, the poor; and I say, with all submission, that if the advantages conferred upon us, directly and indirectly, by the recipients of gratuitous assistance were to be withdrawn, we should be deprived of the most important elements in the successful prosecution of our noble calling. But, sir, there is another and a higher plea for our benevolence, as a profession, to the poor, namely, our claim to *unite with other classes in the work of charity.* "The butcher, the lawyer, the baker, the architect, the coal-merchant, the brewer, the builder," *cum multis aliis*, give, as we can well testify, *abundant* aid in the *pecuniary* department of the various institutions in which we labour; and instead of asking why we are to co-operate with them in doing good without pecuniary remuneration, I would ask why, seeing that so few of us can afford to help the poor by bestowing *money*, we are to be denied the privilege and pleasure of personally alleviating their sufferings and re-establishing their health?

I would never advocate, or knowingly sanction, the *abuse* of charity in *any* department; but I do feel that the brightest luminary in our horizon would be obscured if a cloud were ever permitted to cast an abiding shadow over the day-star of medical philanthropy.

I am, etc., Philip H. Williams, M.D.,
Senior Physician to the Worcester Infirmary.

Worcester, February, 1862.

Letter from John Barclay, M.D.

Sir,—With full consciousness of the perils of such an undertaking as differing from an editor—of the still greater peril of differing from him in his own columns—I pray your courtesy for the insertion of a protest against the manner in which you have lately treated the subject of gratuitous advice. I feel so confident that there is an *altera pars* to your wholesale condemnation, that I shall not feel disappointed if I stand alone and unsupported as an advocate of the claim that the sick and needy have on the time and talents of the medical man.

And, first, let me say, that the metropolitan point of view is not that in which the subject can alone be regarded. This evil is a most growing one. You ignore country institutions as well as constitutions, and make no difference in the reforms and changes advocated for medical manners, or in the degree of alcoholisation prescribed in illness; forgetting that the profession is ethically in a much more satisfactory state *fuori muri;* and that the country habit of body is not quite so *blasé* as that of a frequenter of the Haymarket. Thus, also, the class of both in and out hospital patients is in London socially much higher than in the country. It is true that house-rent and living expenses are as much higher in proportion as are wages; but it is no less true that in London such patients are frequently of a station that in the country would be altogether refused admission, except in cases of operation, or fever, or other severe illness. It is also a fact that the upper-lower classes are much more provident in the country, in securing for themselves the benefits of the sick-clubs, which abound in all our towns and villages.

In your last article on the subject (JOURNAL, Jan. 25th), you say, "Where is the butcher, the lawyer, the baker, the architect, the coal-merchant, the brewer, the builder, to be found weak enough to give their meat, their advice, their bread, their beer and their bricks for the benefit of the sick 'all for love'?" It seems to me that you have partially lost sight of the difference between professions and trades in this classification, which I utterly repudiate. The clerical, the medical, and the legal professions should stand on a wholly different footing from any trade whatever, except, perhaps, architecture and engineering. But, to take your own ground, do you say that such tradesmen as you enumerate never do any thing for the sick poor? Why, nothing is more common than for butchers and bakers to supply food at prime cost, on the certificate of a medical man or a clergyman that the applicants are needy. Druggists almost invariably charge the really poor a mere nominal sum, or actually give the medicine ordered by a medical man. Coal-merchants supply coal in the same way, or really give away, in times of distress, what has cost them money to procure. Or, again, in providing for the needy who are not sick, is it not well known how architects supply plans for schools, etc., without charge? Ask Mr. Scott. Do not farmers draw the bricks without pay? Is there not often a generous rivalry as to who shall do the most charity, or most effectually supplement the money-gifts of those who have money to bestow on the part of those who can only give in the way that I have indicated? Read the reports of the assistance given lately at Hartley colliery by all classes.

But, coming to the three learned professions, the lawyers must be at once excluded: the poor do not absolutely need legal advice. A man can live without going to law, and ought to live without making himself amenable to it; but even here again, I have known many instances in which the poor have obtained legal assistance absolutely gratuitously—wives against brutal husbands; tenants against extortionate landlord; and how often does it happen that the higher branches of legal advisers, barristers, voluntarily tender, or are requested by the judge to give poor undefended prisoners the benefit of their advice and their advocacy gratuitously.

But there are two things which, if you will still say a man may live without, he cannot well die without, and these are medical advice and the "benefit of clergy." To begin with the last: will any one contend for a moment that the miserable revenue of a town vicar, or the beggarly stipend of a curate, is any adequate pay for the devotion of their whole time and services to the sick, or for their three sermons on a Sunday, or for the irksome and thankless superintendence of schools, etc.? Surely not. Yet, if you hold that any pay, however small, takes the work out of the gratuitous category, think how many do give their services absolutely without pay or reward. Look at the vast provision made by the Romish Church for spiritual aid, not only gratuitously, but with a renunciation of all that those devoted to the work h previously possessed. And in the Church of Engl in its own degree, the same is more and more preval and is one of the most sure signs of a healthy reacti

In the same way, and in opposition to your tenet hold that the *bonâ-fide* sick and poor have a claim the time and the talents of the medical man. Adv medical or surgical, is actually still more of a neces than advice spiritual; and I entirely object to your sertion (JOURNAL, Jan. 25th), "the public know enough that it is from no love of the thing that we about doing good gratis; the public know that we d because we think it answers our purposes; in other wo from motives of self-interest." A man who is a Ch tian and a gentleman, who by his education has acqu a knowledge of the proper treatment of disease, has higher motives to influence him than this sordid one self interest, and has become possessed of a "tal for the proper use of which I hold he is ever and de responsible.

In another letter I will, with your kind permission tempt to analyse the various forms in which gratuit advice is given, and to justify its real charity.

I am, etc., JOHN BARCLAY, M.I

The Newarke, Leicester, Feb. 4th, 1862.

GRATUITOUS MEDICAL CERTIFICATES.

LETTER FROM WILLIAM W. MORRIS, ESQ.

SIR,—I entirely agree with your correspon "Beta's" protest against gratuitous certificates, and own remarks thereon, in our JOURNAL of the 8th in and have myself made a regular practice for the eight years of charging a shilling for every certific except those for cause of death and for insurance; former being always gratis, and the latter being be paid for.

My object in addressing you is to inform your rea that, in an account which was disputed, on the gro of three shillings being charged for certificates of tinued illness, for the use of the club to which the tient belonged, the judge of the county court rece decided in my favour, saying that it was unreasonab expect a medical man to write them without remun tion. Others may, therefore, fairly charge for th and I do not see why certificates of death should esc they ought to be made compulsory on the practitio and to be paid for; registration would thus be made perfect.

I am, etc., W. W. MORR

Clun, Salop, February 12, 1862.

ETHER OR CHLOROFORM?

SIR,—I am delighted to learn that Dr. Kidd has t the trouble to collect the fatal cases following th halation of chloroform and ether. What the profes require are not so much the views he has arrive from the investigation, as the facts themselves, t lated. If Dr. Kidd will publish in your JOURNAL a considered table, the members of the Association w am sure, feel very grateful. To be useful, howeve should give full and accurate information on the fol ing points: age, sex, and nature of case; how long party had been under the soporose influence of drug; results of *post mortem* examination, if any; *exact reference, volume and page, to the publicatio which the case is published.* From such a table any who desired it could form his own conclusions. other facts that Dr. Kidd's experience may sugge being useful can be added. I am, etc., F.R.C.

February 1862.

OOR-LAW MEDICAL REFORM.

Letter from Richard Griffin, Esq.

r,—I beg permission, through the medium of your nal, to inform the Poor-law medical officers that in House of Commons, on Thursday, February 6th, Villiers gave notice "that on Friday next he would the reappointment of the Committee on the Ad- stration of the Poor-law." It therefore becomes our to prepare for the approaching legislation on the ical relief of the poor.

ne Select Committee will probably recommend, in ral terms, the course they think should be adopted; then the Poor-law Board, on the part of Govern- t, will most likely introduce a Bill, which, it is not obable, may be very different from that which we re. We, therefore, ought to follow the course pursued he coroners on a recent occasion, and have a Bill of own, and run it against that of the Poor-law Board, ld we not approve of theirs; and trust to our influ- with the members of the legislature to get that sure adopted which will be most beneficial to the in- sts of the nation. But without money it is impos- for this course to be pursued.

t the commencement of last year, the Association a balance in hand of £9 : 18 : 2; and I have since re- ed students' balance £11 : 14 : 6, and subscriptions llow: one of £5, seven of £1 : 1 each, eleven of £1 , three of 15*s.* each, four of 10*s.* 6*d.* each, fifty-two 0*s.* each, one of 7*s.* 6*d.*, six of 7*s.* each, thirty-seven *s.* each, and three of 2*s.* 6*d.* each; balance over- vn, 14*s.* 8*d*; making a total of £88 : 3 : 4. The ex- diture: printer, £34 : 3; stationery and books, 12 : 8; postage, £4 : 6 : 4; advertisement, chest for ers, clerks for assistance, local secretaries, expenses neetings, etc., £44 : 1 : 4; total, £88 : 3 : 4. Within last few days, I have received a guinea from Dr. wn of Rochester, being his seventh subscription of a amount. This gentleman is not a Poor-law medical er, and therefore deserves our warmest thanks for great interest he has always taken in our welfare. Grimbly of Banbury and Mr. Sanders of Gravesend e also sent me their annual subscriptions, one sove- n each; and, with one guinea as my own subscrip- s, and ten shillings each from Mr. Mallam and Mr. ington, this is all that we have to start with on our liamentary campaign. But I have little doubt, now I have named the subject, the friends of Poor-law lical reform will freely respond to my call, and thus ble the Association to bring its labours to a success- issue. I am, etc., Richard Griffin.

12, Royal Terrace, Weymouth, Feb. 8th, 1862.

ON-INOCULABLE SYPHILITIC AFFECTIONS.

Letter from Henry Lee, Esq.

ir,—The number of the British Medical Journal this day, contains a letter from M. Charles Pou- el de Valencé, in which he claims for M. Clerc the rit of having been the first to point out the fact that indurated chancre was not inoculable upon a patient o had it, or upon another syphilitic subject. Since appearance of the professor's letter, I have had an ortunity of referring to M. Clerc's original paper in *Union Médicale* for October 25th, 1855. This me- ir I had not before seen. It clearly establishes M. rc's claim, as far as the announcement of the *doctrine* question is concerned. M. Clerc says that he had strated his idea by numerous "facts"; but no details cases are given. At page 510, M. Clerc relates, in- d, a case; but, in this instance, what he believed be an infecting sore *was* reinoculated. He ers to two other cases, previously published, in which the inoculation did not succeed. The comment added by M. Clerc at the time was: "In these two cases, did that occur which happens after revaccination? or had the indurated chancres from whence the pus was taken ceased to be inoculable? We cannot say."

The first cases published in which the secretion from an infecting sore was shown experimentally not to be inoculable upon the patient himself were, as I believe, those which appeared in the *British and Foreign Medico-Chirurgical Journal* for 1856.

On the other hand, it may be noted that the fact of the infecting sore, commencing as a papule or a tubercle, has lately been dwelt upon as a recent discovery by several French and German authors.

The difference in the *mode of origin* of these two kinds of syphilitic sores was, however, clearly pointed out in the Association Medical Journal for February and March 1854; and the following quotations were re-published in my *Pathological and Surgical Observations* in the same year.

"In one case the appearances, in their origin, are those of the adhesive inflammation, in the other of the suppurative inflammation; and these constitute two very different classes of disease, both in respect to the local affection, and their constitutional consequences." (Assoc. Med. Journ., Feb. 24th, p. 166.)

"Artificial inoculation, under different circumstances, gives rise to different classes of local affections. In the first of these, the symptoms are those of the adhesive inflammation. . . . . In another form, the inflammation terminates directly in suppuration." (Pp. 283-4.)

Had the continental authors, who have recently made similar discoveries, read the Association Medical Journal for 1854, they would doubtless have rendered that justice in the matter of priority, to which the letter of Dr. Charles Poupinel de Valencé shows they are not altogether insensible. I am, etc.,

Henry Lee.

Savile Row, W., February 8th, 1862.

Cows in Cow-Houses, and their Milk. Dr. Letheby said, "the inspector of cow-houses had, at his request, made a special examination of the state of the cows in the city cow-houses, and from the returns which he had furnished it was evident that a large amount of disease prevailed among the animals. Some were suffering from lung disease (pleuro pneumonia), others from mouth disease (epizootic aphtha), others from foot disease, and a few from diseases of the udder. All these diseases are contagious, and they give to the milk properties which cannot fail to be injurious to those who make use of it. In some cases, indeed, of the so-called murrain, which is a contagious eruptive fever that has prevailed in the cow-houses of London, and has shown itself by an eruption on the mouth, teats, and feet of the animals, the milk has been positively poisonous, and has caused eruptive fever in persons who have drunk the milk. He mentioned this on the authority of Jacob and Professor Hertwig, of Berlin, both of whom had experimentally determined the fact; and he was informed by Mr. Gamgee, the principal of the Veterinary College of Edinburgh, that such milk would produce disease, and cause the death of pigs and calves if they partake of it. When such milk, even in a small quantity, is added to wholesome milk, it gives it dangerous properties. Already he had reported from a frequent examination of the milk supplied from the cow-houses of the city, that it often contains globules of matter like common pus; and he suggested that, as the question of the appointment of a second inspector for the examination of the markets, the cow-houses, and slaughter-houses was now under consideration, a more systematic inspection of the cow-houses should be made, and that means should be taken to prevent the sale of milk from diseased animals."

Medical News.

Royal College of Surgeons. The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on February 12th:—

Brumwell, Joseph Cownley, Burnley, Lancashire; diploma of membership dated July 26, 1858
Dobson, Thomas, L.S.A., Fleetwood, Lancashire; Jan. 29, 1862
Dyte, David Hyman, L.S.A., London Hospital; Nov. 13, 1861
Edge, Stonard, L.S.A., Heavitree; December 2, 1859
Fowler, James, L.S.A., St. Thomas's Hospital; April 11, 1861
Jenner, William, Highworth, Wiltshire; January 31, 1862
Lewis, Charles, Berehaven Mines, co. Cork; June 18, 1852
Marshall, Walter Thomas, Birmingham; Nov. 12, 1861
Meggy, Frederick, Stockwell; January 28, 1862
Ray, Robert, Victoria, Australia; January 30, 1862
Sheppard, Wm. Matthew, L.S.A., Geelong, Australia
Smith, Joseph, York; July 30, 1861
Stamper, James Fenton, L.S.A., Haverfordwest; May 1, 1861
Weekes, William Hampton Carlile, Hurstpierpoint, Sussex; February 3, 1860
Willett, Edmund, Kennington Park; January 29, 1862

APPOINTMENTS.

Headland, Frederick W., M.D., elected Assistant-Physician to the Charing Cross Hospital.

*Hulke, John W., Esq., elected Assistant-Surgeon to the Middlesex Hospital, in the room of W. H. Flower, Esq., resigned.

Irvine, John W., Esq.. elected Honorary Surgeon to the Liverpool Dispensaries.

Morgan, John E., M.B., elected Physician to the Salford and Pendleton Royal Hospital and Dispensary.

Royal Army. The following appointments have been made:—

Gains, Staff-Surgeon G. E., to be Surgeon 6th Foot, *vice* C. M. M. Miller, M.D.

O'Brien, Staff-Assistant-Surgeon T. M., to be Assistant-Surgeon 100th Foot, *vice* T. Liddard.

Hume, Deputy Inspector-General T. D., M.D., to be Inspector-General, *vice* J. Forrest, M.D., C.B.

Miller, Surgeon C. M. M., M.D., 6th Foot, to be Staff-Surgeon, *vice* Gains.

Rickards, Staff-Assistant-Surgeon A. K., to be Assistant-Surgeon Royal Artillery, *vice* Sharp.

Smith, Staff-Surgeon-Major A., M.D., to be Surgeon 47th Foot, *vice* Singleton.

To be Staff-Assistant-Surgeons:—

Lamb, Staff-Assistant-Surg. H., from half-pay, *vice* T. M. O'Brien.
Quinlan, Staff Assist.-Surg. P., from half-pay, *vice* A. K. Rickards.
White, Staff-Assistant-Surgeon S. G., M.D., from half-pay.

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Larmuth, J. H., Esq., to be Assistant-Surgeon 3rd Administrative Battalion Cheshire R.V.

Muriel, J. T., Esq., to be Assistant-Surgeon 1st Administrative Battalion Suffolk R.V.

To be Honorary Assistant-Surgeon:—

Arrott, D., M.D., 1st Forfarshire A.V.

BIRTH.

Fletcher. On January 31st, at 13, Mornington Terrace, Liverpool, the wife of *F. D. Fletcher, Esq., of a son.

DEATHS.

Colquhoun, James, M.D., late of the Madras Light Cavalry, in Edinburgh, on January 27.

Galen. On February 6th, at Aberdeen, aged 28, Margaret, eldest daughter of John Galen, M.D.

Hallsworth. On February 4th, at Atherstone, Jane, wife of S. M. Hallsworth, Esq., Surgeon.

Lamb, George, Esq., late Physician-General in Calcutta, aged 74, on February 3.

Stenson, Nathaniel, M.D., at Bourton-on-the-Water, Gloucestershire, aged 86, on February 8.

Vacancies. The following appointments are vacant: Physician-Accoucheur to the St. Marylebone General Dispensary, by the death of Dr. Henry Davies; House-Surgeon to the Royal Dispensary and Infirmary, Windsor.

TRIAL FOR LIBEL.

Court of Queen's Bench, Westminster, Feb. 8th.

WELLS *v.* WEBBER.

The plaintiff, Thomas Spencer Wells, sued the defe
ant, William Webber, to recover damages for a li
published in the *Medical Circular* on the 9th of Octol
1861. The defendant pleaded only the general iss
The charge made by the defendant against the plain
in the libel was, that he had left a copy of a pamph
"*Vesico-Vaginal and Recto-Vaginal Fistula*," in quest
with the "boots" at the George Hotel, at Buxton, D
byshire, "to be placed in some conspicuous place,"
that it was accordingly "exposed by him on the p
shelf at the hotel, where ladies of all ages, and gen
men, and other people, go to seek for letters." T
libel described the plaintiff's proceeding as a "violat
of decency," and a "flagrant disregard of social pr
leges, to say nothing of so quackish as well as ind
cate a mode of advertisement." The plaintiff stat
that in the month of September last he went to
George Hotel, at Buxton, with two friends, Mr. Par
and Mr. Sadler. They dined at the ordinary in co
pany with the defendant and some other parties. T
defendant had formerly been a candidate to be elec
Fellow of the Royal College of Surgeons, and had be
blackballed, and, as the plaintiff was unwilling to ta
up his cause, a coolness had ensued between them;
when they met at the ordinary the plaintiff spoke to
defendant, and they appeared on friendly terms; a
after dinner, they retired to the smoking room, a
some conversation took place between the defendant a
the plaintiff's two friends, in the course of which the
fendant gave a very glowing account of his professio
exploits, and particularly of his victories over the
mœopathists. In the course of the conversation,
defendant, speaking of the plaintiff, said, "If Mr. We
had said of me what I have said of him, I would
speak to him." The next morning, at 9 o'clock,
plaintiff and his two friends left for Chatsworth, a
while they were waiting for the omnibus at the do
the postman delivered to the plaintiff a letter, conta
ing six copies of his newly printed lecture. One
these he gave to his surgical friend (Mr. Sadler), a
said he thought it would be only civil to give Webl
(the defendant) one, and he called the "boots," a
asked him to deliver it to the defendant. One of t
plaintiff's friends (Mr. Parker) asked the "boots" whetl
he knew the defendant's bedroom, and being answe
that he did, he told the "boots" to deliver it to the
fendant there. The plaintiff and his friends then left, a
heard no more of the matter till the 9th of Octob
when the plaintiff's attention was called to the followi
article in the *Medical Circular* of that date:—

"Mr. Spencer Wells and the Visitors at th
Buxton Hotel.

"*To the Editor of the 'Medical Circular.'*

"We learn that on the 25th ult. an illustrative lit
book, purporting to be a lecture on 'Vesico-Vagi
and Recto-Vaginal Fistula,' delivered in May, 1861,
the neighbourhood of St. George's Hospital, London,
T. Spencer Wells, Esq., F.R.C.S., surgeon to the Sam
ritan Hospital, etc., and reprinted from the British M
dical Journal, was left as a gratuity at the George Hot
Buxton, by the author, as some documents forwarded
the College of Surgeons, of which we subjoin a cop
will show:—

"(Copy.)

"George Hotel, Buxton, Sept. 26th, 1861.

"This pamphlet was left last Tuesday evening, or t
following morning, with the 'boots' of this hotel (
Mr. Spencer Wells), to be placed in some conspicuo
place, and was accordingly exposed by him on the po

ıt the hotel, where ladies of all ages, and gentle-
ınd other people go to seek for letters. We, the
's now assembled here, especially those of us who
'oung nieces and daughters staying with us, can-
ıt express our indignation at so revolting a viola-
f decency, so flagrant a disregard of social privi-
to say nothing of so quackish as well as indelicate
le of advertisement. Such a means of notoriety
; professedly orthodox practitioners is very sick-
We hope this reproof will have the effect of
ıting the extension of so demoralising a system of
ity.

'. Andros, President. " Geo. W. Evans.
. J. Griffiths. Aust. Odlin.
harles Polhill. Chas. Mitchell, B.A.
. S. Brittain. R. Evers.

 of the Letter of the landlord of the hotel, ad-
ssed to the Visitors, thanking them for their pro-
against the course adopted by Mr. Spencer Wells.

"George Hotel, Buxton, Sept. 26th, 1861.

entlemen,—I am much obliged to you for the
you have taken, as I fully concur in the senti-
you have expressed relative to the indecent
ılet 'by T. Spencer Wells, F.R.C.S.', etc., London,
was handed to the 'boots' (to be laid where it
be seen!) by a person who left this hotel, in com-
vith two other visitors, on Wednesday morning,
ho, I have reason to believe, is the author of it.
conclude he is known to the medical gentleman
ıg one of your number, as 'he left his compliments
m' at starting 'to Chatsworth on his way to town.'
amphlet to which you have appended your protest
herefore, be transferred to that gentleman, with a
f this letter, and an intimation of your expressed
n, that it should be forwarded to the College of
ons, of which, it appears, the author is a Fellow.
boots' was, of course, not aware of the contents
book so handed to him, and therefore did as he
irected. I am not aware that such an obscene
ation has ever before been left exposed at this
; and, in order to prevent a repetition of so dis-
g and discreditable an occurrence, I have given
orders to my servants to bring at once to me all
amphlets and advertising papers which may here-
e left with them.

I have, etc., "E. Lees, *pro* William Lees.

he President and Gentlemen of the
ingroom and Drawingroom.

Ve have deemed it necessary, in the course of
ıty, to publish this correspondence, inasmuch as
informed it has been forwarded to the Council of
oyal College of Surgeons for its consideration.
hat that body may decide with reference to it we
hereafter know; but as we cannot believe that
pencer Wells, who is the ostensible editor of a
al journal, would intentionally offend public de-
some explanation of this occurrence is absolutely
ed, in vindication, not only of his own sense of
ety, but of the character of the profession.—Ed.
Circular.]"

n inquiry it appeared that the documents in ques-
ıad been sent to Dr. Ross, the editor of the *Me-
Circular*, by the defendant, accompanied with a
e letter addressed by the defendant to Dr. Ross,
following terms:—

"Tunbridge Wells, Oct. 4th, 1861.

ear Ross,—You will see by the inclosed that our
of the *Bath and Wells Advertiser* has been play-
e fissure (fisher) man in the north upon his fistula
e essay. I have forwarded the pamphlet, with Mr.
letter, to the College of Surgeons, as I was re-
d, without further note or comment. Our *short*
friend has, I have no doubt, distributed at other
and houses, in his peregrinations in northern latitudes, his illustrative descriptions and exposures of parts indicative of the origin of his great genius. I will send you by next post a copy of my answer to Mr. Lees's letter, so that you may be the first to show up the showman, who evidently has an appreciable knowledge of the usefulness of advertisements to those who cannot otherwise persuade people that they are dustmen qualified to sweep. I have been desired to send copies to all the journals. I shall cause them to be delivered at the office of the British Medical Journal and the *Lancet*. I shall leave the College to deal with Spencer (and his tales) of the Times. I declined to sign the protest of the visitors for reasons which will appear. Buxton air and baths have done wonders for me; my general health is greatly improved. I will give you a call next week, as I want to have a few minutes talk with you.

"In haste, yours very truly, William Webber."

As soon as the plaintiff saw the article in the *Medical Circular* he placed the matter in the hands of his solicitor, who obtained from Dr. Ross the originals of all the documents, and also the private letter, and this action was forthwith commenced. It appeared that the defendant had sent copies of the same documents to the British Medical Journal, but the editor of that journal did not publish them; and he also sent the documents to the Royal College of Surgeons, who, through their secretary, had called upon the plaintiff for an explanation, but had taken no other steps pending this action. The plaintiff, in the most distinct manner, swore that he had only circulated a few copies of the pamphlet, and those among professional friends, and said he should himself have been much disgusted if he had known that a copy of it had fallen into the hands of ladies or unprofessional people. It appeared that the defendant, who had been in the first instance blackballed, was afterwards elected a Fellow of the Royal College of Surgeons; but, for some reason which was not explained, he declined to sign the by-laws. The defendant called no witnesses.

Mr. Huddleston, in his address to the jury for the defendant, said he accepted entirely the statement made by the plaintiff, that he had not given the pamphlet to the "boots" "to be placed in some conspicuous place," but, as the plaintiff himself said, to be delivered personally to the defendant. He therefore was ready, on the part of the defendant, to make an ample retractation and apology for what he had published; and he hoped that after that the plaintiff would think that his character had been sufficiently vindicated, without calling upon the defendant for damages. In estimating these damages, the jury must look at the circumstances, and they could not fail to see, from the internal evidence of the documents, that the "boots" had failed to do what he was directed, and that in consequence the pamphlet in question had been improperly exposed to view. In the minds of the visitors the blame of that exposure naturally rested upon the defendant, who was considered as the plaintiff's friend; and he (defendant) was therefore induced to send the documents in question to Dr. Ross, along with a private letter, which the learned counsel admitted was in bad taste, but which was never intended for publication. The learned counsel hoped the jury would not do more than give a moderate amount of damages.

The Lord Chief Justice, in summing up, said: The plaintiff in this case asks for compensation for a very serious libel; in which he is charged, he being a professional man, with having placed in a conspicuous position at an hotel at a public watering-place, frequented by families and persons of respectability, who have wives and daughters and nieces staying at that place, a book for the base purpose of advertising his work—a book utterly unfit to be seen by women, above all, by women of refined and delicate minds. We all know that the purposes of science, and, above all, those of the medical science, require that works should be written and illustrated in a manner necessary for the promotion of the medical science, in

its ministration to the relief of human infirmity; but every one must feel that, however it may be justifiable and right that such illustrations should be submitted to the inspection of those whose scientific attention is to be called to them—if a person were to expose a work in which there were delicate portions of the female organisation shown; and, above all, if, with reference to diseases of this peculiarly delicate character, the very hand of the operator is described as in immediate contact with those parts of the female organisation, were to leave it in a position where it would be exposed to be taken up by females of respectability, he would be unworthy of his profession, and unworthy the name of a gentleman, and deserve to be expelled from all society. This is the charge deliberately made against the plaintiff; and it appears to me that he had no alternative, the moment he saw his character was impugned in a public journal, and knowing that the College of Surgeons, of which he was a Member, had been addressed on the subject, but at once to challenge his accuser in a public court of justice, and there appear to vindicate his own conduct. And it appears to me idle in the extreme to talk about a gentleman being thus assailed, and thus accused, sitting down and writing an explanation to a man who, without asking him for any, had been the one to propound these charges, and put into circulation accusations of so formidable and so serious a character. It is admitted now that the whole charge is destitute of the slightest shadow of foundation. You have not only the account from Mr. Wells himself, but from his two friends, gentlemen of perfect respectability, who have stated in this court; and the learned counsel for the defendant does not ask you for a single moment to disbelieve it. (His lordship then gave an outline of the case, and then proceeded.) It turns out that there was not the shadow of foundation for this charge against the character of Mr. Wells. The learned counsel for the defendant has suggested that with that the plaintiff should be contented with an apology, and that there the matter should drop. In the first place, this observation may, however, fairly be made. Supposing this pamphlet to have been put by the boots in the place where it was found, and it was there seen by some of the visitors at the hotel, and had excited their indignation, I cannot help thinking, if that matter were brought to the knowledge of a member of the same profession, with whom Mr. Webber had, at all events, been on apparently civil and friendly terms the night before, he might have suggested, "There must be some mistake in this; this must be an accident. I think, before you can take any decided steps in the matter, you had better inquire if it has been done purposely. And nothing can be worse, and no man can feel more strongly than I do. You had better write and ask him about it." This does not occur to Mr. Webber. On the contrary, he enters warmly at once, without any opportunity of explanation, into a course of direct, hasty accusations against Mr. Wells. However, that he might have done from perfectly honest motives, and with perfectly honest intentions, although one would say he might have been more generous and more fair towards a brother practitioner. I must say I cannot refrain from expressing my very great astonishment and regret that any consideration whatever should have induced Mr. Webber from going into that witness-box and giving you an account of how it came to pass that he took the part he did. If he had come forward and said, "This pamphlet was found in a conspicuous place in the hotel, and when it was inquired how it got there, the boots represented that he had been desired by Mr. Wells to place it in that or in some conspicuous position; the visitors of the hotel were indignant, and they called on me as a medical man to assist them in bringing the plaintiff to account for conduct so improper; and I acted under that honest sense of indignation, believing the representation of the boots to be true;" if he had said that in
a manner to carry conviction to your minds, I sl
have said, under these circumctances, "You ought
satisfied with what has taken place; there has
error on the part of the defendant, but it has be
honest one, springing out of an honest feeling;
enough that the plaintiff's character is vindicated
these imputations, and you will be satisfied with
tractation and apology." But, gentlemen, when th
fendant prefers to trust to the last words of an inge
counsel, rather than to the impression which th
dence, honestly and straightforwardly given, might
produced on your minds, it leaves them open to th
rious imputation on his part of stimulating parties
here express their indignation into a course of a
exceedingly improper. And is not that confirmed
we turn to this letter (the letter to Mr. Ross), writt
the worst spirit that it is possible to imagine, conv
a charge of the nature, and asking the editor of a p
journal to give it insertion? Now, couple that
with the fact that, when the old master of Mr.
(Mr. Sadler) spoke of his pupil having distingui
himself in the medical profession, the defendant th
it necessary to say, "If he had spoken of me as I
spoken of him, I never would speak to him again.
is for you to say what you believe to have bee
animus by which the defendant was actuated in pul
ing these most serious and grave charges. If yo
lieve him to have been acting honestly, from a si
indignation at the supposed conduct of the plaint
you believe that he had nothing to do with the exp
of the pamphlet, you will take a very different view
case from that which you would do if you believed
he had anything to do with placing it in the positi
which it was found, or anything to do with putti
false construction on the conduct of the plaintiff.
placed in the most unfortunate position by not h
been called into the witness-box, and not having ins
on an opportunity of explaining to you all the cir
stances under which he has been induced to tak
course which to-day he cannot but say was impr
The charge against the plaintiff is a most serious
If you believe that to have been preferred with mali
and with sinister and bad motives, you cannot
ciently mark your sense of such conduct as that
the defendant who stands before you does not ju
However, if he acted honestly, though rashly, in
view, the damages would be very different; but, in
case, in this matter it is for you, and not for me.

The jury retired, and, after an absence of ha
hour, returned into court with a verdict for the plai
damages, £300. The Lord Chief Justice certified
special jury.

New County Hospital for Hampshire. A
county hospital is about to be built at Winchester
present building being in a dilapidated condition, a
an inconvenient situation. The site chosen is a
vated position, and more advantageous in every re
than the present one. Subscriptions to the exte
nearly £5000 have already been received.

Removal of the Statue of Dr. Jenner. Durin
last few days the public have been surprised, on vis
Kensington Gardens, to find the statue of Dr. Jenn
small-pox-vaccination celebrity, standing, or rathe
ting down, with its usual air of placidity, on a bran
pedestal in Kensington Gardens, in the vicinity o
stone bridge spanning the Serpentine, on the Bays
side. The statue, it will be remembered, was some
ago promoted to a distinguished place near the N
Column in Trafalgar Square; but it has been sudd
removed to its present position in Hyde Park.

M. Pamard. It is said that M. Pamard, the new
puty, who has given rise to so much discussion abou
assumed title of "member of the Academy of Medic

n a cruel uncertainty. Being unable to usurp this
e, which belonged to his father, and not being able to
ain it, he wishes, it would seem, to renounce it, by
ans of a kind of resignation, and will content himself
h the title of "free associate."

'HE SOCIAL SCIENCE ASSOCIATION started into life un-
the avowed and zealous patronage of the venerable
d Brougham. The Social Science Association was
nded in 1857, and its members have held five annual
etings—at Birmingham, Liverpool, Bradford, Glas-
, and Dublin—the last of which, under the personal
sidency of Lord Brougham, was, in every way, a bril-
t success, and was, moreover, far more practical in
proceedings than its predecessors. The forthcoming
eting of the Association is to be held in the metro-
s, and, considering the peculiar character of the year
2, and the vast concourse of refined and cultivated
igners whose presence in London may be reasonably
cipated during the summer, no more appropriate lo-
y could, we think, have been chosen for holding the
h sederunt of an association to whose prosperity the
rchange of ideas and the comparison of systems are
ters of such very great importance. Thus, while the
don meeting may be expected to be attended not
by the bulk of the ordinary members, but by a large
nber of foreign jurists, economists, statisticians, and
anthropists, a foreign association of a somewhat
lar character, called the "Congrès de Bienfaisance,"
ch has already met in Brussels and Frankfort, will
year assemble in the capital of England, and will
a conjoint meeting with our association in the same
ding and under the same arrangements.

)PERATION DAYS AT THE HOSPITALS.

DAY.......	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.
DAY.	Guy's, 1½ P.M.—Westminster, 2 P.M.
NESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
SDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
AY.......	Westminster Ophthalmic, 1·30 P.M.
RDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

EETINGS OF SOCIETIES DURING THE NEXT WEEK.

AY. British Architects, 8 P.M.—Medical, 8.30 P.M.: Mr. H. Thompson, Lettsomian Lecture on "Lithotomy and Lithotrity."

DAY. Civil Engineers, 8 P.M.—Statistical, 8 P.M.—Pathological, 8 P.M.—Ethnological, 8 P.M.—Junior Medical, 8 P.M., St. Thomas's Hospital: Mr. F. Deck, "Diseases of the Kidney consequent upon Scarlatina."

ESDAY. Society of Arts, 8 P.M.—London Institution, 7 P.M.

SDAY. Zoological, 4 P.M.—Royal, 8.30 P.M.—Linnæan, 8 P.M.—Chemical, 8 P.M.—Numismatic, 8 P.M.—Antiquaries, 8.30 P.M.

Y. Geological, 1 P.M. (Anniversary.)—Western Medical and Surgical, 8 P.M.—Royal Institution, 8 P.M.

RDAY.—Royal Botanic, 3.45 P.M.

ULATION STATISTICS AND METEOROLOGY OF LONDON—FEBRUARY 8, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
ing week......................	Boys..1095 Girls..1102	2197	1384
rage of corresponding weeks 1852-61		2001	1398

ter:
hest (Sat.) 30.466; lowest (Th.) 29.827; mean 30.047.
ometer:
hest in sun—extremes (Wed. & Fri.) 79 degs.; (Th.) 60 degs.
hade—highest (Tu.) 55.5 degrees; lowest (Sat.) 24.4 degs.
n—43.2 degrees; difference from mean of 43 yrs.+5 degs.
ge—during week, 31.1 degrees; mean daily, 9.5 degrees.
humidity of air (*saturation*=100), 82.
direction of wind, Var.—Rain in inches, 0.00.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

SPECIAL HOSPITALS.—Referring to some remarks lately made in this JOURNAL, upon the unfairness of arguing that special hospitals are required, because in certain instances general hospital doctors have overlooked the special diseases which those special hospitals embrace, a correspondent writes:—

"It is quite true that stone is sometimes undiscovered in one place, and is found somewhere else. The last case but one which I cut at ——— Hospital, was one which had been in attendance as out-patient 'for his water' at ——— Hospital for six weeks. I found the stone on his first visit to me. What of that? Did it afford me the smallest pretext for making the fact known to the world? We shall pick up stones missed at the special some day, if the place holds on; but are we therefore to publish the fact to the world?

"Granting, as everybody will, that 'special' attention is necessary to the study of this as of all other serious maladies, how does this 'special attention' necessitate a 'special hospital'. Is special attention not compatible with; is it not indeed much better to be applied in a large general hospital than in the narrow limits and contracted atmosphere of a little special one? The special hospital men carefully confuse the two things, '*special*' *study of disease*, and the *erection of* '*special hospitals*' for its treatment.

"I have at this moment four cases of stone in private. Two I have cut, and two I am crushing; two are as old as 70 years. All are doing admirably. In *three*, the stone has been overlooked by others. Should I go and trumpet forth their names? You may see the cases and verify the facts."

FAIRPLAY.—We do not think it necessary to pursue the subject further. The gentleman referred to has done all he can in the way of penance, by publicly acknowledging his error. The world in which he circulates can judge of, and doubtless has already judged of, his conduct in the matter. The profession of "Fairplay" will doubtless remind him, that forgiveness follows confession.

MEDICAL EVIDENCE.—A correspondent, who is severe on the evidence of medical witnesses, writes:—

"It seems to me that the reason why medical men now talk in a pseudo-scientific style, both in public and private, more than formerly, is, that so-called science and its jargon language have taken the place of the elder solid phraseology which had its root in sound scholarship. Our great men formerly were great scholars, and they reflected some of their light on *all*. Now-a-days, even the best men have enough to do to acquire and keep up with the literature of their profession. Examples of pure English are rare in our modern medical works, and will become more rare, unless we 'hark back' to the style of our fathers."

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, February 1862.

COMMUNICATIONS have been received from:—Dr. GRAILY HEWITT; Dr. C. H. F. ROUTH; Mr. R. S. FOWLER; Dr. THOMAS SKINNER; Dr. EDWARD MERYON; Dr. J. G. SWAYNE; Mr. HENRY LEE; Dr. T. K. CHAMBERS; Mr. F. D. FLETCHER; Mr. OLIVER PEMBERTON; Dr. R. H. TAYLOR; Dr. RADFORD; Dr. BARCLAY; Rev. C. HEATON WOOD; Mr. F. W. COOPER; Mr. WM. WEBBER; Mr. GRIFFIN; Dr. JONATHAN TOOGOOD; Mr. J. HADLEY; Mr. AUGUSTIN PRICHARD; Mr. T. M. STONE; Mr. LANGSTON PARKER; Mr. JOHN F. NICHOLSON; Mr. W. W. MORRIS; and FAIRPLAY.

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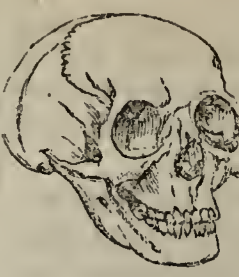

REMOVAL.

John Harnett, Anato-mical and Dental Repository, Manufacturer of Improved Mineral and Importer of Natura Teeth, Osteologist, etc., has removed from 45 Museum Street, Bloomsbury, to extensive premises, 68, Mortimer Street, Cavendish Square where he continues to practise every department of Dental Surgery.

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Is the ORIGINAL & GENUINE, was ESTABLISHED A.D. 1746,
And is Preſcribed, "by the higheſt authorities," for Fevers, Ague,
Rheumatiſm, Colds, Influenza, &c. &c.

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Caution about Spurious Imitations, etc.

CAUTION.—J. T. DAVENPORT *received* from Dr. J. COLLIS BROWNE, M.R.C.S.L., Ex-Army Medical Staff *the sole discoverer and inventor, his* RECIPE *for this invaluable preparation,* which *has never been published* o *made known;* hence there can be no other maker, and anything compounded as Chlorodyne besides a spuriou imitation and deception.

TESTIMONIALS.

"I have now for fifteen months used Dr. J. COLLIS BROWNE'S CHLORODYNE, and am fully persuaded of its value as a remedial agen In FEVER, to allay restlessness and severe headache, and to procure sleep, its effects have been most satisfactory. It appears to me to b indicated in all cases where there is depression of NERVOUS POWER. In fact, in the hands of a judicious surgeon who has used it a fe times, it is capable of being most extensively and usefully prescribed. In a case of obstinate and severe VOMITING, arising from SARCIN in the Stomach, associated with an Amyloid Tumour in the Liver, which *had resisted treatment* for many months, I used Chlorodyne mos successfully. *The first dose stopped the Vomiting.* Small doses were continued, at intervals of a few hours, for six weeks. The vomitin having entirely ceased, it was then discontinued, and although six months have elapsed there has been no return of the symptoms. Th Tumour has somewhat diminished in size and gives no uneasiness. I have also given it in some cases of Phthisis, with marked relie especially in the early stages. I spontaneously offer my opinion as to its merits, for I think it has only to be tested and it will be used b all medical men.
"HENRY J. STORMONT, Esq., Surgeon, Cheshunt."

"Having ordered from our Druggists 'CHLORODYNE,' I was not only DISAPPOINTED IN ITS EFFECTS, but annoyed when I receive a SPURIOUS Compound. I have been in the habit of using your CHLORODYNE with great advantage to my patients and satisfaction t myself. I have just discharged, well, out of this Hospital, a woman who had pyæmia after hour-glass contraction of the uterus; *I fe quite certain* that her recovery was caused by taking a dose of CHLORODYNE three times daily, or *when* the rigors were severe. I have ha several cases where inflammation set in after instrumental delivery or extraction of the placenta, and *never* had a *recovery* before when th cases were so severe as the case mentioned; but I did not know the value of your medicine.
(Signed) "JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

Sole Agent and Manufacturer,

J. T. DAVENPORT, Pharmaceutical Chemist, 33, Great Russell Street, Bloomsbury Sq., Londo

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Complete with Additional Pipes for all purposes, and suitable for every Climate.

W. TWINBERROW has no hesitation in offering his Patent Reservoir Injection Apparatus as the most simple and perfect yet produced.

The Piston or Pump, which so frequently gets out of order, is not introduced into this Apparatus; there is therefore an absence of OILY GREASY MATTER and BLACK LEAD (which are absolutely nece sary to lubricate the piston in the usual syringes), which so become rancid and green, some portion of which inevitably pass with the fluid injected from an ordinary syringe.

TWINBERROW'S PATENT DOUBLE-ACTION SYPHON SYRINGE,

With Additional Pipes for all purposes, including the most perfect Eye Douche and Ear Syringe.

The great advantage of this Syringe over others of a like description is its having a double action, thereby producing an uninterrupted stream, consequently discharging double the quantity of fluid in half the usual time and with much less exertion.

From J. E. ERICHSEN, Esq.

6, Cavendish Place, Cavendish Square, Oct. 1st, 1861.

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JOHN ERICHSEN,
Professor of Surgery at University College,an
Surgeon to the Hospital.

From W. FERGUSSON, Esq.,
Professor of Surgery at King's College, and Surgeon to the Hospita
16, George Street, Hanover Square, Oct. 14th, 1861.

SIR,—I have seen and made use of your Double Action Syring and think very highly of it.
Yours faithfully,
Mr. Twinberrow, Edwards Street.
WM. FERGUSSO

W. TWINBERROW, SOLE PATENTEE, PHARMACEUTICAL CHEMIST, 2, EDWARDS STREET, PORTMAN SQ., LONDON.

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Clinical Observations.

BY

JAMES SYME, Esq.,

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH.

.—The Treatment of Moveable Cartilages in the Knee-Joint.

ie treatment of moveable cartilages in the knee- nt has been deservedly regarded as a very perplex- g subject of surgical practice. The removal of ese bodies by external incision, although easily ex- uted, must always expose the patient to a serious sk of inflammation, placing not only his limb but s life in danger ; and various other expedients ve, therefore, been proposed for the purpose of fording relief.

One-and-twenty years ago, at the same time with French surgeon, M. Goyrand, of Aix, I thought accomplishing the object in view by subcutaneous cision, and accordingly did so in the Royal Infirm- y, on February 1st, 1841, with perfect success. ie cartilage was removed from its new position a w days after displacement, and without any dis- rbance of the joint. In repeating the operation, I und it difficult and even impossible to extrude the rtilage through the synovial membrane, and, while sconcerted by this obstacle, met with a case which ggested another mode of procedure. The subject ' it was a gentleman from Yorkshire, who came to dinburgh for the removal of a cartilage, from which e had suffered an extreme degree of inconvenience. was round and of about the size of a marble, lying the inner side of the joint over the head of the bia, where its position seemed fixed. Upon asking the ason of this, I was told that, before leaving home, consequence of more than usual suffering, the pa- ent applied a blister, and that since then the body id remained stationary, so as to give no trouble hatever. In these circumstances, although still rged to effect removal, I declined any interference, usting that the relief which had been obtained ould prove permanent, as I subsequently learned it id.

Instead of extraction from the joint, there was ius suggested confinement of the cartilage to a osition where it would cease to be troublesome, and is I endeavoured in the first instance to accomplish y passing a needle through the body together with ie parts surrounding it ; but without success, since ie restraint thus effected was no sooner withdrawn ian mobility returned. It then occurred to me iat the object might be attained by a subcutaneous icision extending freely through the synovial mem- rane and into the substance of the cartilage, to- ether with the assistance of blistering and pressure nployed immediately afterwards. This method has roved successful, as far as I know, in every case iirly subjected to it.

Case i. R. B., aged 22, was admitted into the ospital on the 28th of September last. He stated hat, when about thirteen years of age, his right nee had become liable to occasional attacks of pain and stiffness, preventing him from stretching the limb ; and that, about six weeks before the time of his application, he had observed a small moveable body in the joint. It was of the size of a small marble, but slightly flattened in form. There was also some serous effusion into the joint.

On October 9th, the watery swelling having been removed by the application of blisters, and the cartilage being held steadily on the inner side of the joint, I made the subcutaneous incision that has been described, and immediately afterwards applied a small blister over the moveable body, which was secured in its place by a compress and bandage, the limb being supported by means of a splint.

On the 31st, the cartilage was found to be fixed ; and, on the 13th of November, the patient was dismissed cured.

Soon after meeting with the case just related, which is the last of many treated in the same way, I received from Mr. Square of Plymouth a paper reprinted from the *London Medical Review*, on the treatment of Moveable Cartilages in the Knee-joint. In this paper, after alluding to an unfortunate case of excision at King's College Hospital, and mentioning other instances of life or limbs being lost from the same operation which had fallen under his own observation, he says : "The sad and serious impressions stamped on my mind by these melancholy cases made me hail with great satisfaction Mr. Syme's announcement of his subcutaneous operation for the removal of loose cartilages from the knee-joint. Very soon after this, I practised his method with marked success. Since that period, many cases have fallen under the care of my friend and colleague Mr. Whipple and myself. We have invariably employed the subcutaneous method of treatment, and with such happy results that I feel it to be my duty to lay my experience before the profession." Mr. Square then relates the particulars of nine cases in which he had operated with perfect success by the subcutaneous method, removing the bodies in various directions from the joint, and afterwards extracting them by an incision through the skin, generally about the end of a week. Feeling very much surprised by the facility with which these operations appeared to have been performed, I read with great interest the details of Mr. Square's procedure, and at once perceived the reason of its advantage. Instead of using a small tenotomy knife, he employed one of which the blade was two inches in length ; and, instead of making a limited incision into the synovial membrane, he had cut freely through not only it, but also the neighbouring textures, so as to provide a passage for the cartilage towards the surface, after being extruded from the joint.

Such a mode of proceeding might, at first sight, seem attended with danger ; but when taken into consideration along with the well-known extensive laceration of deep seated parts that occurs in simple dislocations without any bad consequence, it was evidently perfectly safe, so long as no aperture remained in the skin, which could be insured by the blade being so narrow as to produce merely a puncture, certain to heal by the first intention.

Case ii. D. K., aged 62, from Stirling, was admitted on the 25th of last January, complaining of a moveable cartilage in the knee-joint. It was of small size, but extremely troublesome from frequently getting between the articulating surfaces, so as to prevent him from moving a step further until dislodged from the position which it had assumed. He stated that twenty years ago he had injured the joint by falling from a considerable height; but, after a short confinement, had experienced no inconvenience until three months ago, when he again fell from a scaffold, and two days subsequently observed the moveable body.

On the 29th, the cartilage being secured over the head of the tibia, I made a free passage for its escape through the synovial membrane and cellular texture, pressed it through this track, and placed it at a little distance from the external puncture. No bad consequence followed; and on February 3rd, the fourth day after the operation, I removed the cartilage, which was of the size of a field bean, without the slightest difficulty or subsequent inconvenience.

When the safety and facility of this procedure are contrasted with the danger of excision, and the irksome confinement to bed of several weeks duration which is requisite for accomplishing the process by fixture, I think there can be no doubt that the profession are greatly indebted to Mr. Square for perfecting the subcutaneous operation, and rendering it available for all cases of the disease.

Indirect Advertising. There is a growing feeling that the profession itself requires scrutiny into its organisation for the advancement of science and the diffusion of knowledge. It is more than suspected that men, under pretence of communicating information, are carrying on a disguised method of advertising and covertly advocating deceptive practices, and a glance at books and journals seems to justify such a view. Indeed, it appears to be understood that books, and even communications to journals, are often addressed to patients rather than practitioners, and that the object of authors is not so much a laudable effort to acquire character amongst their professional brethren as a desire to attain notoriety before the public. We have lately been dwelling on this subject, and it is not therefore necessary to enter more into particulars now, but in alluding to the causes and sources of quackery so much may not be out of place, especially as we have been catechised by a fastidious correspondent touching the matter. It is not for us to accuse our London contemporaries of harbouring quacks in their columns or affording an asylum to those who compose "original articles" out of materials purloined from others, merely to "keep their names before the public," but we may be permitted to remind them that journalists before now have been accused of such partialities. (*Dublin Med. Press.*)

A Question for the Homœoquacks. "How is it that, when a man gets shaky and queer, the doctors, who ought to know best, always order wine; and, if the case is bad, brandy? Tell me that. If liquor's the *disase*, how can it be the *rimidy?* In my last regiment, where we drank like fishes, we'd an assistant-surgeon from Kerry, a very larned man; and when he'd see a man lying on his bed wake, and pale, and narvous, he'd say, 'Cheer up, me man; we'll give ye something to support the system.' And then the patient might say, 'But I'm so *wake* and *spacheless*.' Then the doctor 'ud ask him, 'D'ye see tadpouls?' and if he said he didn't, he'd get a drink of brandy, and soon be better. But he was sure to be asked, 'D'ye see tadpouls?' and, if he said he did, they'd send for the priest to make his sowl; but he'd get the brandy all the same. Now could a dying man get brandy, if it wasn't for his health? And would it be good for his health, if it was the cause of his *disease?*" (*Blackwood.*)

Lectures

ON

DISEASES OF WOM AND CHILDREN.

DELIVERED AT THE SAMARITAN HOSPITAL,

BY

CHARLES H. F. ROUTH, M.D.,

PHYSICIAN TO THE HOSPITAL.

Lecture I.—Endometritis.

Gentlemen,—English writers on uterine affect seem to admit of division into two schools: first, which attributes most uterine diseases to inflam tion of the substance of the cervix of the ut and its consequences, and this school is best typ in the writings of Dr. Henry Bennet; secon that which attributes these same affections to flammation of the lining of the uterine cer which school is well defended in the works of Tyler Smith.

Thus, in his last French edition, Dr. Ber writes:

> "Je l'ai dit au commencement de cet ouvrage l'inflammation du col de l'utérus et ses suites imm ates, l'induration et l'hypertrophie, constituent une a tion des plus communes, plus fréquentes même, toutes les autres maladies."

And Dr. Tyler Smith, speaking of cervical leu rhœa, adds:

> "I need scarcely say that these changes, under names of inflammation, ulceration, induration, and pertrophy, have of late been treated of as distinct independent affections. It has been sought upon basis to raise a system of uterine pathology, of consi able pretensions. . . . . It is my conviction, notwithsta ing, that in the majority of cases in which morbid sta of the os and cervix are present, *cervical* leucorrhœa, in other words, a morbidly augmented secretion fr the mucous glands of the cervical canal, is the m essential part of the disorder; and that the diseased c ditions of the lower segment of the uterus, which h been made so prominent, are often secondary affectio resulting from the leucorrhœal malady."

The fact is, writers are not agreed either up the order of the development or succession of uter diseases, or on the names to be employed: hence great source of confusion. Take, for instance, following table, in which I have endeavoured classify uterine diseases. (See Table on top of ne column.)

Now, gentlemen, I believe that, in the main, Tyler Smith is right. I hold that very many of uterine diseases we have to treat are secondary aff tions to inflammation of the mucous membrane the uterus, rather than of its parenchyma; or, follow the usual system of nomenclature adopted, *endometritis*, rather than to *metritis*. But I go a st further; and I accuse the entire uterine membra cavity as well as cervix. To restore, therefore, dometritis to its just position in uterine patholog is the principal object of these lectures.

Uterine Diseases.

	Living Women.			Autopsies.		
	Ashwell. In-patnt.	Ashwell. Out-patnt.	Bennet.	West.	Mayer	Aran.
iseases of Mucous Membr.						
atarrh of Uterus	1	2	..	..	..	..
ndometritis	..	..	1	..	13	31
o., with Ulceration of Cervix	..	..	..	3	..	..
o., without Ulceration of Cervix	..	..	7	..	..	..
nduration						
f Cervix	14	21	..	..	..	..
f Parietes, with Ulceration of Os	..	..	..	5	..	..
f Parietes, without Ulceration of Os	..	..	..	3	..	..
nflammation						
f Cervix	21	16	..	..	..	..
o., with Ulceration and Hypertrophy............	..	..	108	..	..	..
o., with Ulceration only ..	..	..	103	..	..	..
o., with Hypertrophy only	..	..	6	..	..	..
enorrhagia.	15	61	4	11	..	..
ll cases of Disease of Women....................	339	845	300	50	261	100

ANATOMY OF THE UTERINE CAVITY.

llow me first, however, as the consideration will
atly facilitate the description and *rationale* of the
nptoms, to allude slightly to some of the anato-
cal peculiarities of the uterine cavity. These
y, and are, probably, known to all of you ; but
l their enumeration, at the risk of repetition,
essential to the clear apprehension of my
aning.

he uterine cavity is twofold. 1. The larger
ity, or that of the cervix, is separated from the
aller by a constriction, which is produced by a
all sphincter muscle. It can contain, in a healthy
te, about a teaspoonful of fluid. The mucous
mbrane itself is full of folds, arranged superiorly
inferiorly upon a central raphe, constituting the
niform arrangement of the cervical canal. The
vical portion of the uterus is very dense, made up
fibrous and cellular tissue, and generally very
cular. The structure of the mucous membrane
the cervix has been well described by Dr. Tyler
ith, in his work on *Leucorrhœa.* Time will only
w me to epitomise on the subject.

he epithelium is *tesselated* or *squamous* over the
as in the vagina ; separated from the subjacent
mbrane by decomposition or maceration, it dis-
ys numerous papillæ or villi, usually single, some-
es divided. Each villus contains a looped blood-
sel, which inosculates freely with its neighbour.
thin the os are the penniform rugæ, superior and
erior, covered with *cylindrical* epithelium. The
i exist as on the os, but are much larger ; two or
ee villi arising from a single stalk, with vessels
anged as in the former case. In addition to
se are several tubular glands and cysts, called
les of Naboth, which secrete large granular
puscles and laminæ of cholesterine. These glands
identical with those found within the cavity of
fundus.

. The second cavity is smaller, capable, in health,
containing only a few drops of fluid. The uterine
y is said to be free from cellular tissue, but very
se, also made up of fibrous and muscular tissue ;
last being, in the unimpregnated state, chiefly distributed in a large posterior band. It is quite as vascular as the cervix, although an opposite statement is often made. But this vascularity is proved by direct injections, and the more important part played by the body of the uterus during pregnancy and menstruation. (Aran, page 393.) The mucous membrane of this cavity is stated by some writers to be purely elementary in character ; but this is an error. The researches of Coste and Robin, published years since, however ignored by some writers, have proved that the mucous membrane of the cavity of the uterus not only is not *elementary,* but is *thicker* here than in any other part of the body. It is thickest at the body, and from three to five times as thick as the mucous membrane of the cervix. At the point of continuation with the cervix, it suddenly becomes thinner. The membrane generally is thicker during menstruation and early pregnancy. It is full of tubular glands and vessels.

It differs from ordinary mucous membranes, particularly in two respects : first, by the absence of cellular tissue between it and the parenchyma of the uterus. At this point it is adherent to it, although, on cutting through an uterus, the line of demarcation of the basement membrane is very evident. The membrane cannot be separated from the uterus by artificial means ; but it is so separated by *natural* means during pregnancy. Gradually, as the ordinary mucous membrane becomes converted into decidua, a new mucous membrane begins to be formed between it and the uterus. This separation first becomes apparent as early as the fourth month, and constitutes the future mucous membrane when labour is over and the casting away of the old membrane or decidua is completed.

The second point of difference is in the abundance of fibro-plastic element within the mucous tissue, which herein almost appears to take the place of the cellular tissue found in ordinary mucous membranes. The epithelium is *cylindrical,* and for the most part *ciliated.*

The glands are tubular, arranged like fingers in a glove, side by side, about three to four *millimètres* long. becoming slightly flexuous towards the uterus. Each gland terminates singly upon the surface, or in company with two or three others in little pits. According to Robin, the Nabothian vesicles are only some of these hypertrophied glands, which have become closed up and full of contents. These glands secrete a whitish mucus, which can occasionally be squeezed out by pressure.

The *vessels* are parallel to the tubular glands, but freely anastomose one with another, and may be seen in congested subjects. Beneath the epithelium, they constitute a network, the meshes of which are arranged polygonally. This network is finer in the uterine cavity than in the cervix. Sometimes the vessels are dilated. Looking at it from the surface, we perceive the tubular openings in the epithelium; yet, if the epithelium has been by any means removed, these tube-openings are not seen.

"But the surface assumes a roughened and flocculent form; and a tomentose, apparently villous condition of the surface, is seen, occasioned by the loosening out and partial detachment of the capillaries, which freely ramify within this membrane." (*Cycl. Med.,* p. 636.)

The Secretion of the Cavity of the Uterus consists of—1. Alkaline plasma, greyish brown, semitransparent, viscous. 2. Ciliated columnar epithelium, a few not ciliated; these are most numerous. 3. Fusiform and nucleated, sometimes nucleolated fibres; these come next in number. 4. Pale transparent ovoid cellules, nucleated or nucleolated, and containing granular matter or pus-globules. 5. Tesselated epithelium-particles, yellowish, containing molecular granules, the *débris* of tubular glands. 6. Blood-corpuscles.

The Secretion of the Cervical Cavity consists of alkaline plasma, like white of egg, usually transparent; cylindrical epithelium, in an altered state; pus-globules; blood-corpuscles; fatty particles. Dr. Tyler Smith speaks of mucous globules. M. Robin denies their existence, stating they are pus-globules.

Secretion of Nabothian Bodies. These are merely, according to Robin, dilated tubes, whose openings have become closed. Dr. Tyler Smith believes them to be distinct glands. Their contents are, according to the latter writer, "a white, pearly, coagulated matter, in which numerous granular corpuscles, mucus-corpuscles, and minute points of oily matter, are found." In some of these cysts, a considerable quantity of cholesterine is also detected by the microscope.

You will now understand from this description how, owing to the sphincter muscle between the cavities, it is possible for inflammation to be limited to either cavity; secondly, how commonly endometritis of the cavity, as compared with that of the cervix, from its close connexion to the uterus, is apt to be associated with metritis; lastly, how great the superincumbent weight of the cavity of the uterus must be when this is inflamed, and how readily it may give rise to anteversion or retroversion.

The Nervous Distribution is of great interest, as explanatory of the variety and localisation of pain felt in endometritis. "The neck or cervix and body of the uterus are supplied by different nerves, which take their origin from different parts. The neck is supplied chiefly from branches of the lateral hypogastric plexus. These branches, reaching the uterus, interlace with branches of the arteries to the parts, and then lose their plexiform character, and supply the neck of the uterus by fine branches." This hypogastric plexus, which extends from the inferior aortic plexus, is situated on the sides of the vagina, and in close connexion inferiorly with the sacral plexus, constituting with it what Dr. Beck calls the pelvic plexus. Inflammation of the neck of the uterus will thus produce pain in and about the pelvis, and especially at the lower extremity of the sacrum.

"The middle part or body of the uterus is supplied by a branch which comes from the inferior aortic plexus, and, running down by the side of the pelvis, receive no communication from the hypogastric plexus, but passes directly to the superior part of the body of the uterus. It divides here, supplying the portion between the insertion of the Fallopian tubes and the terminations of the previous branches." Now, the inferior aortic plexus extends from the root of the inferior mesenteric artery—*i. e.*, in front of the third or fourth lumbar vertebra—to its division in the lateral hypogastric plexus, below the bifurcation of the aorta; *i. e.*, to about the first bone of the sacrum. Pain will therefore, in inflammation of the body of the uterus, be felt at the top of the sacrum, and about two vertebræ higher. Some pain ove hypogastrium, from sympathy, may also be felt.

"The fundus of the uterus, or the portion a the Fallopian tubes, is supplied with nerves seen in the dissection of the gravid uterus) a branch coming to the ovary. This branch t ovary comes directly from the renal plexus w covers the kidney, accompanies the spermatic ar and, when about two inches and a half from gland, separates from the artery, taking a slig different course to reach the middle of this It then divides into four branches, three of whic to the ovary; the fourth goes to the fundus of uterus, and divides again into two branches, w supply the anterior and posterior parts of the dus. (Beck on *Nerves of Uterus.*)

Now, it is important here to notice that the plexus, which is situated about the last dorsal two or three upper lumbar vertebræ, is made u about fifteen branches, twelve of which proceed the great splanchnic or semilunar ganglion, three branches from the ganglion in which lesser splanchnic ends, which assume a plexi arrangement, with smaller ganglia upon them. will then be the chief local pain. Moreover, a splanchnic nerves themselves appear to be made intercostal nerves as well as of branches from thoracic ganglia, it is conceivable how pain in about the upper part of the abdomen and back, even the lower part of the chest, may be indic of irritation of the fundus of the uterus.

I cannot proceed in this inquiry further. much, by way of outline, was necessary to ex some of the symptoms to be alluded to in sequel.

[*To be continued.*]

Medical Journal Literature. Full one-half of rican physicians extend to medical journals no encou ment, and many others patronize, in ignorant prefer foreign journals. (*Phil. Med. Rep.*)

The Ethnological Society. There is worse pany in many respects than a society of ethnolo The information to be obtained from an intelligent p fancier, or the breeder of canine, equine, or bovin rieties may be superior in one sense, that it is base experiment, and can illustrate its conclusions by its ducts or examples. But the Ethnological *savans* h superior field, and they only require an ethnologica nagerie to surpass the interest of those social *s* where Mr. George discourses of his pups and their genitors. If the ethnologist has no yard, stall, s or kennel, to which he can point to verify his cal tions, he is, at least, concerned with the paragon of mals, of which the whole inhabited globe is a mus and some day (such, possibly, is his dream of the fu he anticipates the construction of some grand la tory for experiments on his obscure and refractory sp When that day comes we shall be better qualified t his views on the unity or variety of our race. Whe can turn Mongols into Caucasians, or Red Indians Chinese, by judicious crossing and suitable diet, h have raised ethnology to the same *status* as the pas arts have attained at the Baker Street Bazaar. that day arrives, his discoveries as to the effects of climate, or parentage will not fill the omnibuses or London upside down. But in the meantime he ma content that his speculations are not wasted, and they attract some attention, as here, beyond the s of their utterance. (*The Times.*)

Records
OF
HE LOCK HOSPITAL.

BY

HENRY LEE, Esq., F.R.C.S.,

SURGEON TO THE HOSPITAL.

VI.—The Calomel Vapour-Bath.

[*Continued from page 54.*]

NERAL calomel fumigation may be used in cases ere the administration of mercury by other thods is inadmissible. On account of the small ount of calomel required, it may be used, some- es with the greatest benefit, even where other des of fumigation, requiring larger quantities mercury, cannot be borne. Two remarkable es, illustrating this fact, are at present under my ervation.*

alomel appears, indeed, to have been formerly d for the purposes of general fumigation, as well other preparations of mercury. But it was used he same quantities as those other preparations, l was, therefore, open to some of the same objec- ns as they.

I. Rapou published in Paris, in 1824, two vol- es on Fumigations as employed in various dis- es. The mercurial preparations which he recom- nded were cinnabar, Lalonette's mercurial powder hich consisted of a mixture of mercury and clay), mel, and corrosive sublimate.

he quantity used of the first three, he recom- nded to be from "a quarter to half an ounce each e." The amount of the corrosive sublimate, he s, should not exceed five or six grains.

ven with these very large quantities, M. Rapou only seen salivation produced in three instances, these were of a very short continuance, and ded to the use of ordinary baths. It should, ever, be noted that M. Rapou recommended the curial fumigations to be used with steam, which, said, calmed the system, softened the skin, and not prevent the absorption of the mercury.

ow, all the methods of applying mercurial fumiga- above mentioned required the use of a complicated aratus, which private individuals would not com- d. In order to adapt this method to general use, as necessary so to modify the apparatus that any could use it in his own room; and this has now most effectually accomplished. Mr. Langston ker recommends an apparatus, for the use of which the patient is placed on a chair, and covered with an oil-cloth lined with flannel, which is supported by a proper framework. Under the chair are placed a copper bath containing from half a pint to a pint of water, and a tinned iron plate, on which is put from one to three drachms of the bisulphuret of mercury, or the same quantity of the grey oxide, or the binoxide, or other mercurial preparation; under each of these is a spirit-lamp.

The mode of treatment by this apparatus appears to have been most successful in Mr. Parker's hands. He says, "I never saw the most delicate patient, male or female, whose health was injured under the plan I recommend; and I have very rarely seen a disease that has not been cured. The experience derived from the treatment of many thousand cases warrants me in speaking thus positively on the subject." The apparatus recommended by Mr. Parker is not, however, one which a patient can use at his own house; nor, as far as I know, is a patient enabled to obtain such an apparatus for himself; or to give himself his own bath.

Using the same large quantities of the mercurial preparations as Mr. Pearson and Sir B. Brodie, it is somewhat remarkable that neither M. Rapou nor Mr. Langston Parker have seen any of the injurious effects of this remedy which were recorded by those gentlemen. This may be, perhaps, in a great measure, accounted for by the fact that both M. Rapou and Mr. Parker recommend the bath to be used so as to produce a very considerable amount of perspiration. Any action thus induced is determined to the skin, and the intensity of the specific action is thus preventing from developing itself in any internal part. Another, and perhaps a still more important point is, that, after the bath as employed by Mr. Parker, the body is "rubbed dry." In this process, a very large proportion of the mercury which has been deposited upon the surface is necessarily removed. In the calomel vapour-bath, as I have now used it for several years at the Lock Hospital and elsewhere, fifteen or twenty grains of calomel only are used; but that which is deposited upon the skin is allowed there to remain, and, by a slow process of imbibition, a part of it is probably absorbed into the blood. A continued slight action is thus maintained, and the danger of any violent or sudden effect completely obviated. It may be observed also that, if any very great amount of perspiration be induced, it will tend to remove the mercurial powder from the surface of the skin, and thus diminish the effects which would otherwise be produced.

Several different kinds of apparatus have been made for the purpose of administering calomel fumigation, since its introduction at the Lock Hospital. Mr. Matthews of Portugal Street constructed an apparatus which answered every purpose. It consisted of two spirit lamps, one of which volatilised the calomel, while the other boiled a small quantity of water. The patient sat over these, enveloped in a cloak or large blanket fastened round his neck, and became quickly surrounded by an atmosphere of moist mercurial vapour.

The most convenient calomel vapour-bath, and that which is now generally used, is one which was made at my request by Mr. Blaise, of 67, St. James Street. This was completed, after many experiments and modifications undertaken and di-

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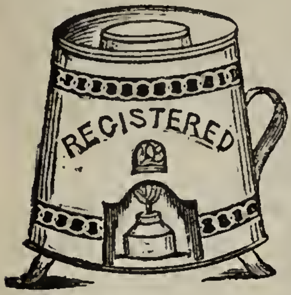
n one case, a patient who had had his throat affected between n and twelve years, and who was unable to swallow even fluids out the greatest inconvenience and distress, was reduced to a degree, that it was feared he would sink. The back of this nt's throat was one mass of phagedenic ulceration. Under the tion of Mr. Davis of Spring Gardens and myself, the calomel gating baths were administered every night; and, at the ex- ion of three weeks, the ulceration had become quite clean, the ot could swallow without any inconvenience, and had gained derably in weight.

the other case, a patient had had his penis "gradually wasted ' by phagedenic ulceration, until the ulcer was on a level with crotum. The disease had gradually progressed. Having or- him a calomel vapour bath every night, I had an opportunity eing him exactly three weeks and two days after he had com- ed their use. The ulceration was at that period all but healed. ously to trying the calomel baths, this patient had been sub- to all the ordinary modes of treatment.

rected by Mr. Pollock, surgeon to St. George's Hospital. In this apparatus, there is only one lamp, which sublimes the calomel and boils the water at the same time. In the centre of the top, immediately over the wick of the lamp, is a small, separate, circular tin plate, upon which the calomel is placed. Around this is a circular depression, which may be one-third filled with boiling water. The apparatus is then placed on the ground, and the lamp is lighted. The patient sits over it, with an American cloth cloak, or a Mackintosh (also sold for the purpose by Mr. Blaise), fastened round his neck. He thus becomes surrounded by calomel vapour, which he is generally directed to inhale for two or three separate minutes during each bath. At the expiration of a quarter of an hour or twenty minutes, the calomel is volatilised, and the water has boiled away. A portion of the calomel is deposited, together with the condensed vapour of the steam, on the patient's body, and is there to be left to undergo a partial absorption. The quantity of spirits of wine used upon each occasion is so regulated, that the lamp goes out of his own accord about the same time as the calomel and the water disappear. The patient then gradually unfastens the cloak, and in about a minute he is sufficiently cool to put his night-dress on without much interfering with the very fine layer of calomel which covers his body. He must be particularly told not to wipe his skin, as by so doing he would necessarily interfere with the action of the medicine.



Of all the modes of administering mercury, fumigation is that which is attended with the least demand upon the patient's constitution. The amount administered in this way can be regulated with the greatest facility; and the action may be maintained without inconvenience for almost any period. On this account, as well as for other reasons, fumigation is, in my opinion, less liable to be followed by the recurrence of secondary symptoms than any other mode of treatment whatever; and of all the methods of mercurial fumigation, that by calomel is the safest and most convenient, if not the most efficacious. The imbibition of the medicine through the skin prevents its injurious action upon internal parts; while the small quantity used, although quite sufficient to produce any amount of action that may be required, insures the patient against any sudden or violent effects.

In this mode of using mercury, the whole of the skin may act as the absorbing surface; and, when requisite, the effect may be still further increased by absorption from the mucous membrane of the nose, mouth, and bronchial tubes.

In secondary syphilitic affections, the surface of the body and the mucous membranes are peculiarly liable to be affected; and the process of fumigation has here this great advantage, that the remedy is applied directly to the diseased parts, and acts immediately upon them. When administered internally, it has, on the contrary, first to be absorbed into the blood, and carried the round of the circulation, perhaps more than once, before it comes into contact with the affected structures. Many old and intractable syphilitic ulcerations yield with surprising rapidity to local calomel fumigation; and there is no reason why the same principle should not be taken adv
tage of in treating the more general forms of
disease.

Calomel alone, without the vapour of water,
be used, especially where the local action of the
dicine alone is required. But, from a series of c
parative trials which were made at the Lock Ho
tal in the early part of the year 1856, it became
dent that, for the purposes of fumigation, it was
visable that a certain amount of the vapour of w
should be present.

In the British Medical Journal for July
and August 14th, 1858, are given tables contai
the particulars of 276 cases treated by calomel
migation, and the time during which the pati
were respectively under treatment. These ta
might easily be continued up to the present ti
but to do so would only be to repeat, without
essential variation, the facts which have already
published.

The conclusions, however, which were arrive
in the year 1858 may now be emphatically repe
after nearly six years additional experience. "
syphilitic poison, in a very great majority of c
produces its principal effect upon the skin. Thr
this organ nature attempts to eliminate the
son; and much importance is attached to a
secretion from the skin, as assisting the a
which nature has already commenced. It
pears, from an extensive trial, that not only i
poison eliminated from the system most effect
in this way, but that the effects of mercury
the patients' constitutions are of a much m
character than under other modes of administ
the remedy. This difference is attributable: 1
the small quantity of mercury which is requ
when used in this way, in order to produce th
quisite effect. 2. To the fact that the imbibiti
the medicine through the skin leaves the dige
organs unirritated and the digestion unimpa
3. To the circumstance that there is somethi
the free secretion from the skin, which the com
tion of steam and calomel produces, that mode
and controls the mercurial action. Out of all
cases which have been treated by calomel fu
tion in the Lock Hospital, only one case of tro
some salivation has occurred, and in this cas
patient had been taking pills internally befo
admission into the hospital." (P. 679.)

Female Nurses. "I have referred, in general t
to the very judicious and skilful hospital treatm
the soldiers, and their extraordinarily careful and
tive nursing. In these respects, in all the regula
established army hospitals, there is but little roo
improvement. The nurses, both male and female,
thoroughly to understand their business; and th
generally, no lack of jellies, cocoa, arrowroot, le
juice, dried fruits, and other delicacies. Notwiths
ing the objections I have seen raised against f
nurses in our army hospitals, it is only necessary
how, like angels of mercy, they are regarded by the
sick soldier; and how their soft, kind, and gentle
trations carry comfort to his heart and consolation
spirit,—to be satisfied that their services cannot w
dispensed with." (*Corresp. Amer. Med. Times.*)

Royal College of Physicians. The Gulst
Lectures this year will be delivered by Dr. Pav
Croonian Lectures by Dr. R. Lee; and the Lu
Lectures by Dr. C. J. B. Williams.

Original Communications.

SE OF OBSTRUCTION OF THE BOWELS: RECOVERY: REMARKS.

W. NEWMAN, M.D.Lond., of Fulbeck, Grantham.

., aged 26, agricultural labourer, had been employed the last few weeks in cleaning drains, etc. He was subject of most severe illness seven or eight years The prominent features were most acute abdo- al pain, with continual sickness and absolute consti- on. The bowels did not act for seven days; and, rding to his mother's account, who was in attend- , "his motions came up by his mouth" for several . The attack ended by profuse diarrhœa; but the minal pain did not cease entirely for some weeks.

had occasion to see him in several returns of a h slighter kind—pain in the abdomen, with consti- on, followed usually by profuse purging.

ct. 13th. He was seized with dull pain in the ab- en at 6 P.M. The bowels acted slightly after it came He had been in good health prior to this seizure. bowels had acted on the 11th, and, he believed, on 12th also. He had a walk of six miles to his own e after the accession of pain.

ct. 14th, 2 A.M. A messenger came over, and my stant saw him. He was in very great pain, and stantly sick, throwing up food mixed with biliary ter. There was pain in the abdomen, not relieved pressure. Pulse 80. The skin was hot; he was sty. A turpentine fomentation was applied to the omen; and calomel with opium was given.

A.M. He was much in the same state. The sick- was constant; dark greenish bile was thrown up, that in some quantity. He was ordered to take a n of opium every two hours.

P.M. He was in the same state. The abdomen was e full on the right than on the left side, and dull on ussion on the right side to the middle line. The ness was unrelieved; the bowels had not acted. He ed about the bed when the pain came on.

ct. 15th, 5 P.M. I was called up with a message he was much worse. There was no great change is condition. The sickness was constant; even a water taken into the stomach excited vomiting. ejecta were now yellowish, mixed sometimes with e or less of green bile. Examination by the rectum e out that no fæcal accumulation existed in that ion of the gut. I introduced an O'Beirne's tube t or nine inches at least, and injected more than four s of thin gruel, with an ounce of turpentine. The le was returned, with a large quantity of fæcal ter, brown and healthy, not particularly hard, nor in alous masses. He expressed himself as somewhat ved. He was ordered to have two drops of croton mmediately.

P.M. Another large injection was administered. or three hard masses came away. No relief re- ed. The pain was at times very intense. He was red to have two grains of powdered opium immedi- y.

P.M. He was in much the same state. The face very anxious; there had been no relief from the els. The pain was colicky and intermittent; when curred, there was a good deal of abdominal move- t, more towards the left side than the right. The gling of fluid was audible at some distance from the . Percussion could barely be tolerated. The dul- over the ascending colon, etc., had been replaced resonance. Perhaps the most painful point was a to the left and below the umbilicus. Offensive flatus was expelled from the mouth; and the ejecta, not much deeper in colour than the material thrown up on the previous day, had a positively offensive and fæcal odour.

10 P.M. He said he was a little easier. Pulse 100; face very anxious; pupils not contracted. There had been no more evacuation. A galvanic current from Kemp's machine was passed through the abdomen, with no further result than that of inducing violent contractions of the abdominal muscles and increasing the peristaltic action of the intestines (the gurgling of fluid was distinctly audible). A copious injection was again given by an O'Beirne's tube, and the expulsion hastened by the reapplication of the galvanic poles. A few small scybala were expelled. No relief followed. Two grains of opium were ordered to be taken immediately, and a grain every two hours.

Oct. 16th. The matters vomited had a stercoraceous odour, and were somewhat darker in colour. He complained very much of pain. Pulse 100; face very anxious.

11 A.M. Mr. Eaton saw him with me. Another copious injection was administered by the flexible tube; but not a tinge of fæcal matter was present when this was returned.

11 P.M. He was even in more pain to night. He had had a double dose of opium, to relieve the excessive pain. The pupils were contracted; face very anxious; pulse 120. A grain of opium was ordered to be repeated when the pain was urgent; and a suppository with three grains of opium was administered.

Oct. 17th. A dose of castor oil, given against orders by the friends, had been rejected. There was no improvement. The abdomen was more swollen, and almost everywhere tympanitic; even slight tapping gave rise to pain. The opiate pills were sometimes rejected. I determined to change the mode of giving the opiate, and so ordered a suppository containing a grain of hydrochlorate of morphia to be applied immediately; and an enema of four ounces of beef-tea or gruel, with half a grain of hydrochlorate of morphia, to be administered every six hours.

Oct. 18th. He slept even heavily last night, and this almost for the first time since the commencement of his illness. He had been relieved since the enemata were commenced. He said that *flatus had passed per anum two or three times.* I administered chloroform, not quite to full anæsthesia; then manipulated the abdomen, to try if any hardness or mass could be detected. The hand sank deep into the pelvis; but nothing could be felt, save, perhaps, a sensation of indefinite resistance to the left of, and a little below, the umbilicus. The morphia injection was continued.

8 P.M. The sickness had possibly not been quite so frequent to-day. The matters thrown up were fœtid and stercoraceous.

Oct. 19th. He had been not so comfortable in the night. The pain was more severe, twisting and wringing in character, principally about the umbilicus. He had been violently sick; once in particular, and then a large quantity, of the usual stercoraceous character, was thrown up. Pulse 100, or more. He was very feverish at times, but was not in so much pain now; and the abdomen, though full and tumid, could be pressed gently with hardly any uneasiness. *Some flatus passed again per anum.* Urine passed, high coloured, but in fair quantity. The morphia injection, etc., were repeated.

Oct. 20th. He was much in the same condition. The face was very anxious; pulse 110. He complained of severe pain. The rolling movement was still very evident. The sickness was much as usual. He begged most earnestly for some relief; he would submit to any operation or "cutting", if there were a hope of his getting well thereby. He was said to have passed in the night a tablespoonful or more of "what smelt and looked like motions"; but this had not been kept for inspection.

Oct. 21st. He was no better. He complained of being much weaker. He had been losing flesh the last few days, evidently. Pulse 120, without much power. The abdomen was swollen and tender. The urine was high coloured; not so much had been passed the last two days. The sickness was just the same; large quantities of fluid, with stinking flatus, gurgled up into the mouth. Flatus was passed *per anum* in the night; and this morning, while I was in the house, he discharged, while passing urine, about an ounce or a little more of "semifluid, healthy, brownish fæcal matter, normal in smell and appearance, tinging linen with the usual stain". He complained very much of pain; said he could not wear it out many days more. The morphia injection was continued.

Oct. 22nd. There was no change; he was perhaps not in such constant pain. Pulse 120; face very anxious. The question of gastrotomy was carefully considered, and ultimately deferred for another day or two.

Oct. 23rd. He had not a good night; sick as usual; face not so anxious. Pulse 120, feeble. At 9 A.M., he had the sensation (so he said) of some rush of fluid in the intestine, and presently passed *per anum*, six or eight ounces of yellowish fæcal matter. The abdomen was more easy.

Oct. 24th. The bowels acted once again on the 23rd; then two or three times this morning. The pain was almost gone, except on movement.

Oct. 25th. He was going on well. The bowels acted three or four times.

Oct. 26th. The bowels acted; the motions were natural.

The convalescence was tedious; and interrupted by dyspepsia and irregular action of bowels.

Dec. 9th. He to-day resumed his usual work.

REMARKS. I think there can be not much doubt that the seat of distension was in the small intestine; more than this, even, that an extramural band was very probably the efficient cause. I would base my opinion on these reasons:—

1. The frequent repetition of large injections until no tinge of colour from fæcal matter was present when they were retained *per anum*.
2. Resonance on percussion in the whole course of the large intestine.
3. Diminished secretion of urine.
4. Distension just evident on the left side of the abdomen, about the umbilicus; pain present at this spot also in the first place, and radiating thence over the abdomen; dulness and increase of resistance (the latter slight also in this situation).
5. The existence of prior disease (seven or eight years previously) competent to the production of a constricting band.

In almost every particular, this case answers to the description given by Mr. Gay, in his paper on Intestinal Obstruction by Bands, noticed in the JOURNAL of April 13, 1861; and the question of abdominal section seriously canvassed on more than one occasion, was, therefore, I believe, thoroughly legitimate; the relief by nature's action might have been hoped for, but could not be expected.

This difficulty at once presents itself, however. Supposing the obstruction to have existed in the small intestine, whence the fœtid odour and the fæcal appearance of the ejecta? A somewhat similar case to the above is reported by Dr. Copeman in the BRITISH MEDICAL JOURNAL, Dec. 1, 1860. Three *post mortem* examinations showed strangulation of the ileum by a fibrous band; and fœtid eructations and vomiting of fæcal matters had been noted for several days.

Is it too much to suppose that in a state of disease and abnormal irritation, the small intestine may, by its
solitary or other glands, eliminate the fæcal eleme
an office discharged under normal conditions by
lower portion of the bowels?

A few words with regard to the bearing of a cas
the kind on the *questio vexata* of the source of
colouring matter of the fæces.

There can be, I think, no question that the s
quantities of fæcal matter discharged *per anum* on
eighth and ninth days were simply from the colon;
the normal secretion of the mucous membrane of
part, induced by, and partially mixed with, the u
sorbed portions of the nutritious injections. Note,
that no flatus was passed *per anum* until the day
these frequent injections were commenced; and that
expulsion of flatus, and of these small quantities of
brown fæcal matter, did not bring with it any relie
the patient's sufferings. Again, when the bowels c
menced to act freely (on the eleventh day), the mot
were as opposite as possible to the brown and scanty
charge on the two preceding days—yellowish in col
and not possessing so intensely an offensive f
odour.

If, then, the view of the small intestine being
seat of the obstruction be correct, this case prove
far as a single case can (for no one swallow mak
summer), that: The dark brown colour of the fæc
furnished by the colon; the stimulus of the bile is
necessary to the production of this colouring m
from the mucous membrane of the colon; the mor
treatment cannot but be considered as satisfactory.

RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the No
and Norwich Hospital.

[*Continued from p.* 35.]

CASE VIII. *Labour Connected with Supposed Rup*
of the Vagina into the Rectum. Mrs. D., aged 22
labour with her first child, summoned me on March
1860. Her pains commenced on Wednesday, Feb. 2
and her surgeon was in attendance several times
Thursday and Friday; on the latter day the liquor a
escaped, and the head came down almost to the
neum; in the afternoon, however, her pains al
ceased, and Mr. —— left her for a little while u
the firm impression that he should soon be again s
moned, and that the labour would be quickly over;
to his astonishment, no message came during the n
the pains having been very slight, although frequent.
visiting her on Saturday morning, the 3rd, he found
very feeble and exhausted, with the child's head in
same position as on the evening before, down close
the perineum; and, when he made the examinatio
large quantity of liquid fæces (?) escaped from the
gina, of a greenish brown colour and strong fæcal s
He could not discover any opening within reach of
finger, but thought that a communication must
been formed between the vagina and rectum by
long continued pressure of the head. He also felt
importance of immediate delivery, and requested m
sistance. I found the head occupying the outlet of
pelvis, ready to be born, but her pains had ceased;
during my examination, a quantity of the same
of fluid escaped from the vagina by the side of my fing
of the exact colour and smell of healthy liquid fæces
could detect no opening within reach of the finger,
soon delivered her with the vectis, without any rupt
of the perineum. The child was living and healthy;
head, but not its body, being covered with the same k
of matter as that which escaped before birth. I t
again carefully examined the vagina and rectum,
could nowhere detect any communication between the
neither did any blood get into the rectum, although

ina was full of clots and liquid-blood, some of which
st have escaped into the rectum, one would think,
ing the time I was examining the septum with a
ger in each passage, if there had been an opening be-
en them. No more of the suspicious fluid escaped
r the child was born, but the placenta was adherent
he fundus uteri, requiring artificial removal; and on
mining it afterwards, the fœtal surface of the am-
n was thickened, hardened, and deeply stained of
same greenish brown colour as the fluid before
cribed. But the liquor amnii, which escaped when
membranes broke, was said to have been of a na-
al colour and consistence; and the circumstances
ve narrated involved a mystery to be unfolded only
the future observation of the case. We left the
ther quite comfortable, with a good pulse and firmly
tracted uterus, although she lost a good deal before
placenta was extracted. I called two or three days
rwards, and found all going on perfectly well: there
no communication between the vagina and rectum,
bowels had been well relieved, and it was clear that
peculiar fluid which had excited so much appre-
sion lest the rectum should have been its source,
ceeded from disease of the placenta itself, secreted
that portion of the amnion which was found altered
tructure and discoloured, and perhaps deriving its
al odour from some fæcal matter escaping from the
el during labour-pains. The appearances were cer-
nly very deceptive, and could scarcely fail to excite
apprehension that some untoward lesion had oc-
red. The patient made a very good recovery.

ASE IX. *Case of Impaction with Ruptured Perineum.*
s. B. was taken in labour with her first child, at 3 A.M.
November the 12th, 1857. She was in good health,
at full period. Mr. —— was summoned at about 6
., when he found the os uteri but little dilated, and
vagina hot and unyielding. Her pains were fre-
nt, but not severe, and no liquor amnii had escaped.
did not think it right to leave, and in about eleven
welve hours the head cleared the os uteri, but the
ineum remained dry and unyielding; no liquor amnii
escaped; no membranes could be felt, and the head
ame firmly fixed in the pelvis, seeming too large for
parts through which it had to pass. This state of
ngs continued until 11 P.M., when he requested my
istance. Shortly before sending for me, Mr. ——
assured that instrumental aid would be required, and
attempted to apply the forceps, but the os externum
red so much difficulty to the entrance of even one
de that he found them inapplicable, and discontinued
attempt, hoping that I might succeed better with
vectis. I found her in strong labour; pains fre-
nt but not of long duration, during each of which
inhaled chloroform. The head was in the pelvis,
h every advantage which good position could afford,
quite wedged in, and her surgeon told me it was just
same as it had been for several hours. The vagina
hot, dry, and tender, the os externum small; the
d appeared to be uncovered, but no quantity of liquor
nii had escaped; the perineum was thick, and the
d made scarcely any pressure upon it as a whole,
nough a small *caput succedaneum* protruded a little
through the os externum; the pelvis was shallow—
ficiently roomy at the inlet—but narrow in the arch
he pubes. Pulse about 100. The patient was cour-
ous and not much exhausted, but getting restless,
anxious to be delivered. Had passed no urine since
e in the morning, and about a pint was now drawn off by
catheter. I felt very unwilling to resort to instru-
ntal aid, although I could see there was but little
nce of doing without it; but the state of the parts
so unfavourable that we agreed to wait an hour for
progress of events. We were, however, summoned
in before that time, and strongly urged to do some-
ng to relieve; and finding the head exactly in *statu quo*, and all other matters worse, Mr. —— urged me to apply the vectis and endeavour to advance the labour. There was scarcely room to introduce the blade through the os externum; but I applied it well to the head, determining to do no more than draw upon it gently during the pains, so as to increase their effect. By these means I succeeded in bringing the head well down upon the perineum; still there was no dilatation, or very little, of the os externum; and before long there was so much pressure upon the anal portion of the perineum during pains, that I believe, if left to itself, the head would have forced its way through the perineum, between the fourchette and the rectum, the tension upon the latter being so great that blood escaped freely from the hæmorrohidal vessels. Indeed, it soon became apparent that nothing could save the perineum from rupture or sloughing; and, although the vectis remained *in situ*, no further traction was made with it. Presently the occiput passed out under the pubes, and at the same moment the perineum gave way as far as, though not into, the rectum, in spite of all our efforts to protect it. The rest of the labour was without difficulty, and a living male child was born at about 3.15 A.M. on the 13th. An opiate was given, and we left the patient tolerably comfortable, although not without great apprehension in our minds as to the condition of the soft parts, lest sloughing should ensue. I may mention that scarcely any liquor amnii escaped after the head was born, and there seemed to have been a very small quantity secreted. Next day, the patient was going on remarkably well, and I did not see her again; but I was informed by her surgeon that a good deal of inflammation and swelling took place afterwards, and that the lacerations of the perineum and posterior wall of the vagina occupied several weeks in healing. The catheter was required for some days after delivery, but by careful management and attention, she eventually recovered.

On June 21st, 1861, I was summoned again to this lady, now in her second labour. Her surgeon had been in attendance many hours, and the head was firmly impacted as before, not advancing at all, in spite of very strong and frequent pains. In addition to this difficulty, there were several bands in the vagina, preventing its proper dilatation; and they were so strong, that it was evident some fresh rupture must occur before the child could be born. They were the result of the lacerations which occurred at her former labour; and it was a question whether or not they ought to be divided with the knife. This, however, was not done; and as delivery became more and more urgent, I was requested to apply the vectis; and found directly that, by means of this instrument, I could act efficiently upon the child's head. At the same time, it was certain that the perineum and vaginal bands must unavoidably give way; and accordingly, at the moment of the birth of the head, the perineum was rent, not only up to, but into the rectum, although especial care was taken to prevent the accident. It occurred in a moment; it was believed beforehand to be unavoidable; and my firm belief is that no management whatever could have prevented it. I am inclined to think, however, that if the perineum had been divided to a small extent by incision on each side, the rupture into the rectum would have been saved, and that it would have been good practice to have done so. The rest of the labour went on well; and we took the precaution of sewing up the perineal rent with two interrupted sutures. A good deal of swelling occurred in the parts for some days, and it was difficult to keep the sides of the wound in level apposition; but the great care and attention paid her by her surgeon met with the reward of success; and I hear she now suffers no inconvenience from the accident, which might so easily have been followed by the most distressing and miserable consequences.

[*To be continued.*]

Progress of Medical Science.

Syphilitic Choroiditis. In a paper on the opthalmoscopic appearances in syphilitic choroiditis, Dr. Galenzowski, *chef de clinique* under M. Desmarres, gives the following conclusions: 1. One of the most frequent forms of syphilitic amaurosis is choroiditis, followed by disorder of the retina. 2. This disease presents three different phases or periods. In the first, the vitreous body is clouded; and there are exudations around and infiltrations into the papilla of the optic nerve, which consequently appears veiled, like the moon when seen through a thick mist. In the second period, the vitreous body is more opaque; it is rarely that patches resembling spiders' webs are seen in it. The optic papilla remains infiltrated, its *contour* appears diffused, and the surrounding parts of the retina are opaque. The other parts of the retina retain their normal transparency during the second and third periods. The vessels of the optic nerve and retina diminish in volume; the periphery of the choroid becomes covered with numerous round, white, greyish patches of exudation, which give the appearance of a white eruption at the bottom of the eye. In the third period, the vitreous body regains its normal transparency; the optic papilla becomes free from exudations; the circulation in the vessels of the retina becomes more free, and sight is reestablished, but with diminution of the circumference of the field of vision. Or rather (which happens most frequently), the papilla is atrophied, the vessels are diminished in size, and there are produced pigmentary infiltrations at the circumference of the retina. 3. Syphilitic choroiditis generally appears immediately with the commencement of secondary symptoms; sometimes, however, at a later period. 4. It is generally developed without iritis. 5. The disease appears as frequently in one eye alone as in both at the same time. When one eye alone is affected, the disease may be prevented from attacking the other, especially if antisyphilitic treatment be employed. Sometimes the disease, having first attacked one eye, subsequently involves the other. 6. Syphilitic iritis sometimes appears in an eye with or without choroiditis, and immediately choroiditis, without iritis, appears in the other eye. 7. The progress of the disease is generally very slow; it occupies months in its development, and presents periodical ameliorations, often followed by aggravation, and even complete loss of sight. 8. The prognosis is very unfavourable; the disease is irregular and uncertain in its course, and it can rarely be completely cured. Most frequently, sight is only partially regained; and in many cases atrophy of the optic nerve, with amaurosis, are the result. 9. The differential diagnosis has to be made from flocculent bodies in the vitreous humour, exudative retinitis, and acute œdema of the optic papilla. *a.* If the pupil be not sufficiently large, flocculent bodies in the vitreous humour may escape notice, while they give to the optic papilla a veiled appearance; but their presence may readily be ascertained by dilating the pupil. In these cases of syphilitic choroiditis in which the flocculent appearance is present, the other symptoms described as existing in the choroid and papilla will afford sufficient ground for diagnosis. *b.* In congestion, and implications of the papilla and retina, the papilla appears opaque, and its *contour* is indistinct. But, on attentive examination, the disturbance is found to be confined to the papilla and the central part of the retina; the periphery of the retina retains its normal transparency. Again, in retinitis, the vessels appear increased in number, and the central ones are dilated; while, in choroiditis, the vessels are diminished in size, and there is general cloudiness of the retina. In choroiditis, too, there is general opa
of the vitreous body, so that all parts of the retina
pear as if seen through a mist; while, in retinitis,
vitreous body remains perfectly transparent. *c.*
acute œdema of the optic papilla, accompanying cere
disease, there is also exudation around the papilla,
dering its *contour* very diffused. But, with a little
tention, it will be found that the exudation is seate
the retina; that it is white and thick, and covers
retinal vessels. On the other hand, the vitreous
is not opaque, and the choroid is everywhere nor
The diagnosis is rendered more easy by the circ
stance that acute œdema appears suddenly, while sy
litic choroiditis is developed very slowly. 10. The tr
ment of syphilitic choroiditis resembles that of sy
litic iritis, but must be more energetic. It consists
M. Desmarres' practice) of bloodletting (generally f
the temples), purgatives, mercurial frictions around
orbit, the application of atropine and corrosive su
mate, and the administration of iodine. (*Gazette*
Hôpitaux, 14th Jan. 1862.)

Muscular Atrophy following Acute Diseases.
the end of a long paper on this subject, M. Gubler g
the following summary of his views. 1. Amyotrop
or muscular atrophy, ought to be ranged among
direct consequences of acute diseases, inasmuch a
appears independently of any previous paralysis aris
from lesion of the nervous system. 2. In one case
served, it appeared during the course of a febrile af
tion; but it seems to be rather a symptom attending
period of decline of the disease, or convalescence.
The impaired nutrition of the muscular tissue is so
times confined to certain regions; sometimes it atta
most of the muscles of the body. It may then be
tial or general, local or diffused. 4. The course of c
secutive general muscular atrophy is probably in gen
rapid and acute, as was observed in a case related by
Gubler. 5. But while, as in this case, as probably
most others of the kind, the affection is transient, i
M. Gubler believes, exceptionally chronic and obsti
to treatment; thus simulating what is ordinarily kn
as progressive muscular atrophy. 6. It is not dem
strated that atrophy and dystrophy are not preceded
accompanied by a modification of the molecular st
ture of the affected muscles, with disturbance of t
function; but, admitting in the first case a diminu
in the volume, if not in the number, of contractile fib
we may suppose in the second, as in the affection
scribed by Aran and Cruveilhier, that there is fatty
generation or some other important alteration of
muscular structure. 7. Sometimes the muscular les
manifested by emaciation, becomes so great that the
sult is a loss of motor power equal to that which is
with in ordinary paralysis from nervous lesions, and
serving the name of amyotrophic paralysis. 8. In
case carefully studied, the amyotrophic paralysis
coincident with a continuous and abundant discharg
albumen with the urine; the two phenomena procee
together with such regularity that they must be s
posed to have been physiologically connected. M. G
ler proposes to designate the albuminuria occurr
under such a condition as colliquative or consumpt
9. Amyotrophic paralysis, consecutive on acute disea
may be clinically distinguished from chronic progress
muscular atrophy, as well as from paralysis of nerv
origin, to which, at first sight, it presents a great rese
blance. 10. The prognosis necessarily varies accord
to the form of the affection; but, if we may judge fr
the silence of authors on the subject of muscular at
phy following acute diseases, we may hope to see
most frequently ending in recovery. 11. The fortun
result may be promoted by the use of a nutritious
and of stimulant and tonic remedies; at the head
which hydrotherapeia may perhaps be placed. T

nic form of the disease will demand the treatment
al in progressive muscular atrophy, independently of
occurrence of an acute disease; especially the pro-
y managed application of electric currents. (*Gazette
licale de Paris*, 28 Decembre, 1861.)

RECTILE TUMOURS IN MUSCLE. M. Demarquay de-
bes the case of Madame X., aged 28, who consulted
on account of a tumour at the bend of the elbow.
as situated between the tendon of the biceps and
projection formed by the supinator longus ; it raised
skin slightly, and was felt to be circumscribed, some-
t flat, hard, not nodulated, and as large as a hazel-
. It was not adherent to the skin ; but, in whatever
ction moved, appeared fixed to the deeper parts.
mination of the tumour produced pain. The pa-
t felt very great pains, at first local, but subsequently
nding to the external part of the fore-arm ; they
e very severe at the lower third, and in the wrist;
radiated also over the back of the thumb and fore-
er; at at a later period, the middle and ring fingers
ame painful. There was a sensation of weight in
arm; the elbow, fore-arm, and hand, were cold to
touch, and the hand was covered with a profuse
at. The power of the limb was impaired; the tac-
sensibility was dull, and the patient could not retain
l of any object, whether heavy or light. The fore-
was generally bent towards the trunk in a supine
ition, and could not be completely extended. The
eral health of the patient was good, although she
subject to sleeplessness. The tumour had been
perceived nine years previously, during her first
gnancy. It had not increased in size; but the pain,
irst recurring only at long intervals, had for two
s become constant, undergoing exacerbations during
day. All medicinal means being found ineffectual,
as determined to remove the tumour.

he patient being seated on a chair, an oblique inci-
, two inches and three-fourths in length, passing
the tumour, was made from without inwards
ugh the skin and subcutaneous tissue; the median
ilic vein was wounded, and was tied. The tumour,
ch was situated in the substance of the supinator lon-
, was carefully isolated ; and M. Demarquay raised
y means of a cannulated sound, while it remained
ched at its two extremities. A ligature having been
ed round the lower extremity of the tumour, to
ate it from its vascular connections, it was removed
means of curved scissors. Diachylon plaster and
ple dressing were applied; and in a few days, re-
ery was complete. The tumour was of the size of a
el-nut, round, without nodules, and surrounded by a
ous sheath; on section, it resembled the corpus
ernosum of the penis, being formed of cells full of
od, and with walls consisting of fibrous tissue.

I. Demarquay thinks it remarkable that, considering
vascularity of the muscular tissue, erectile tumours
e not been more frequently described by surgeons as
urring in it. Cases, of which he gives outlines, have
n related by Cruveilhier (*Anat. pathol.*, pl. 5, xxx liv.,
tome iii, p. 880 *et seq.*) ; by Maisonneuve (*Société
Chir.*, tome i, p. 585) ; by Denonvillier; by Béraud ;
by Nélaton.

ll these erectile tumours, says M. Demarquay, ap-
r to have been developed primarily in the mus-
; but sometimes the muscular tissue is secondarily
cted. Thus, Dupuytren (*Leçons de Clinique Chirur-
ale*, tome iii, p. 211) relates the case of an erectile
nour in the lip of a child, aged 8 years, which pene-
ted into the muscular substance. It is also probable
t erectile tumours of the eyelids sometimes invade
orbicularis muscle. Hence, erectile tumours may be
ided into those which originate in the muscles, and
se which, arising in the subcutaneous cellular tissue,
ack the muscular structure secondarily. But a more
important division is founded on the invasive properties of the tumours. They may be divided into two categories, according as a cyst is absent or present; in one, they are endued with an unlimited power of spreading; the other, they do not pass beyond their original limits. The tumour in the case described belongs to the latter category; while the former is represented by a case in which M. Demarquay found all the flexor muscles of the fore-arm, both superficial and deep, transformed into an erectile tissue. The circumscribed tumour, while remaining encysted, may yet increase greatly in size.

Erectile muscular tumours may be confounded with cold abscesses, with hydatid, syphilitic, fibrous, or carcinomatous tumours, and especially with swellings developed in the vicinity of muscles, such as lipoma. M. Maisonneuve, in proceeding to the removal of an erectile tumour seated among the deep muscles of the neck, believed that he had to deal with a lipoma seated under the trapezius. In M. Demarquay's case, also, the severe pain, radiating over the course of the radial nerve and presenting exacerbations, as in neuralgia, and the situation of the tumour, led him to believe that the case was one of neuroma developed in the superficial branch of the radial nerve. When an erectile tumour is present in any other part of the body, or rather when the veins of the affected part present a certain degree of dilatation, it would perhaps be right to suspect the presence of an erectile tumour; but, apart from this, the diagnosis is impossible, at least in the case of circumscribed tumours, which will therefore still give rise to mistakes.

When the tumour is small and well limited, the prognosis is favourable, for the patient may be easily relieved by an operation; but it is otherwise in the case of erectile tumours which have a tendency to constantly spread, especially if several be present in the muscles of a limb, as in the instances observed by M. Cruveilhier.

The only treatment proper for circumscribed erectile tumours of muscles is excision; care being taken to tie the vessels which enter the tumour. The non-circumscribed tumours are generally beyond the reach of art, by reason of their size and number; moreover, they are frequently coincident with a varicose state of the veins of the limb, which is the more important disease. (*L'Union Médicale*, 26 Dec. 1861.)

CONGENITAL UMBILICAL HERNIA COMPLICATED WITH PRETERNATURAL ANUS. M. Billi gives a case in which an eight months fœtus was born with a large umbilical hernia. At the upper part, and towards the left side, was an oval opening, the greatest diameter of which was one *centimètre;* its edges were smooth, and it was partially covered by a reddish membrane, not tender to the touch. On pressure, meconium escaped from the opening. Attempts at reduction produced vomiting; they were therefore abandoned, and the tumour was covered with compresses soaked in almond oil. The child died at the end of four days. On *post mortem* examination, the anus was found to be perfectly permeable. The tumour consisted of almost the whole of the ileum, the cæcum, and a small portion of the colon; its walls were formed of the peritoneum and amnion united. The preternatural anus was at the lower third of the ileum; its edges were formed of the walls of the intestine and of the membranes constituting the sac of the hernia. The whole intestinal canal was permeable. (*Annali Universali di Medicina*, and *Presse Méd. Belge*, 12th Jan., 1862.)

SUCCESSFUL APPLICATION OF WATER-TREATMENT IN A CASE OF ANASARCA AND ALBUMINURIA. A man, aged 29, was admitted into the Charité Hospital in Paris, under M. Beau, with general anasarca and albuminuria, which had followed sleeping in a room with an open window at a time when he was profusely perspiring, after a hard day's work. Drastics and sudorifics, including vapour-baths, were tried in vain. The wet sheet was then applied for eight days in succession. After the first application, there was no appreciable change; but the patient said that he felt better. During the second application, the skin became warmer than before; having been dry, it was covered now with a slight moisture, which spread over the entire surface; and, in the succeeding night, the patient perspired copiously during sleep. From this time, the function of the skin was reestablished; the anasarca gradually diminished; the swelling of the face disappeared; the limbs regained by little and little their normal form; and, at the end of ten days, there was only some œdema of the lower limbs. At this time, the urine was paler than it had been at the admission of the patient, but it still contained an abundance of albumen; this, however, steadily diminished, until a very slight trace only remained. (*Gazette des Hôpitaux*, 7 Decembre, 1861.)

Modifications in Temperature produced by Arterial Obstruction, used as a Means of Diagnosis. A man was recently admitted into hospital under M. Broca, with gangrene depending on obliteration of the femoral artery. There was a diminution of from 2 to 5½° Fahr. in the temperature of the affected leg. At the bend of the groin, the temperature on both sides was equal; at the inner and lower part of the thigh, it was more than 3½° higher on the diseased than on the healthy side. M. Broca at once diagnosed that the femoral artery was permeable from Poupart's ligament to the origin of the profunda; but that beyond this point it was obliterated. The diagnosis was confirmed by *post mortem* examination. From the point of origin of the profunda, the femoral artery was obliterated through all its extent; as were also the popliteal and its three principal divisions. The clot was more dense and colourless in the upper part of the femoral artery than elsewhere; and the calibre of the artery was here much narrowed, which led to the conclusion that this part of the clot was first formed. (*L'Union Médicale*, Decembre 16, 1861.)

A New Mode of Producing Anæsthesia. M. Fournié has addressed to the Academy of Sciences a note on a new method of procuring anæsthesia, which he terms chloracetisation, and the success of which, he says, he has verified by numerous experiments on himself, on patients, and on animals. If, in a room of which the temperature is not below 62° Fahr., there be closely applied over the sound skin the orifice of a flask of thin glass, one-fourth filled with crystallisable acetic acid, and having on it also the same quantity of chloroform, and if the flask be kept at the temperature of the hand, complete insensibility, extending even deeper than the skin, will be produced in five minutes, with very slight inconvenience. The mixed vapours of acetic acid and chloroform, applied by means of a glass vessel, and limited in their action by means of a piece of diachylon plaster spread over the part, may be employed in all cases of minor surgery where the skin is principally concerned; as well as in some more important operations, and generally where the production of anæsthesia by inhalation is contraindicated, or is dreaded by the patient. M. Fournié believes his method to possess the advantages of safety, ease of application, economy, simplicity, and general applicability. (*Gaz. des Hôpitaux*, 17 Dec. 1861.)

Termination of Nerves in Muscles. M. Kühne says that, by employing proper means of rendering the tissues transparent, he has been enabled to trace the primitive nervous fibre into the muscular tissue, and to ascertain its mode of termination. When a motor nerve-fibre reaches a muscle, it is composed of three elements: the axis-cylinder, the medullary substance, and the membranous sheath. The nerve-fibre, on ente among the muscular fibres, divides dichotomously i its portions—the medullary and covering portions ways accompanying the axis-cylinder; until from fif to twenty filaments may be furnished from one fi When one of these filaments has come into contact a muscular fibre, the envelope of the nerve beco united with the envelope of the muscular fibre. medullary substance penetrates no further; but axis-cylinder pierces the sarcolemma, and is prolo along the muscular tube to the middle of the contra substance, where it ends in a series of bodies like nu which appear to be nervous organs of a special na M. Kühne has found this mode of termination of nerves in the striated muscles to be constant in the tire animal kingdom. (*Gazette Médicale de Paris* Dec., 1861.)

Larvæ of Common Meat-fly within the Eye A little girl, aged 9 years, who had been accustome sleep with her father, a widower, in a stable, brought to Dr. Rittmann. Two or three weeks viously, a fly had stung her in the eye while she sleeping. On superficial examination, the right ey appeared swollen and charged with extravasated bl With great difficulty, in consequence of the struggl the patient, Dr. Rittmann opened the eyelids, so obtain a rapid glance, which showed him that the junctiva was healthy. He also saw two yellowish w bodies, of the size of hemp-seeds, lying symmetri together at the inner angle of the eye, and having spots in their centre; their position corresponded cisely with that of the puncta lacrymalia. The i pendent and lively motion of these bodies was, howe so evident to Dr. Rittmann, from the short observa which he was enabled to make by partially separa the lids, that he regarded them as foreign bodies. accordingly seized one with forceps, drew it out, found it to be a larva of the common meat-fly, lines long and one line thick. The second larva drawn out in the same way; and the patient recov in a few days, without the use of medicines. (*Spi Zeitung*, 25 Jan., 1862.)

Reviews and Notices.

On the Immediate Treatment of Stricture the Urethra, by the Employment of "Stricture-Dilator". By Barnard H F.R.C.S., Senior Surgeon to the Westminster pital; Lecturer on Surgery in the Westmin Hospital School of Medicine; etc. Pp. 56. I don: 1861.

If a man from some foreign country, the inhabita of which are happily ignorant of all impediment the exit of the urinary excretion, were shown cases of stricture in the European hospitals, saw the various modes of treatment put in forc remedy the condition, he would surely arrive at of two conclusions: either that surgeons as yet kr little of the nature and treatment of stricture; that the patients must be most fortunate, in hav the choice of so many excellent remedies for the lief of their malady. Incisions from without from within, from behind forwards and from bef backwards; destruction of the tissue by causti gradual dilatation; and other modes—all have th warm advocates. Mr. Holt now recommends anot plan, which, he says, he has practised with g effect.

The method which Mr. Holt follows is, to s stricture by sudden dilatation. The instrument :h he uses consists of two grooved blades form- when in apposition, a tubular dilator, having iin it a wire welded to the points of the blades. size of the urethra having been ascertained, the tor is introduced, and made to pass through the :ture into the bladder; a tube corresponding the size of the urethra is then passed over the , between the blades, and thrust quickly down. stricture is thus split; and the dilator, having rotated to still further separate the sides of the , is withdrawn. A catheter is then introduced emove the urine, but is not allowed to remain in canal. It is, indeed, in Mr. Holt's practice, em- ed only every second day, the urine being in the ntime allowed to flow by the natural course.

ome cases are related by Mr. Holt, which, he ks, justify him in setting forth several advan- s attending this mode of treatment. These are, simplicity of the operation; its freedom from norrhage, urinary infiltration, abscess, or other l mischief; immediate relief in most cases; ab- e of rigors or other constitutional disturbance; , in general, non-necessity of confinement to bed e than twelve hours; general applicability; per- nence of cure, if the after-treatment be judicious; of treating the stricture by the same means, if turn; and limitation of the splitting to the dis- d tissue. To sum up, in Mr. Holt's words, "the ess is facile, speedy, prompt in its effects, and from every danger, immediate or remote."

t is almost unnecessary to add, that Mr. Holt is vinced of the superiority of immediate dilatation all incisions and other modes which have been pted for the relief of stricture. In his hands, it ainly appears to have been successful; but it has to bear in the hands of other surgeons, in com- with all other plans having the same end, the t tests of facility and safety of application, and nanency of result.

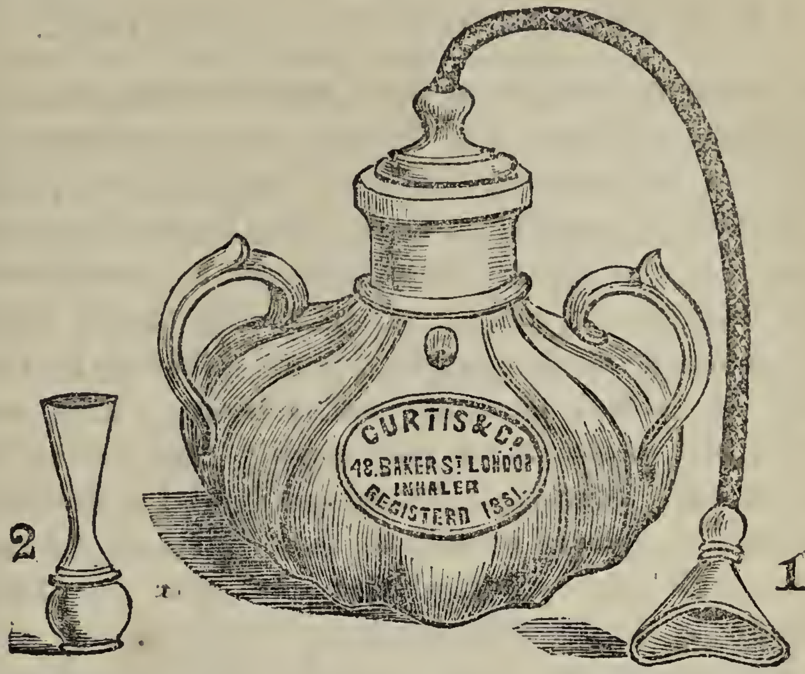
: Placenta, the Organic Nervous System, the lood, the Oxygen, and the Animal Nervous ystem, physiologically explained. By John 'Reilly, M.D., Licentiate and Fellow of the oyal College of Surgeons in Ireland; etc. Pp. 04. New York and London: 1861.

O'Reilly is a man who has read much, as the nerous quotations prove which he gives from the ks of anatomists and physiologists. It is also to him to say that he reflects on what he reads observes, and endeavours to draw conclusions refrom; but we cannot say that he has esta- hed a claim to be ranked as a very high physio- ical authority. One single idea pervades all his k—that the organic or sympathetic nervous sys- is *the* seat of life in the animal body. To this clusion all physiological and pathological obser- ion is made to point by Dr. O'Reilly. The actions lisease, the actions of medicines, are each and all, his view, exerted by and through the organic vous system. He allows, it is true, that the gen conveyed in the blood is necessary for the nifestation of the functions of this system; but organic nerves constitute the life—everything is secondary. The book is an example of the nner in which some men, with the best intentions ards science, make every fact that falls in their support a favourite notion.

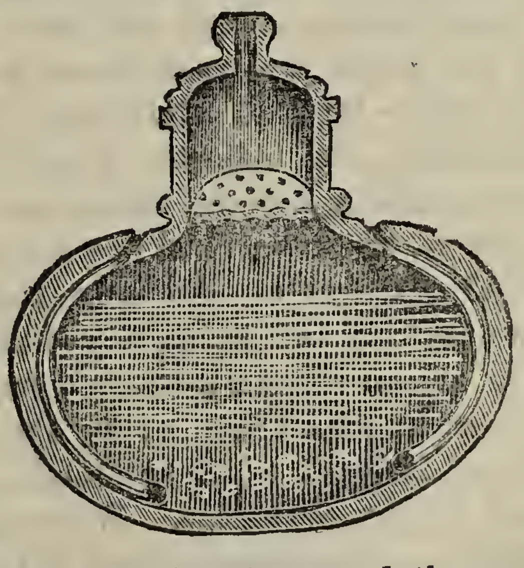
Inventions and Appliances
IN
MEDICINE AND SURGERY.

CURTIS'S INHALER.

We have had submitted to us specimens of a new inhaler, devised by Messrs. Curtis and Co., of Baker Street, of which the following woodcuts give a representation.



The apparatus is made of white porcelain. Its general characteristics are stated by the inventors to be simplicity of arrangement, cleanliness, strength, portability, extended surface for evaporation, free ingress of air, which *must* pass through the material of inhalation, and equally free egress; a separate chamber for such materials of inhalation as may require it, and which do not come in contact with water, such as creasote, chloroform, ether, etc. It is mounted with an elastic tube, and provided with two mouth-pieces, Nos. 1 and 2. In using the apparatus, the mounting (or plug) is removed, the perforated plate (shewn in the smaller figure) is taken out, and hops, hemlock, digitalis, or other medicinal herb, put into the vessel; the perforated plate is returned to its place, and the vessel is two-thirds filled with boiling water; the mounting is adjusted, and, whichever mouth-piece is advised by the prescriber, it is then ready for use. To inhale volatile vapours, a small piece of sponge should be placed on the perforated plate in the upper chamber, with hot water below or not, as recommended by the prescriber.



This inhaler is in extensive favour with the profession. It is to be had of all chemists, druggists, and surgical instrument makers in the United Kingdom.

British Medical Journal.

SATURDAY, FEBRUARY 22ND, 1862.

THE ANONYMOUS IN JOURNALISM.

An esteemed member of the Association has raised a question to which we, through the experience of editorial management, have no hesitation in giving a decidedly negative answer. Dr. Radford objects wholly to the use of the anonymous in journalism. His objection to anonymous writing is, that it gives the malevolent an opportunity of stabbing in the dark the object of their malevolence. Now, we think this objection is very readily disposed of, as far as our Journal is concerned (and Dr. Radford appears to address it only to this Journal), by the very plain and practical fact that this Journal, though it admits this anonymous system, does not stab people in the dark. Can Dr. Radford mention one single instance in which its right uses have been so basely perverted? Moreover, Dr. Radford appears wholly to ignore the very important fact that there is such a person as a responsible editor, who is accountable for his actions to the profession, and who would indeed be most unworthy of his office if he allowed such a perversion of the Journal. We affirm that, in our view of the case, literary stiletto-desperadoism is, in the British Medical Journal, a thing impossible.

No doubt it is very desirable that all the world should speak their griefs openly and candidly, and make their complaints in the market-place; and there are some persons, indeed, who have the moral courage, or the social and professional position, or both, which enable them to exercise such candour; but, unfortunately, the majority of us cannot, by force of circumstances, practise the virtue of speaking our minds openly, even when our complaints are most just and reasonable. We must take human nature as we find it; and we have not the smallest hesitation in affirming that, as human nature goes, the anonymous in journalism, under the moral restriction above referred to, is absolutely necessary for the good of the profession. We will give our correspondent an unanswerable proof of the fact.

Our readers will remember the formidable battle which this Journal last year waged against homœopathy, as fostered by consultations with homœopaths. Now, the basis upon which the editor rested his batteries were facts supplied him by most highly honourable friends, members of the profession; but the facts were supplied in strict confidence. the publication of these facts and their auth names had been demanded, as part of the melodi the memorable victory over homœopathy w never have been won.

It is the editor's duty to be sure of his facts; it is equally his duty to turn the knowledge of t to the good of the profession, with discretion temper. The editor of a journal is, by theory, impersonation of the honour and dignity of the c which he represents. He speaks, not as an ind dual, but in an ideal way, as the mouthpiece of collective body. He squares the conduct and doi of his professional brethren, and, if need be, rebu them, not as an individual member of the profess but in accordance with the highest abstract not of professional right and wrong. In such a cha ter, he can call a professional brother to order u points in reference to which he would undoubte be silent as an individual member of the profess In other words, it is manifest that an editor and is by virtue of his office bound to, do t which individual members of the profession will take upon themselves the onus of doing; so that fact, one of the greatest curbs over professional morality represented by the medical press would actually done away with, if Dr. Radford's idea w put into practice. In the case of a professio brother living in a country town, and offend against medical propriety, is it reasonable to s pose that one of his professional townsmen will t the onus and pain of publicly calling him before bar of professional opinion? Surely not. An formant substantiates the fact, and leaves the p to deal with it—the press, one of whose duties i to deal with such things. He brings the *fact* un the notice of the press, and the press handles it partially. Dr. Radford must remember that it the press, the impersonation of abstract professio morality, which judges of and expresses an opini on the act; the anonymous informant merely suppl and testifies to, and is responsible for the truth his statement of the act. Surely there is here secret stabbing. The editor is there to deal imp tial justice, and to intervene between malevole and its object. What matters it to the profession large to know the name of the informant, provid only the information be true? What the professi wants is to have brought before the bar of prof sional opinion the unprofessional doings of its me bers. Doubtless an unjust accusation is a m grievous thing; but is it not most rare? And ho indeed, could such accusation be prevented by t signature of the informant? Of this we are ve certain: that the restraint put upon unprofession doings by the moral influence of the press would utterly abrogated if the anonymous in its pag were done away with. The decorum-breakers wou bound, and the informants of the breaches of deorum would disappear.

The truth is, that the force of professional opinion almost the only one effective restraint which can e brought to bear against offending members of the rofession. In this respect, the medical differs from ther professions. The lawyer commits an unprossional act, and the Court of Chancery strips him f his legal powers. The clergy are subject to ecclеastical censure; and the bar to the benchers, and e penalty of being disbarred. But men in our rofession, if they only shake off modesty and deency, and all sense of shame and professional decom, may commit any amount of unprofessional eeds, despite of all their colleges and by-laws; and ey may do so not only with impunity, but also to eir great pecuniary advantage. And thus, in truth, e do see men—bravos of professional opinion—who refer fortune to an honourable reputation, and who, nder such conditions, live and thrive, and hold in e eyes of the public a very respectable position. ut, happily for us, the members of the profession, as body, are highly sensitive of the opinion of their ofessional brethren, and fear nothing so much as sing their esteem. Under such circumstances, it to us very evident that this moral restraint of prossional influence should on all occasions be brought to action where it is required. Have we not all ily proof how much it is needed? how proclive me men are, under the pressure of circumstances, through love of great gains, to fall into unprofesonal ways? how strong the temptation often is to ad them into those ways? and what an absence ere is of all other restraint beyond this one of ofessional opinion?

There is one other most cogent reason why this straining moral influence should ever be kept alive nongst us; and that is, that the public have not e data for judging of the professional value of a ember of our profession, as they have in the case the clergyman, the lawyer, or the barrister, or the chitect, and others. To obtain eminence in these ofessions, a certain high amount of professional owledge is absolutely necessary. No downright mbug can be a successful divine or barrister. The an is there on trial before his peers, and would at ce write himself down incapable, if such he were. ut it is not so with us. Medical men are not ecessarily judged of by their peers; and, as we all ell know, a very minimum amount of professional owledge, combined with a maximum of worldly it, or cunning, or impudence, or pleasant manners, ill often win for their possessor a place in public timation which many a profoundly philosophic phycian, not gifted with the trick of pleasing, may ope for in vain. The truth is, that the profession one is capable of judging of the professional worth its members; and we need hardly add, that its opinion on this score not unfrequently differs vastly from the opinion of the public. Especially, therefore, do we need the force of professional opinion as a check against irregularities in practice; and, as we have already said, in our opinion this restraint would in great part be lost, if the anonymous in journalism were abrogated.

One other point is worthy to note. The editor of this Journal, though he receives and publishes anonymously *facts* supplied to him and properly guaranteed, does not allow those who supply the facts, or those who read them, to *comment* upon them indiscriminately. He feels himself responsible for the comments made by anonymous correspondents on such facts; and therefore rejects those comments, unless he considers them properly and judiciously applied. He does, in fact, continually reject comments of this kind, and refuses to allow correspondents to exercise the freedom of language which naturally flows from an irresponsible pen; and he does so because he feels that, by admitting into the Journal such anonymous criticism, he becomes responsible for it.

A VIRTUOUS BOARD OF GUARDIANS.

There is no more sure sign of the dubious character of a respectable female's virtue than that of her constantly parading it before the world. We are always reminded of this kind of person, whenever we find an indignant Board of Guardians doing the virtuous in words before the public. The Board take a scapegoat, and, in revenge for their own shortcomings, and as a sop to the Cerberus public, who are continually growling at the hardships inflicted on the poor by their guardian angels, sacrifice the scapegoat. It costs them nothing; and it proves their virtuous desires, and shows their good intentions. The scapegoat is, of course, one of their own officials; and, in nine cases out of ten, their medical official. Unfortunately, and as these Boards well know, the sacrifice is all at the cost of the medical man. His place is readily filled up. They have only to ring the bell, and a dozen applicants will at once appear at their summons. It is, of course, useless to suggest to the gentlemen who form these boards, and who, on such occasions, are so full of a love of justice, that it might be well for them who are acting the judge to inquire whether their part of the contract is rightly fulfilled; whether they are acting fairly and honourably towards those whom they are so ready to condemn. The pay of a Poor-law officer, as all the world knows, is a beggarly pittance. In most cases, the pay does not equal the keep of the horse which carries the medical man to the paupers' dwellings. Guardians know this, and yet expect that their paupers shall receive from medical aid all that medical aid can supply; and are only too ready to seize upon any act of shortcoming which may fall in their way.

Why do not these gentlemen ask themselves: Why do we, who demand the justest fulfilment of his duties from our medical officer, treat him with the grossest injustice? Why pay him miserably, and yet demand from him exorbitant returns? The only possible answer to such queries is the disgraceful one we know too well: We can always get qualified men to do the work for our money. This is not the way men act in their own private affairs; and such an argument becomes, in the light of our modern way of thinking, a disgrace and a shame. Would that the medical profession had that unity in action which would enable it to oppose, and at once arrest, this shame.

A gentleman at Manchester, Mr. Bompas, has, we see, just been quickly, and in the most off-hand way, dismissed from his office by the Board of Guardians. A case of neglect is brought forward; and then and there, without giving Mr. Bompas time to answer the charge, by referring to his books, etc., they pass a resolution requesting him to resign. On the face of it, nothing could be more unjust or tyrannical; and, to add to the injury, it was suggested that three years ago another act of neglect was brought against Mr. Bompas.

Illustrations like this, of the obviously unjust and cruel treatment of a medical officer by a Board of Guardians, should urge all our brethren on to assist Mr. Griffin in his arduous and persevering efforts in favour of Poor-law medical reform.

THE WEEK.

We have received several letters reflecting upon the conduct of Mr. Lilley *in re* Jackson *v.* Gee. M.R.C.S. cannot have read the editorial remarks, which he says he dissents from. Our words were these:—"Mr. Lilley has done what every honourable man would do. Having been hastily led into the commission of an error, he has confessed it." In a former Journal, commenting on the case, we said: "How Messrs. Crossley and Lilley can recommend such a valuation to their consciences and common sense we cannot understand. By cheapening this very moderate bill, they have, in our opinion, not only injured Mr. Jackson, but they have also injured the profession, and gained no credit to themselves." There can, we apprehend, be no difference of opinion respecting Mr. Lilley's conduct in giving the kind of evidence that he tells us that he did give; but when he comes forward and honestly confesses his error, we think he deserves whatever credit is due to his candour. Our correspondents should remember that their strictures are founded on Mr. Lilley's own admissions.

Dr. Toogood, fomerly of Bridgwater, has sent a very interesting document relating to local insi tutions for the sick. It appears that Dr. Toogoo forty years ago, saw the benefits which might be d rived from them, and actually established one Bridgwater. Our readers will note that 289 i patients and 3617 out-patients are there treated the remarkably cheap rate of an average annu expenditure of about £614. In the document abo referred to, Dr. Toogood used the very argume which are now used by those who approve of the establishments.

Our readers may remember that Dr. Craig of B kenhead was last year cruelly treated by a legal d cision. His friends and neighbours, at the tim after full investigation of the case, acquitted hi of all blame in the matter. So strongly, indee have Dr. Craig's friends felt the wrong done hi that they have presented him with a most substa tial testimonial of their opinion. We read in Liverpool paper:—

> "On the 13th instant, a number of the patients a friends of Dr. Craig assembled at his residence, Hamilton Square, Birkenhead, for the purpose of p senting him with a handsome silver tea and coffee s vice and a purse of 125 sovereigns, as an acknowled ment of his professional ability and respect for his p vate character."

Such a conclusion of the affair is satisfactory the profession at large, as well as most gratifying Dr. Craig.

A Liverpool homœopath, who adds to his other tit that of Honorary Doctor in Homœopathic Medici etc., tells the world, through the *Liverpool Mercur*

> "If I am not a 'British physician', it is because should be indeed ashamed to possess such a docume as the following letter will show:—
>
> "'(Copy.)
>
> "'Royal College of Physicians, Edinburgh,
> "'April, 1859.
>
> "'Dear Sir,—Your testimonials will admit you as Licentiate of this College. It will not be at all nece sary to come. On remitting the amount, the diplo can be forwarded to you through the post.
>
> "'Yours truly, "'D. R. Haldane, Sec.
>
> "'Dr. Hitchman, M.D., Liverpool.'"

Dr. Hitchman means, we suppose, to infer that License obtained as thus indicated is scarcely wor the holding.

The Epidemiological Society have published anoth part of their *Transactions*. This number contai the President's address; a learned paper by D Simpson, on the Appearance of Syphilis in Scotla in the last years of the Fifteenth Century; D Gavin Milroy treats of the Influence of Contagi on the Rise and Spread of Epidemic Diseases; D Bryson tells us about the Recent Introduction Yellow Fever into Port Royal, Jamaica; Dr. B. Richardson gives Further Observations on Scarl

ver ; Dr. Smart contributes a long and important
per on the Climatology of Hong Kong, etc. ; next
mes a note from Dr. Livingstone on Fever in the
mbesi ; and some Remarks on Yellow Fever in
e West Indies by Dr. A. Smith ; and the number
ncludes with a paper by Dr. Duncan on the Fever
roduced into Liverpool by the crew of an Egyp-
n Frigate, a paper full of interesting matter.

Mr. Acton will again read the article to which he
ers, he will find that our words scarcely bear the
erpretation he puts upon them. We said: "M.
cord appears still to hold well to his former arti-
s of faith. He now, however, adds to his creed a
rtial belief in the inoculation of secondary syphi-
He believes, at least, that under certain circum-
nces mucous tubercle—the most primitive of
condary appearances of syphilis—may be inocu-
ed." If we remember rightly, when a warm dis-
ssion was agitating Paris a few years ago on this
y subject, M. Ricord, in admitting the inocula-
ity of mucous tubercle, repudiated the idea that
never could alter his opinions ; and, to show how
e he was from such bigotry, quoted the famous
e of a French poet to the effect that "fools alone
er change their opinions". As regards the trans-
ssibility of venereal virus with vaccine matter,
question is, no doubt, one of the deepest in-
est, and we must boldly look it in the face. But,
n if the fact be admitted as true, there is no need
pull down Jenner's statue. We know that vac-
e matter can be obtained elsewhere than from
arms of children tainted with syphilis. The
y case—the Rivolta affair—to which M. Ricord
des in his lecture, has just afforded further most
rtling details. In the *Gaz. dell' Assoc. Med. degli*
ti Sardi of the 5th inst. are to be found some
sh facts relative to the history of the vaccinated
ldren of Rivolta. M. Pacchiotti, on an official
t made on January 5th, ascertained that seven of
forty-six children "who had been rendered syphi-
c by the vaccination" were dead. Moreover,
eteen mothers had been infected by their infants,
l one nurse. Two husbands of the infected
thers had become affected with syphilis ; and two
ers, twelve and thirteen years of age ; and one
ther of eleven also. One of the sisters had a
ncre on the tonsil from kissing the child ;
l the other on the arm, from carrying it (as was
posed). In consequence of the excitement pro-
ced by these facts, M. Ricasoli has issued an order
all *prefets*, enjoining the exercise of the most ex-
me measures of caution in reference to vaccina-
n. However painful to our wishes such a case as
above is, we must nevertheless meet it boldly
l discuss it fairly. Mr. Acton must remember
t M. Ricord, in the face of the facts before him,
is bound to admit the possibility of the double inoculation. "C'est possible." A summary of the case on which M. Ricord's lectures were founded was given at p. 150 of the present volume of the JOURNAL.

M. Nélaton, commenting on the unsuccessful case of ovariotomy performed in Paris, remarked at the Academy of Medicine, that so far from discouraging the operation, the case was an encouragement to its repetition. The cause of the death of the patient was evident, and might be avoided in future. "Our English neighbours count their successes," he adds, "by the hundreds, in an operation which we in France fear even to try. It is now an ascertained fact, that on the other side of the straits a disease is cured, which in France is looked upon as beyond the reach of art." The great surgical fraternity of the Academy were not, however, to be drawn into a discussion on the subject. To M. Nélaton, they replied by a complete silence.

M. Emile Blanchard has been elected member of the Academy of Sciences, in the place of M. Geoffroy St. Hilaire.

Association Intelligence.

SOUTH-EASTERN BRANCH:

EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Saracen's Head Inn, Ashford, on Thursday, March 13th, at 3 P.M.

Gentlemen who intend to read papers, are requested to forward their titles to the Secretary before the 6th proximo.

Dinner will be provided at 5 o'clock.

THOS. BOYCOTT, M.D., *Hon. Sec.*, Canterbury.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

A GENERAL meeting of the above Branch was held in the Medical Department of the Birmingham Library, on February 13th, 1862; BELL FLETCHER, M.D., President, in the Chair. There were also present twenty-two members.

Resignation of the President-elect. Mr. Pemberton (the Honorary Secretary) read a letter from Dr. Spencer Thomson, of Burton-on-Trent, in which he resigned his office of President-elect, on account of ill health.

It was proposed by Dr. FLETCHER, seconded by Mr. WILLIAMS, and carried unanimously—

"That Dr. Spencer Thomson's resignation of the office of President-elect be accepted by the Branch, with an expression of deep regret at its cause."

New Member. Mr. Francis Albert Nesbitt, of Wolverhampton, a member of the Association, was unanimously elected a member of the Branch.

Communications. The following communications were made:—

1. Practical Remarks on Vesico-Vaginal Fistula, with a Case of Vesico-Vaginal and Vesico-Uterine Fistula, where the Opening was Closed by Operation. By Furneaux Jordan, Esq.
2. History of a Remarkable Case of Lithotomy. By O. Pemberton, Esq.

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

In a recent letter, I mentioned a case of ovariotomy by Dr. Grimsdale, followed by complete recovery; being, I believe, the second instance in which that operation has been successfully performed in Liverpool. I have now to record a case which, unfortunately, terminated fatally. It, however, presents special points of interest, which induce me to give as full an account of it as my limited space will allow.

The operation was performed on January 14th, by Mr. Bickersteth, in the operating theatre of the *Royal Infirmary*, in the presence of an unusual number of spectators, including one or two clergymen, and (as an Irishman might say) several other *laymen*, indicating the peculiar interest which is felt in this achievement of modern surgery. Every precaution in the surrounding circumstances was taken to insure success; the apartment was properly heated; those who were to take part in the proceedings had previously washed their hands in Condy's disinfecting fluid; an abundant supply of warm flannels and other accessories was provided; and, in order to guard the woman as much as possible from alarm or excitement, she was put fully under the influence of chloroform before any person, except the operator, his colleagues, and assistants, was admitted.

The patient was 27 years of age, single, in good general health. The tumour occupied the left ovary, and had existed for three years; it had been tapped six months ago, but, being multilocular, was not injected.

An incision about five inches in length through the abdominal parietes, in the median line, brought the surface of the sac into view. It was found to be adherent to the free edge of the omentum throughout its whole extent; and there were some deep pelvic adhesions also, all of which were separated without difficulty by the hand of the operator. The sac was then tapped with a large trocar, similar in construction to that used by Mr. Spencer Wells, and several pints of fluid were drawn off. At this time there was an escape of some dark coloured, rather bloody-looking serum, from the peritoneal cavity; and a small quantity of fluid also flowed from the sac by the side of the trocar. It was feared at the moment that some of this fluid had found its way into the abdomen; but, owing to the care of the assistants, this, as was afterwards ascertained, did not occur. In attempting to withdraw the partially collapsed tumour from the cavity of the abdomen, Mr. Bickersteth encountered a difficulty which caused him (I was going to say) some embarrassment; but that is not a term applicable to an operator so cool and so well prepared for any emergency which may arise in the course of a critical and important surgical operation. The cyst appeared to be bound down on the left side by a broad fleshy adhesion, which, on closer examination, and after turning the tumour upon its own axis from right to left, proved to be the peduncle, which, contrary to the usual disposition of the parts in such cases, was upon the front of the sac, being closely adherent to surface for a considerable distance before it dipp down to the ordinary point of insertion behind t tumour; so that, notwithstanding this variation, t actual peduncle, *measured by its free portion*, was r longer than usual. After tapping a second sac of co siderable size, the tumour was withdrawn without di culty, and the peduncle divided, tied, and secured in t edges of the wound with a harelip pin, in the mann practised by Mr. Spencer Wells. The entire proce ing, from the first incision to the closing of the wou occupied about forty minutes; the patient remaini perfectly quiet and insensible throughout. Every st of the operation was conducted with great care a deliberation, all undue exposure or handling of the co tents of the abdomen being scrupulously avoided; fl nels wrung out of hot water were interposed where pressure upon or exposure of the internal structures w unavoidable.

After removal to bed, and recovery from the ana thetic condition, the patient was calm and comfortab the pulse being 84. Vomiting, however, came on alm immediately, and continued with but little intermissi throughout. At night the pulse had risen to 100; t next morning it increased to 120; and in the evening that day to 130. The vomiting, which had been co stant up to this time, now ceased; and a considera quantity of milk and arrow-root was taken and retain She was free from pain, and there was no swelling the abdomen.

On the morning of the 16th, the third day after t operation, the countenance was good, skin cool, pu 120, no pain. The patient had slept a good deal, h taken nourishment, and was in good spirits. The be was rather swollen. At ten o'clock the same night, t vomiting returned, each effort being accompanied severe pain, referred to the position of the peduno The matters ejected were of a deep green colour.

On the morning of the 17th, the fourth day, t vomiting again subsided. She took tea and toast, a expressed a wish for a glass of claret, which was tak and retained on the stomach. At ten o'clock at nig the countenance was rather anxious; the vomiting curred, and continued unceasingly through the nig and the following day up to six o'clock in the eveni when she died, having survived the operation one hu dred hours.

On examining the condition of the parts after dea it was found that there was no general peritonitis, effusion of lymph or serum in the cavity of the peri neum; that membrane, however, was throughout mo vascular than usual, and the bowels were distended flatus. The wound had healed, and the peduncle w adherent throughout, except in one small spot at upper edge, where there existed some ichorous mat and effusion of plastic lymph, the latter extending in and gluing together the pelvic viscera. At this poi evidently, an abortive attempt of nature had been ma to shut out the peritoneal cavity from the sloughing e of the peduncle.

Mr. Bickersteth, in his clinical remarks upon t case, said he attributed the fatal issue to the violent a tinuous vomiting, which is so liable to be induced r this operation by the unavoidable strangulation ch accompanies the ligature of the peduncle. He erved, that although, by the more recent expedient xing the peduncle between the edges of the wound, danger was avoided of leaving it to slough, and the ture to separate within the peritoneal cavity, and eby an improvement was made on the earlier method perating, yet the present plan was attended with this ous drawback, namely, in the first place, the peduncle g strangulated must almost inevitably gave rise to iting; and, secondly, the position at which it is l renders it extremely liable to be more or less dis- ed and separated from its adhesions by the action ne abdominal muscles during the *act* of vomiting— *ntretemps* which had, in fact, occurred in this case; by the constant and violent vomiting, a small por- of the peduncle had been torn away from its adhe- , allowing some irritative secretion to find its way the pelvis, where it had set up inflammatory action, es of which were so apparent after death. He ight it worthy of consideration, whether, by using e other kind of ligature—a wire, for instance—it ld not be possible to exert sufficient pressure to pre- hæmorrhage, without producing such complete ngulation as must necessarily cause sloughing; so the peduncle might be safely left within the abdo- , and the wound closed over it.

ne prominence which has lately been given to the ation of ovariotomy, and the interest which is evi- ly felt on the subject, must be my apology for the ual length of my remarks upon this one case. It es me, however, but little scope for other topics to h I had intended to advert in this letter. The field nedical observation in this great community is so d and extensive, that, within the limits to which special correspondent is necessarily restricted, I myself, as regards *matériel*, somewhat *embarassé de esses*. May we hope that the day is not far distant n the British Medical Journal, already so vastly roved in the "quality", will, by an extension of its s, afford to its readers an equal advantage in the antity" of its contents?

brief notice of the following cases will, probably, be l as well as interesting to many of your readers:

Mr. Stubbs' ward, in the Royal Infirmary, there recently been admitted, a woman in the fifth month regnancy, with a simple fracture of the middle third ne femur; in which, as sometimes, but I believe not riably, occurs under such circumstances, there was he slightest attempt at bony union. After remain- n the hospital for about three months, the bones g still disunited, she was sent home for her ap- ching confinement, the limb having been put up in nmoveable splint.

the same surgeon's ward, a case of hydrocele in an rly man was tapped and injected with three drachms urpentine; which, although giving rise to consider- more inflammatory action than was necessary, and h terminated in suppuration of the scrotum, ended complete a cure of the disease as is obtained by the tions in ordinary use.

As an example of that curious tendency so often noticed, for cases to occur in groups, I may mention that the operation of tracheotomy was performed in this institution, on two patients, within a few days of each other, for the same disease; namely, malignant disease of the larynx. One of them, a man, although relieved for the time, died soon after the operation; the other, a woman, was living when I saw her a few days afterwards.

At the Medical Society, three cases occurring in quick succession were related of the impaction of foreign bodies in the pharynx. In one, an entire set of false teeth was removed from the space between the base of the tongue and the epiglottis, where it appeared to have been lodged for some months. This case has been published at length in the columns of one of your contemporaries. In another, a halfpenny was extracted from the same position in the throat of a lad. And, in a third, which proved fatal, the aperture of the glottis was as completely closed by a piece of meat as if it had been intentionally plugged up with the greatest care.

Having, in my last letter, alluded to the insulting behaviour of the coroner's beadle to Mr. Fletcher, and the circumstance being also referred to in your report of the proceedings of the Medical Institution, I have been requested to state, that Mr. Fletcher, in reply to a letter he addressed to the coroner, has received from that gentleman a most courteous reply, accompanied by an ample written apology from the beadle; whose future demeanour towards medical men will, it is to be hoped, be modified and improved by the salutary lesson he has received; and, certainly, the thanks of the profession of Liverpool are due to Mr. Fletcher for his firm and dignified conduct under great provocation.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, February 5th, 1862.

W. Tyler Smith, M.D., President, in the Chair.

The following gentlemen were duly elected Fellows of the Society:—T. T. Brooke, St. Mary's Hospital; J. Clarke, Lynton, North Devon; J. S. Lamb, M.D., Maida Hill; M. Sharman, Birmingham; and G. J. Vine, Woburn Place.

Report on Mr. Spencer Wells's Case of Exfoliation of the Female Bladder. Dr. Harley reported that the specimen was a bag or sac, as large as a child's head, and perfect on all sides except one, where there were several rents. The exterior was white, and distinctly muscular, the muscular fibres interlacing, as in the urinary bladder. The interior was dark, and everywhere covered with gritty deposit; on the removal of which a smooth mucous membrane came into view. The gritty deposit consisted of crystalline phosphates and urates. Over a limited portion of the external surface was a patch of a smooth membrane, like a serous membrane; and if it were such, it was, probably, a portion of the peritoneum. No ureters nor orifices of ureters were to be found in the specimen; and the position of the urethra could not be ascertained, in consequence of the rents in the lower portion of the specimen. For a similar reason, it was impossible to discover whether the specimen was an entire organ or only a portion of an organ. The question, "Was it a human bladder?" was not easily answered on anatomical grounds; for, in its present state, the specimen had neither the size nor shape of a human female bladder. The moral evidence, however, was all in favour of the view that it was, as had been described, an exfoliation of a human bladder. The foregoing were the general conclusions arrived at by the reporter. The arguments for and against the view taken were elaborately stated by Dr. Harley.

Dr. Tanner remarked that there was a preparation (No. 1993) in the museum of the Royal College of Surgeons, which might help to throw some light upon the nature of the specimen that had just been reported on. The history of the patient from whose bladder the membrane was removed had been communicated to him (Dr. Tanner) by Dr. Knox, and was as follows:—A man, aged 70, living in Edinburgh, fell from a scaffold, and, in consequence, suffered from retention of urine. The catheter was introduced frequently, and a thick puriform fluid drawn off by it. At the end of the third week, however, nothing would pass through the instrument; while the point of the catheter could be felt to impinge upon a membrane. To relieve the man's sufferings, the late Mr. Liston, assisted by Dr. Knox, cut into the bladder from above the pubes; and thus allowed a large quantity of purulent fluid and a membrane to escape. The patient lived for three months afterwards, discharging his urine partly through the wound and partly through the urethra. On examining the layer of membrane, it is seen to be of saccular form, about six inches in its longer and four inches in its shorter diameter. Its shape indicates that it lined the whole interior of the bladder, and was thrown off from it in one piece. The outer surface is flocculent, and in parts distinctly fibrous; the inner surface is granular and reticulated, like superficially ulcerated mucous membrane. In fact, as the catalogue states, it exactly resembles the mucous membrane of a bladder, separated as a slough in one piece.

Protracted Retention of Blighted Ovum. Dr. Uvedale West exhibited a specimen of blighted ovum, which had come away two days previously, after being retained until the expiration of twelve months from the commencement of pregnancy, the embryo having probably perished as early as the end of the fourth month. Independently of the interest attaching to the specimen, as an example of protracted retention of blighted ovum, Dr. West thought the case instructive as being one in which both patient and doctor had been right and wrong at the same time: the former having to the last persisted in the belief that she was not only pregnant, but normally so; the latter having told the patient, when consulted by her after the expiration of her nine months, that she was not only mistaken, but altogether so. The ultimate expulsion of the mass exhibited, however, explained everything.

Discoloration of the Skin of the Forearms and Hands during Pregnancy. Dr. J. G. Swayne communicated a strongly marked instance of discoloration of the skin in various parts of the body. The patient, aged 26, was a blonde, rather florid, with brown hair and blue eyes, in her fourth pregnancy. The discoloration was most marked at the wrist (as shown in drawings exhibited); here the skin was of a rich yellowish brown. Similar discolorations were noticed at previous pregnancies, beginning at the fourth month, and increasing in intensity from that time. The mother had been similarly affected.

Difficult Labour from Locked Heads. The case, which occurred in the practice of Mr. Henry Raynes, of Gringley, near Bawtry, resembled Dr. Pollock's, detailed at the meeting of the Society in April 1861. The head of the second child took precedence of that of the first, whose body was already in advance; the two chins were in contact, and labour was arrested. The fi
child, being dead, was decapitated, and the second ch
was then delivered. It was alive; but expired so
afterwards. The head of the first child was next
tracted.

Dr. Barnes wished to make one observation on t
subject of locked twins. He entertained a confid
belief that in some of these cases a method less rep
sive than decapitation might be resorted to. The t
heads might be unlocked by pushing back somewhat t
presenting child; and then, by external manipulati
the head of the second child might be pushed away fr
under the chin of the first child, and thus the obsta
to the birth of the first might be removed. He (I
Barnes) did not undertake to say that he had actua
succeeded in this manner in extricating locked twi
but in a case which had happened to him, after
ternal manipulation employed for this purpose, the t
heads had been found freed from each other.

*Retained Menses of Two Years Duration, Cau
by Atresia Vaginæ, and Treated by Puncture of
Uterus per Rectum.* M. D., aged 15, single, admitt
into the London Surgical Home Nov. 13th, 1861. S
had suffered for two years great pain at every mont
period, without any show of menses. Latterly the p
had been constant and excruciating. Mr. Teale, of Lee
had attempted to make an artificial vagina, but failed
want of sufficient tissue. The uterus externally felt t
size of a four month's gravid organ, and it could be f
bulging on the rectum. The girl was otherwise well
veloped. On Nov. 21st, Mr. Brown introduced a cur
trocar into the uterus per rectum, and fastened the ca
nula in by tapes. At the time of the operation a go
deal of treacly-looking matter escaped through the ca
nula, and continued to do so for two or three days aft
On the 24th, she had some pain, followed by a dischar
of healthy and fresh menstrual fluid through the c
nula. On the 27th, the bowels were opened, the cann
being still in. The cannula was kept in for a fortnig
the bowels acting regularly every day. On the 2nd
Jan., after two or three days suffering of uterine pa
she again menstruated per rectum, and shortly aft
wards returned home quite well.

Dr. Routh remarked that the case was satisfactory
one of recovery after liberating a menstrual accumu
tion *per rectum.* It was important, because usually, wh
an opening for the same purpose was made *per vagina*
death was the result. How far, therefore, did recov
depend upon the rectal opening? It was well known
occasionally met with large ovarian cysts within the p
vis, which gave rise to so much distress and pain t
the liberation of the contained fluid became imperati
He believed five such cases had occurred in the Sam
tan Hospital, all of which, except one, had died after t
operation. The continual drain kept up of purulent m
ter, which usually became very offensive, exhausted the
tient in the end, although the immediate effect was rel
Did this depend on the passage of air within the cavi
It was known as a practical point, already insisted up
by Dr. Oldham, for reducing retroverted wombs, that
the vagina was opened and pulled backwards a rush
air took place, and the vagina was pulled out, and so
reduction effected. Did not something like this occur
those cases where the opening was made by the vagi
which was prevented by the sphincter ani from taki
place when the opening was made *per rectum? A prio*
we should expect the reverse, from the probable passa
of flatus through the opening made *per rectum* into t
cyst or uterus. It was known how intensely putrid w
the contents of abscesses near the rectum, from the p
sage of fæcal matters or flatus within them; yet recov
was not uncommon when the opening was made *per r
tum.* Did anything depend on the vaginal opening, wh
made, remaining unclosed? Altogether he thought
an important surgical point to determine, which

d on some future day to take up and embody in a
r for the Society.

r. **Spencer Wells** agreed with Dr. Routh as to the
ssity for inquiry into the relative safety of tapping
e vagina or by the rectum in cases where ovarian
were adherent within the pelvis. He had tapped
e vagina in three patients in the Samaritan Hos-
. In the first case the operation was performed
than two years ago; and although the woman could
e said to be entirely cured, as some discharge still
on; yet she was in so good a state of health as to
le to walk two or three miles. In the second case,
voman died a few months after the tapping, ex-
ted by continuous discharge. In the third instance,
patient gained great temporary relief, but the sac
filling again. In cases where he had tapped by the
m, he had not seen the same suppurative inflamma-
of the lining membrane of the cysts as after tapping
he vagina; but he had seen troublesome dysenteric
smus from the constant discharge of ovarian fluid
the rectum. He could not believe that it was better
ve the fetid gases formed in the intestines enter-
n ovarian cyst than the pure atmospheric air; and
ad seen cases where ovarian cysts had opened spon-
ously into the rectum, or into some other part of the
tinal canal, prove rapidly fatal after putrefactive fer-
tation of the ovarian fluid. It was a very important
ical question, which required further observation.

. **Tyler Smith** hoped the further history of this case
d be noted.

r. **Brown** replied by stating that this case would still
nder the watchful eye of Dr. Wright, of Malton, who
a most careful observer of disease, and deeply in-
ted in this particular case, so that Mr. Brown would
le to report hereafter to the Society the condition
e patient.

AL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 28th, 1862.

. G. Babington, M.D., President, in the Chair.

HE TEMPERATURE, UREA, CHLORIDE OF SODIUM, AND URINARY WATER, IN SCARLET FEVER; AND ON A CYCLE IN DISEASE AND HEALTH.

BY SYDNEY RINGER, M.B.

[*Communicated by* A. B. Garrod, M.D., F.R.S.]

observations were made on patients in the Hos-
for Sick Children, under the care of Drs. West,
er, and Hillier. Thirty cases were given. The
erature, taken several times during the day, was
in charts. The urea and chloride of sodium were
ated daily by Liebig's volumetrical method. The
rvations extended over a variable time, in some
till the forty-fifth day of the disease.

Temperature. 1. This fell, in the great majority
ses, on either the fifth, tenth, or fifteenth day of
isease. 2. When the temperature remained high
he fifteenth or the twentieth day, a fall of variable
sity occurred, usually on each of the preceding
days; namely, the fifth, tenth, and fifteenth. The
erature, after each fall, in some cases remained,
g the subsequent five days, at the same point
ed on the preceding fifth day; in other cases, it
again, reaching during the second or third five days
nt as high as it did during the first five. 3. Each
f the temperature was accompanied by an improve-
t in the state of the patient, which remained per-
ent when the temperature did not again rise. 4.
eventeen cases that came early under notice, the
ge maximum temperature was a little above 103°.
ubsequently to the great fall experienced on the
, tenth, or fifteenth day, the temperature often re-
ed rather too high over a variable time, in some
cases for fifteen days. The degree of elevation varied, in some cases being between 100° and 101°, but more frequently between 99° and 100°. This elevation of the temperature also usually experienced a fall on each fifth day. 6. This subsequent elevation of the temperature, if of any persistence, was coincident with a continuation of the lesions produced by the scarlet fever, as sore throat, etc. It sometimes preceded an attack of Bright's disease. 7. At a variable period after the scarlet fever, another elevation of the temperature occurred, due either to Bright's disease, endocarditis, tuberculosis, or chicken-pox; in two cases the cause could not be ascertained. 8. The date of the second elevation varied: thus, counting from the commencement of the scarlet fever, in albuminuria the mean of six cases gave the twenty-second day; in two cases in which the elevation was probably due to endocarditis, the elevation began on the eighth day; in one case of chicken-pox it commenced on the sixth day; in one case of the tuberculosis, on the ninth. 9. The duration of the elevation due to the above causes varied from two to thirteen days. 10. This subsequent elevation of the temperature due to intercurrent disease always fell either on a fifth day from its own commencement or on a fifth day from the commencement of the scarlet fever. 11. Thus the temperature forms arcs or cycles, lasting in the majority of cases five days; this equally applies to the temperature of the scarlet fever, or of any subsequent intercurrent disease. 12. In several cases the temperature remained at the same point throughout the day: in slighter cases it fell in the morning and rose during the day: this fall in the morning is one of the earliest signs of improvement. 13. The hour of the day at which the temperature reached its highest point varied greatly. It was most frequently at its highest at some time between two P.M. and eight P.M.

II. *Urea.* 1. The urea appears to suffer no increase during the fever. 2. The amount of urea for many days after the decline of the fever is far below the amount normal to the patient. 3. From the above, the author thought it probable that the kidney is affected from the commencement of the attack, and the elimination of the urea thus checked. In some of the cases the children were puffy about the face, without any blood or albumen occurring in the urine; this perhaps was caused by the retention of urea. 4. On the intercurrence of Bright's disease, the urea in some cases was greatly diminished; in other cases no diminution occurred.

III. *Chlorides.* 1. The chlorides were never found absent in any of the cases analysed. 2. Their amount was always much diminished during the fever days. 3. After the fall of the temperature the chlorides increased gradually. 4. In one case in which Bright's disease supervened, the chlorides were estimated: they suffered very little diminution.

IV. *Urinary Water.* Often during the fever there is no diminution in the amount of urinary water; in some cases it is increased.

V. *Albumen in the Urine.* 1. The albumen appears at two different periods: (*a*) during the fever days; (*b*) later, during the non-fever days. Out of 21 cases, it only appeared once during the fever days. Of 18 cases which were in the hospital for a considerable time, in 7 albumen appeared during the fever-free days. 2. The time of its appearance varied from the ninth to the twenty-third day. 3. The duration of the albumen in the urine varied from three to forty-nine days. 4. There is no necessary connection between the intensity of the inflammation (tested by the elevation of the temperature), and the duration of the albumen in the urine. 5. There is no necessary connection between the intensity of the inflammation and the amount of albumen in the urine.

VI. *Blood in the Urine.* I. There may be an elevation of the temperature, due probably to inflammation of the kidney, without any blood in the urine. 2. In no case did blood appear without previous elevation of the temperature. 3. In some cases the blood continued long after the fall of the temperature, and thus probably after the decline of the inflammation.

VII. *Relationship between the Blood and Albumen in the Urine.* 1. A very large amount of albumen may occur in the urine without any blood. 2. Blood to a very large amount may occur in the urine with the slightest trace of albumen; and if the blood-corpuscles be allowed to settle, the supernatant fluid may give no evidence of albumen. These cases given were seldom dropsical; they, however, often looked puffy in the face. In some cases the second elevation of the temperature due to Bright's disease was not followed even by puffiness. In one case the patient was puffy, without any other indication of Bright's disease.

VIII. *A Cycle in Disease.* In the cases given, the temperature did not run an equable course, neither remaining at the same temperature throughout; but formed cycles, composed of a variable number of days; each cycle, however, being composed of the same number of days in the same patient. The cycles in the great majority of cases were composed of five days.

IX. *A Cycle in Health.* The author tried to prove from the cases given, that in health we have a daily and a five-days cycle of tissue-change. He further tried to show that in fevers we have a great increase of this daily and five days cycle of tissue-change, from which results the great elevation of the temperature.

Dr. Edward Smith thought the paper was valuable as the expression of the opinions of one who had taken great pains in such inquiries. Dr. Ringer had made his experiments on temperature by placing the thermometer in the armpit. Now the temperature of the body in different parts varied; and, again, it was influenced by the action of the skin: so that great care was requisite in order to avoid fallacy. He wished also to know if the observations had been made at the same period of the day, and at the same distance of time from meals. Again, the relation of urea to the body-weight differed in different persons. In his own case it was one grain to the pound, but in others it varied to a great extent. It did not depend so much on the bulk or the weight, as on the relative quantity of nitrogen in the body. The food too, and its nature as to richness in nitrogen, was a point on which great care ought to be exercised, as it would have much influence on the amount of urea excreted.

Correspondence.

THE ANONYMOUS IN JOURNALISM.

Letter from Thomas Radford, M.D.

Sir,—Being out of practice and invalided, I am unable to authenticate Dr. Noble's statement, that the profession in Manchester do not generally approve of "your conduct in publishing Professor Williamson's private communication," etc.; nor shall I meddle with the question whether he (Mr. Williamson) committed a breach of professional etiquette or not in sending the said letter to his patients; but I shall confine my remarks to two other points.

First: Is the editor of the British Medical Journal (being a publication of a medical association), authorised and justified to censure; or is he bound to be silent and screen any member who transgresses the ethical laws by which he ought to be governed? The answer is plain enough. It is notoriously true, that one of the great objects desired when the Association was founded, was to maintain the honour and dignity of the profession; and, as its general meeting takes place only once a year, and then all its members are not present—in fact, only comparatively very few—it is, therefore, *in my mind legi*
mately correct for the editor of its Journal to *bring b*
fore the entire body of members any case in which a brea
of professional etiquette has been committed, provid
he has become acquainted with it from irreproachable a
straightforward evidence; such, I mean, as will sta
the strictest test by daylight. Not only so, but, from usa
and in virtue of his official appointment, he has a cle
right to exercise his own discretion—to insert in t
pages of the Journal any paper, letter, etc., which m
be sent to him, in accordance with the requireme
made each week at the end of this publication; an
although he is not formally appointed (as Dr. Noble i
timates) *censor morum*, yet, if giving insertion to pape
and letters bearing on the manners of the members
the Association endows him with this privilege, D
Noble, and, as far as I am aware, the entire Associatio
with the exception of myself, have tacitly acquiesced
its reality by receiving the Journal week after we
with anonymous letters reflecting on some one or oth

Secondly: Ought any letter or other document refle
ing on or involving in any way the character of any me
ber of the Association be published in its Journal wi
an anonymous signature? The answer ought plainly
be in the negative. The Association ought not—nor
it just to do so—to rest satisfied for the editor to invi
"correspondents who wish notice to be taken of the
communications to authenticate them with their nam
—of course not necessarily for publication." It is tr
this plan puts the editor in possession of the name
the correspondent, but it does not acquaint him with t
motives and with other causes which have induced hi
to make the communication. Malice, hatred, reven
jealousy, etc., are sheltered under this system of anon
mous correspondence; for, although the name of t
writer is known to the editor, yet it is anonymous to t
profession. If a man act rightly, and write to supp
the honour and dignity of the profession, his motives w
be respected, and he need not shield himself by the da
ness of an anonymous signature.

It may be said in reply, the name can be had if a rig
application is made to the editor; but from experien
I can say this is not often so easily obtained; and, b
sides this, there are some men so timid and afra
although innocent of what they stand accused, w
would rather endure a calumny than embroil themsel
in a controversy. The Association ought to take a high
position than to justify a system of "stabbing in t
dark."

The editor is not responsible for this obnoxio
system; it has been in existence from the first pub
cation of the Journal. The Association alone is
countable for it; on the contrary, the editor is oft
placed in a very undesirable position; one in which
ought not to stand.

No communication from any correspondent, howe
high his professional reputation may be, ought to
published in the Journal of the Association without t
affix of his true signature.

I hope this question will receive the consideration
the members at the next annual meeting, and so
change made which will release the editor from so d
agreeable a duty. I am, etc.,

Thomas Radford, M.D.

Higher Broughton, Manchester, February 1862.

PROFESSIONAL CHARGES.

Sir,—As a member of the British Medical Asso
tion, I shall be glad to learn that the professional wo
at Leicester have spoken out plainly and sharply agai
the line of conduct adopted by Messrs. Crossley a
Lilley, in aiding to cut down Mr. Jackson's bill for p
fessional services and medicines. I have read M
Lilley's recantation, but I do not share your edito

iments upon it. Directly Mr. Lilley finds his line onduct is not acceptable to the medical world, he well express his regret that he was led to adopt it; I think it is a very bungling sort of apology to tell profession he was "twice called away from court"; ard only a portion of the evidence," etc.; *but yet he satisfied the charge was excessive.* Why? because, oth, Mr. Crossley (who, be it observed, is *now amily attendant*), has examined every item of the and *he* has told him it is so.

think the profession would have considered it a far re dignified course, and more just to (Mr. Jackson himself," if Mr. Lilley, having heard so little of the had refused to pronounce an opinion upon it.

I am, etc., M.R.C.S., L.S.A.

ebruary, 1862.

LOCAL INSTITUTIONS FOR THE SICK.

Letter from Jonathan Toogood, M.D.

R,—Seeing in the Journal for February 8th, that advocate the establishment of local institutions for sick, I am induced to send you a paper which I ished on the subject forty years since. The Bridg- r Infirmary, which I founded in the year 1813, is an nple of the great benefit such charities dispense, as as the cheapness of the system.

subjoin an abstract of the medical as well as the ncial report of the year 1861.

I am, etc., Jonathan Toogood, M.D.

ebruary, 1862.

edical Report. In-patients, 289; accidents and ations, 73. Out-patients, 3617; casualties, 472. iber of patients, 3906. Average expenditure *per im*, £614:1:10.

GRATUITOUS MEDICAL SERVICES.

Letter from Thomas Williams, M.D., F.R.S.

IR,—I have read with great concern and interest the ussion which our excellently conducted Journal has ntly brought to us on the subject of gratuitous medical ices. With reference to this subject, at present I will say that I agree with you on almost every point, disagree almost entirely on several important ques- s from Dr. P. H. Williams and Dr. Barclay. Pro- ional services are obviously diverse from the acts conduct of charity. The one is a drain upon the of intellect and elaborately trained education; the er is a gift from the abler to the poorer—from the e to the less fortunate—from him who has to him has not. The distinction drawn so clearly by you beyond all dispute, correct and full of truth.

ut gratuitous medical attendance on hospitals and ensaries is not the only shape, in truth, which in ent years medical services have assumed. In nearly the large towns of the kingdom, during the last ten rs, "clubs" have arisen under various names—Odd lows, Foresters, etc. Against the associative spirit purpose with which these clubs are established I do wish to say a word. I desire only, for the present, draw the attention of the profession to the new rela- in which, by the instrumentality of these clubs, me- al men are caused to stand with reference to the lic. Each member pays sixpence a month to the dical fund. In a club consisting of one hundred and y members, about one-half are "family, married n". Taking each family as consisting only of three sons additional to the members, it becomes apparent t a medical man undertakes not only to give his pro- sional services, but also his *physic*, to about three ndred and seventy-five persons in the year, for about 0! I know it to be a fact that a large number of tradesmen and other people *in good circumstances* avail themselves of their connexion with such clubs, and employ the "club-doctor"; and then boast that they have saved £30 and £40 a year. Multiply this unit by fifty or eighty, and it will at once be seen how the professional exchequer is robbed—how the *status* of our profession is reduced—how the medical man is transformed from a gentleman to a tradesman, from the man of a cultivated intellect, guiding and directing others by the force and clear-sightedness of his mind, into a manual labourer.

That such things exist, our profession is to be blamed. The public will buy in the cheapest market, and sell in the dearest. Though to us it may instantly appear that "cheap physic" is a very perilous form of economy, the public argue the question on commercial grounds, as they buy or sell any article of merchandise.

For the present, I will simply bring the subject in this general form under your notice, and conclude by expressing a hope that you will not fail to give to it your attention whilst thinking and writing, not only on "gratuitous", but "gratuitous and degrading medical services". I am, etc.,

Thomas Williams, M.D., F.R.S.,
Physician to the Swansea Infirmary.

Swansea, February 1862.

THE MEDICAL MEN AT HARTLEY.

Letter from George Kennion, M.D.

Sir,—Nobly has the British public responded to the appeal for sympathy, and for aid, which so loudly cried from the desolate tenements of Hartley: and a sum which will, I believe, nearly double that which was asked for by those who so kindly interested themselves upon the spot for the bereaved widows and orphans, has been raised. And justly has the meed of praise been given to those gallant men, who, at the risk of their own lives, worked with pickaxe and shovel during the long, long hours and days of uncertainty which shrouded from their vigorous endeavours the fate of their fellow-labourers. And for them, some more lasting tribute than that of mere praise will be, and, to a certain degree, I believe, has been awarded.

But there is another class of men—fewer in number, but not less resolute in spirit—who, day after day, and night after night watched around the pit's mouth, unsustained by the excitement of manual labour—exposed to the bitter wind which blew across that dreary moor, but who shrank not from exposure and cold—from hunger and weariness, in the hope that some poor sufferers might be brought within the reach of their skilful aid. Bravely and nobly did this little band perform their wearying duties—duties, which, alas! were unavailing. But had Providence willed it otherwise—had some, or all of that ill-fated group been permitted again to see the light of Heaven—we may know with what freshened zeal—with what untiring energy the continuous efforts of these christian and undaunted men would have been given to their succour and relief.

Foremost among these were Mr. Davison, of Heaton Delwood, and Mr. Ward of Blyth.* Of Mr. Davison, I read, that "by night and day he stood patiently on the platform, exposed to all the bitterness of the weather, ready to attend to the wounded, or, by his soothing and cheering conversation to revive the hopes of sinking hearts. The greatest credit is due to him for the general arrangements which he made. Mr. Davison was nobly aided by Mr. Ward of Blyth, who placed himself at the mouth of the shaft, and for two days and nights successively, amidst storm and hail, he never left his post, except to administer relief to one or other of the heroic sinkers, who were continually being brought up more dead than alive, from the obnoxious gas they had inhaled in their endeavours to extract the buried miners."

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* It may perhaps seem invidious only to mention these two gentlemen; but they were, I believe, both officially and actually the foremost.

Such disinterested labours—such self-denying philanthropy, ought not to be allowed to pass away unrecognised by those of their professional brethren whose circumstances will enable them to join in offering to each and all of these gentlemen some lasting testimonial of the high sense which the profession throughout the country entertain of their conduct, so far above all praise.

Mr. Ward I know not at all personally. I once had the pleasure of meeting Mr. Davison in consultation, not very long, indeed, before this melancholy event occurred; and he will pardon me, I am sure, for saying that, after having thus made his acquaintance, I was quite prepared to receive the testimony which is now so publicly borne to his goodness, and his inflexible determination to do his duty at any sacrifice, and at any cost.

I now, sir, commit to your charge my appeal to the medical profession throughout the country; and I trust that numbers will be ready to join, according to their means, in showing, first to these gentlemen, and then to the world, that we are, as a profession, united together, and united to give honour where *such* honour is due.

I am, etc., George Kennion, M.D., M.R.C.P.

Harrogate, February 12th, 1862.

[Dr. Kennion has kindly offered to receive subscriptions for the proposed object, and himself heads the list with a donation of £5. Editor.]

CAN SYPHILIS BE COMMUNICATED BY VACCINATION.

Letter from William Acton, Esq.

Sir,—I lately read with great interest an analysis which appeared in your Journal of the 15th instant, p. 177, of two lectures recently delivered by M. Ricord on the question, "Can syphilis pass into the body with vaccine matter?"

That summary, if accurate, compels the conclusion that the professor of the Hôpital du Midi has lately modified his views with regard to the possibility of secondary symptoms being inoculable. I have since read the opinions of Ricord himself, as reported in two French medical journals, the *Gazette des Hôpitaux* and *L'Union Médicale;* and the writer of your article will, I hope, excuse my dissenting from the interpretation he has put upon the learned professor's words.

The lectures in question were given on the case of a young married woman, 18 years of age, who entered the Hôtel Dieu, in consequence of catarrh of the neck of the womb, but presented no traces of syphilis. As there were several cases of small-pox in the hospital, this woman was vaccinated with lymph taken from the arm of a child that had itself been vaccinated with lymph preserved at the Academy of Medicine. Four or five days afterwards, there remained no trace of the punctures. Fifteen days later, this woman quitted the hospital. Twenty-three days after the vaccination, she returned to the institution, and called the attention of the authorities to two out of the six punctures made in her arm, which had taken on the character of pustules of ecthyma. Fifteen days later, the ecthymatous pustules had not disappeared, but were larger. This created no alarm, as they were supposed to be late pustules, which had become aggravated by the patient's scratching them, or removing the scabs. When M. Ricord examined the patient, he declared that she presented the appearances of syphilis. On the arm, he noticed two tubercles, each with a large hard and raised base. The usual separation between the neighbouring parts and the tubercle was very obvious. In the axilla, a number of enlarged glands were noticed. Roseola appeared on the skin.

"This," said M. Ricord, "is one of the varieti
indurated chancre called *ulcus elevatum*. It is a
cre which has undergone transformation *in situ*.
case of contagion which we witness to-day in this w
now in the hospital, we cannot be certain how the p
entered the system. There is in this case, as in
others, a coexistence of syphilis and vaccination;
until the proof is more complete, I exclude the th
of syphilis being transmitted by vaccination. ....
my part, I cannot deny that there is, in the diffe
cases which we have passed in review, a coincidenc
tween the appearance of syphilis and the appear
of vaccination (*variole*); but, up to the present tin
perceive no relation between these two affections
least, no relation of causality. Is the case of this yo
woman surrounded with sufficient guarantees to p
the possibility of the transmission of syphilis by va
ation? Assuredly not. A young child is taken
this hospital (Hôtel Dieu) to the Academy to be
cinated. The pustules develope themselves regul
The pus serves to vaccinate four other children, in w
all passes normally. This young woman is inocul
with the same lymph; no pustule appears; for she
been previously vaccinated. She had left the hospi
month, and had been lost sight of. One morning
returns; two out of the six punctures which had
made in the arm presented traces of indurated chan
Can you say that this is, necessarily, the effect of
cination? May not this woman, who is married,
contracted syphilis out of the hospital, and contract
in her arm? Would there be anything very extr
dinary in this?"

In the report given in the *Gazette Médicale de L*
M. Ricord says:—"Let me now say a word on the
tagion of secondary symptoms. Between me and
opponents a long struggle has taken place on this im
tant point of *syphilographie*.....I have failed on e
occasion when I have endeavoured to inoculate sec
ary symptoms.....In the actual state of the questio
is not yet possible to lay down any certain conclusi
New facts—perhaps of immense importance—may
about to occur. Let us not hasten to pronounce
opinion; let us wait, and impartially examine; let
rather quietly reflect on every new fact as it happe
and, above all, let us examine every apparent nov
without being hampered by preconceived notions, s
one of these days to be able to draw an impartial c
clusion."

Thus speaks M. Ricord in 1862. In 1859—the
time that this important question was before the A
demy of Medicine—the learned professor spoke w
equal caution. He terminated his speech by giving
following very qualified assent to the report:—"Ad
if you will, the possibility of the contagion of second
symptoms, but do not specify anything at present. *F*
lux." (*Acton on Diseases of the Generative Organs,*
edition, p. 407,)

I think, sir, that it is difficult to gather from Ricor
own words that he has changed any of his opinions.
confess it seems to me that he is as convinced as e
that secondary symptoms are not inoculable. His c
tious language has been mistaken, and cited, I believe
some cases wilfully, as a proof that he has changed
opinions. My own experience, theoretical and pr
tical, during twenty years, certainly justifies Ricor
caution. I have never met with a single well authe
ticated instance of the contagion of secondary symptom
Many cases have been brought forward like this rece
instance in Paris, but one and all have broken do
when closely investigated. It is important that t
should be known, as it affects the popularity of vaccin
tion. Hitherto, notwithstanding all the charges of t
kind that have been brought against vaccination, it st
has the confidence of the profession.

I trust, sir, that these remarks may help to convin

, who have had doubts on the subject, that vaccina- is not proved to have ever yet been the means of ducing syphilis into the system. We must wait for a good deal more trustworthy, and a good deal decisive, before we dethrone Jenner, and abandon elves and our children to small-pox.

I am, etc., W. Acton.

Medical News.

yal College of Physicians of London. At the itia Majora, held on Saturday, February 15th, the wing gentleman was duly admitted a member of College:—

urdie, Robert, M.D., Blackheath

the same Comitia, the following gentlemen, having rgone the necessary examination, and satisfied the ge of their proficiency in the science and practice edicine and Midwifery, were duly admitted to prac- physic as Licentiates of the College:—

gar, Frederick, Tottenham
uszard, Frank, M.B., Lutterworth
ampbell, Robert Lyons, Inverness
uscroft, Henry, Pontefract
andford, Horace Vavasour, M.D., Hatfield, Yorkshire
alford, Walter Gilson, Sittingbourne

e following passed the *first part* of the professional ination for the licence of the College, on the 7th nt:—

artlett, Joseph James Henry, University College
ottle, Alexander, University College
arter, Frederick, London Hospital
teward, Joseph Septimus, Medical School, Newcastle-upon-Tyne

yal Colleges of Physicians and Surgeons, Edin- h. The gentlemen whose names are subjoined, g passed the necessary examinations, have been tted Licentiates of one or both of the above Colleges, dicated by the initials following each name, viz.:—

owan, William Dudgeon, Musselburgh, L.R.C.P. and L.R.C.S.
ackson, Burton, co. Kerry, L.R.C.P. and L.R.C.S.
'Donald, William, Limerick, L.R.C.P. and L.R.C.S.
ullar, William Young, Edinburgh, L.R.C.S.
andison, John, Arbroath, L.R.C.S.
uther, James Benjamin Fraser, Edinburgh, L.R.C.S.
ilkinson, William Edward, Dublin, L.R.C.S.

APPOINTMENTS.

enhow, Edward H., M.D., appointed one of Her Majesty's nmissioners to inquire into the condition of Mines in Great ain, with reference to the health and safety of persons em- ed in such mines.

e, John W., Esq., elected Consulting-Surgeon to the Infirm- Peterborough.

in, Frederick W., Esq., elected House-Surgeon to the Poplar spital.

ker, Thomas J., M.B., elected Surgeon to the Infirmary, Peter- ough.

, John, M.D., elected Honorary Attending Medical Officer to Royal Pimlico Dispensary, in the room of C. J. B. Meadows, ., resigned.

l Army. The following appointments have been made:—

er, Staff-Assistant-Surgeon P. C., M.B., half-pay, to be Staff- istant-Surgeon, *vice* J. H. Porter.

brooke, Surgeon W., Military Train, to be Staff-Surgeon, *vice* H. Jones, M.D.

cey, Staff-Surgeon O'Connor, M.D., to be Surgeon Military n, *vice* W. Braybrooke.

Surgeon T., M.D., Royal Artillery, to be Surgeon-Major, having pleted twenty years full-pay service.

er, Staff-Assistant-Surgeon J. H., to be Staff-Surgeon, *vice* D'Arcey, M.D.

nteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

ry, J., M.D., to be Surgeon 1st Administrative Battalion Cinque ts R.V.

To be Honorary Assistant-Surgeon:—

o, J., M.D., 7th North Riding R.V.

BIRTHS.

Harries. On February 14th, at Shrewsbury, the wife of *J. D. Harries, Esq., of a daughter.

Kevern. At Hull, on February 7th, the wife of *C. T. S. Kevern, Esq., Staff-Surgeon R.N., of a daughter.

DEATHS.

Ainsworth. On February 15th, at Lower Broughton, aged 76, Elizabeth, widow of J. Ainsworth, Esq., Surgeon, of Manchester.

Eccles. On November 30th, 1861, on board the *Chilé*, on her voyage to New Zealand, Maria, wife of Alfred Eccles, Esq., Surgeon.

Garner, Robert, C., Esq., Surgeon, on board the *St. Lawrence*, at Calcutta, aged 23, on December 26, 1861.

Kevern. On February 16th, at Hull, aged 39, Harriet, wife of *Charles T. S. Kevern, Esq., Staff-Surgeon R.N.

Rose. On February 17th, at High Wycombe, aged 12, Robert Walter, second son of *William Rose, Esq.

Navy Estimates. The estimate this year for medicines and medical stores for the navy is £66,000; being the same as last year.

Royal College of Surgeons. Professor Gulliver, F.R.S., will commence his course of lectures on the Blood of Vertebrata on Tuesday next, the 25th inst., at four o'clock.

Army Medical Department. In the House of Commons, on Friday week, Sir G. C. Lewis, in reply to Colonel Sykes, said that it was not intended to admit natives of India to compete for the situation of army surgeons, the Medical Board having reported that the natives of India or other tropical countries would never be able to sustain the climate of a northern region. With respect to that part of the question which related to the coloured subjects of Canada being allowed to compete, he was not at all aware whether the hon. gentleman meant red Indians or free negroes. He was not aware that such a class of persons could compete.

A Test for Arsenic. Dr. Letheby recommends the following method of detecting the presence of arsenic in wreaths and dresses: "Put a drop of strong liquid ammonia (liquor ammoniæ, the druggist calls it) upon the green leaf, or dress, or paper, and if it turn blue, copper is present; and copper is rarely, if ever, present in these tissues and fabrics without arsenic being also present—the green compound being arsenite of copper. I have tested papers and dresses in this manner more than a hundred times, and have never failed to discover arsenic when the ammonia changes the green into blue. It is, therefore, indirectly, a very reliable test; and if every lady would carry with her, when she is shopping, a small phial of liquid ammonia, instead of the usual scent bottle, the mere touch of the wet stopper on the suspicious green would betray the arsenical poison and settle the business immediately."

A Pythoness. The Pythoness in the Zoological Gardens, is one of the large varieties of the great boa family. It was born in West Africa, and has been 11 years in the gardens, during which period it has thriven well, waxing yearly in strength, girth, and length, until now it is a very giant among the serpents in the Zoological Society's collection. It is better off than many animals in the gardens, which live in single blessedness in their narrow prison-houses, for the great lady Python has a husband. We must say, however, as will be seen presently, she does not seem to derive any great comfort from his society. It may be that, because her mate is much less than herself, she regards and treats him with contempt. He is a dwarf compared to her, being a kind of reptilian Brummell, toying, as it were, with peas while his wife eats scores of animals. She has gorged ten full-grown rabbits at a sitting, or coiling rather; and on the last occasion that we saw the interesting couple at their dinner (provided every Friday at the fashionable hour of 7) she stowed four rabbits in her elongated maw in an amasingly short time (how many more followed we know not), while her husband not only turned away from a rabbit, but was absolutely insensible to the attractions of a dainty duck which quacked provokingly under his very nose. Do not, however, suppose that the male serpent is puny or powerless. Waterton himself, who came forth from a cavern with a boa encircling him with its muscular coils, would have succumbed under the grip of such a reptile as this. We only wish it to be understood that he is small compared to the Pythoness. (*Athenæum.*)

ETHNOLOGISTS AND THEIR TRANSACTIONS. The ethnologists are excellent company, for they are mostly men who have travelled, and noted the characteristics of divers races, and they have kept for their society the cream of their observations. This first volume of the new series of their Transactions does not extend to 400 pages, but it contains the substance of many books of ordinary and extraordinary adventures. Thus, Mr. Atkinson gives us an account of an ascent with the Kirghis through the mountain passes to their summer pastures at the foot of the snowy peaks of the Ac-tou, in Chinese Tartary. Sir Edward Belcher discourses on the manufacture of works of art by the Esquimaux; Mr. Lockhart on the Miautsze, or Aborigines of China; Mr. Parker Snow on the wild tribes of Tierra del Fuego, from his personal observation; Captain Burton and Mr. Du Chaillu on the tribes of Africa, and others on other ethnological phenomena, collected either in reading or actual explorations. Dr. Latham, Dr. Beddoe, Mr. Crawfurd, Admiral Fitzroy, Mr. Dunn, and others have speculated more widely, and here we see the higher province of this society, where facts and observations are not only recorded, but canvassed, sifted, and formulated into theories. And there is clearly no indentification with any set of doctrines, for these theories in a corporate sense are so impartial that in some instances they directly contradict each other.

VITAL STATISTICS. A new volume, issued by the Registrar-General of Scotland, gives the result of some inquiries upon several subjects of much interest. One among them is the fruitfulness of marriages. The usual mode of calculating is by observing the proportion of legitimate children in a year to the year's marriages; that proportion in Scotland, in the year under review, was considerably greater than in England or in France, and it is thought probable that the married Scottish woman is more profilic than the English or the French. But an attempt has been made to ascertain the fruitfulness of every fruitful marriage. In Edinburgh the women who bore children in 1855 had borne altogether, upon an average, 3·7 children, and in Glasgow the proportion was 3·8; the largeness of the numbers in these cities gives the calculation a value much beyond that of any similar statistics hitherto published. So far as may be inferred from the returns at present obtained, it appears that the proportion of unfruitful marriages increases with a higher rank in life, and is probably less in Scotland than in England. Some curious facts came out in preparing the Glasgow table. One mother who was only 18 had four children, one who was 22 had seven children, and of two who were only 34, the one had 13 and the other 14 children; and, on the other hand, two women became mothers as late in life as at 51, four at 52, and one mother was registered as having given birth to a child in the 57th year of her age. Another subject to which attention is called, is the conspicuous proof upon these registers of the less waste of female life than of male; at every age, taking quinquennial periods up to 20, and then decennial, the proportional mortality among women in Scotland is less than that of men.

ILLEGITIMACY IN SCOTLAND AND ON THE CONTINENT. The Registrar-General for Scotland, in his annual report to Parliament, just issued, draws the following comparison between illegitimacy in Scotland and on the Continent of Europe: "As it has been shown that ille macy in Scotland is somewhat different from what on the Continent, it might be expected that this di ence would be exhibited in the different proportion the sexes of the illegitimate children at birth. On Continent of Europe (according to the statistics lished by Quetelet), while legitimate births gene give about 106 males for every 100 females, illegiti births only yield 103 males for every 100 females. Scotland, however, while the legitimate birth yie 105·2 males to every 100 females in 1856, the ille mate births yielded 106·1 males to every 100 fem or the proportion of males to females was higher among the legitimate births. This was strikingly case with regard to the insular births. In the ins districts, while the legitimate births yielded 107·7 m to every 100 females, the illegitimate births were in proportion of 114·2 males to every 100 females. In main-land and rural districts, the proportion of mal females was almost the same in the legitimate an the illegitimate births, being 104·9 males in the le mate, and 105·0 males in the illegitimate births to e 100 females. In the town district, on the other h the proportion of males predominated among the ille mate births, seeing that 105·4 males were born for e 100 females among the legitimate births, while in illegitimate births the proportion was 107·5 male every 100 females."

ST. THOMAS'S HOSPITAL. A memorial has been dressed by the medical and surgical officers to the sident and governors of this institution, in referen the present position of the charity in consequenc the approaching occupation of the site by the Cha cross Railway Company. After briefly referring to past history of the hospital, the memorial states "in the impending change there is a singular and s did opportunity for increasing the usefulness of the i tution," and then goes on to state that the intentio the founders and benefactors of the charity woul almost irreparably defeated, and the priceless p boon of a great school of medical and surgical sci would at the same time be sacrificed, if the new hos were to be planted in any locality where physicians surgeons of a high metropolitan standing could nc expected to serve it with assiduous attention, or w masses of the labouring population would not have access to it for relief in all their emergencies of su illness and injury." The memorialists proceed to ex their opinions that everything possible should be to insure a free and full discussion of the impo issues which will be raised; and that this object ca be attained unless the several issues are made publi some reasonable time before the day when the ge Court of Governors will have to decide on them. this view they suggest that when the report of the mittee on the site of the new hospital is made governors, before deciding, shall cause such report printed and published, and then allow an interval least a month to elapse, in order that the merits o several proposals may be open to public criticism; also that when the governors have it in view to d mine on what plan the new hospital shall be built, will, for at least a month before they purpose to d this question, permit public exhibition to be made plans which shall have been proposed for their ac ance. Should the governors judge proper to ask opinion of the memorialists on the different sites may be proposed, or on other matters at issue, the fer to give the results of their joint deliberations appears from the memorial that the income of the pital since the beginning of the present century mainly through the falling in of leases, increased about £12,000 to £32,000 per annum, and furthe crease at the same rate is in constant progress.

DICAL FEES. "*O tempora! O mores!* Can it be
ed that 1*s*. 6*d*. is considered over-remuneration for
killed labour of a M.R.C.S.E. and L.R.C.P.Edin.
n.), and that two honorary surgeons could be got
most enlightened country in the world to swear
hey believed such charges exorbitant? We have
of such fees as 2*s*. 6*d*. amongst the *inferior* Irish,
, we are happy to say, a very few fully qualified prac-
rs who descend to the degradation of 'advice and
ine at 5*s*. *per*'. But we rejoice to say that we live in
where the open acceptance of an eighteenpenny
uld secure the summary ejectment of the offender
any of our licensing bodies. Verily, the general
ioner's career in England must be the *facilis*
sus Averni, when we find such an *exposé* of prac-
the above. (*Dublin Med. Press.*)

AL COLLEGE OF PHYSICIANS. A course of eight
es on the Anatomy of the Liver, with observations
tain changes occurring in disease, was commenced
College, on Monday evening last, by Dr. Lionel S.
The subject of the lecture was: The bearing of
research on the progress of medicine: the liver
or "elementary part" composed of germinal mat-
formed material. The subjects of the remain-
ctures, which will be delivered on Monday even-
t half-past eight, will be—2. The invertebrate
the vertebrate liver: general arrangement: pre-
on of specimens: portal canals: hepatic venous
. 3. The lobules of the liver: distribution of
: portal vein: hepatic artery: hepatic duct: vasa
ntia: lymphatics: nerves: vessels of gall-bladder.
sson's capsule: the intricate structure of the lo-
capillaries: cell-containing network: the liver
' of vertebrate animals. 5. Ultimate ramifications
ducts, and their connexion with the cell-contain-
twork, in mammalia, birds, reptiles, and fishes:
nclusion of previous observations. 6. Circulation
liver: the position of the liver as a secreting
the liver and kidney compared: congestion of
er. 7. Diseases of the liver: formation of cysts
liver: fatty liver: deposition, *a*. at the circum-
of the lobules, *b*. in the centre of the lobules.
eases of the liver: waxy, albuminous, or amyloid
ration of the liver: structural changes occurring
hosis of the liver: conclusion. Twelve prepara-
lustrative of the observations will be passed round,
each lecture, in portable microscopes.

S OF THE WEATHER. Admiral Fitzroy, in his in-
ons to meteorological observers, is careful not to
any source of information, as he especially notes
e observations of nature are to be watched. Thus,
sea-birds fly out early and far to seaward, fair
er may be anticipated; on the contrary, when they
bout the land or fly inward, stormy weather is in-
. When animals, instead of spreading over their
range, seek sheltered places, storms may be ex-
. Dew is an indication of fine weather; so is fog;
earness of the atmosphere near the horizon is a
wet. When a mountaineer sees the hills cutting
against the sky, he wraps his plaid around him.
hearing day is also an indication of coming wet.
ublic will feel all the more confidence in the head
Meteorological Department for not disdaining
phenomena noted by the weatherwise, as they rest
exactly the same foundation as what may be termed
ore scientific signs—namely, experience. Now that
rology is elevated into an applied science, we feel
ent that immense progress will be made. It is a
hing to know that there is a central department
ted purposely to collect all information bearing
he subject. and that it has a chief like Admiral
, whose heart is in his business, and who seems
better pleased than when he is collecting from any
, however insignificant, a fact that is noteworthy, unless it be when he is diffusing his knowledge so attained either to individuals or the public at large. The growth of this new department seems to bear the same relation to the Shipwreck Relief Society and the Lifeboat Society that preventive medicine does to remedial medicine. Indeed, as we progress in knowledge, we are beginning to find out that prevention is better than cure, and, what is more to the purpose, we are becoming enabled to put this prevention in practice. (*Once a Week.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.
TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
FRIDAY....... Westminster Ophthalmic, 1·30 P.M.
SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Geographical, 8.30 P.M.—Institute of Actuaries, 7 P.M.—Medical, 8.30 P.M.: Mr. H. Thompson, Lettsomian Lecture "On Lithotomy and Lithotrity."
TUESDAY. Royal Medical and Chirurgical, 8.30 P.M.: Dr. H. V. Carter, of Bombay, "On the Connection of a Local Affection of the Lymphatic System with Chylous Urine"; Dr. A. T. H. Waters, "On a Case of Chylous Urine."—Civil Engineers, 8 P.M.—Zoological, 9 P.M.
WEDNESDAY. Society of Arts, 8 P.M.—Geological, 8 P.M.—Royal Society of Literature, 4.30 P.M.—Archæological Association, 8.30 P.M.
THURSDAY. Philological, 8 P.M.
FRIDAY. Royal Institution, 8 P.M.
SATURDAY.—Army Medical, 7.30 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—FEBRUARY 15, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week....................	Boys ..1018 Girls.. 948	1966	1345
Average of corresponding weeks 1852-61		1945	1377

Barometer:
Highest (Sun.) 30.425; lowest (Wed.) 29.693; mean 30.085.

Thermometer:
Highest in sun—extremes (Mon.) 79 degs.; (Tu.) 43 degs.
In shade—highest (Wed.) 44.5 degrees; lowest (Sun.) 25.7 degs.
Mean—36.2 degrees; difference from mean of 43 yrs.—2.2 degs.
Range—during week, 18.8 degrees; mean daily, 10.1 degrees.

Mean humidity of air (*saturation*=100), 87.
Mean direction of wind, N.W. and N.E.—Rain in inches, 0.03.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

M. C. POUPINEL DE VALENCÉ. Your letter and enclosures were duly received.

COMMUNICATIONS have been received from:—PROFESSOR SYME; DR. GRAILY HEWITT; MR. C. T. S. KEVERN; MR. LANGSTON PARKER; MR. WILLIAM COPNEY; MR. A. B. STEELE; DR. EDWARD COPEMAN; DR. STEPHENS; MR. J. D. HARRIES; DR. J. WAY; MR. T. P. DICK; MR. ACTON; DR. BOYCOTT; DR. W. ADDISON; MR. PITTOCKE; DR. HOOPER; MR. J. G. PARSONS; MR. MARTEN PERRY; MR. R. B. TULLOCH; MR. JAMES TAYLOR; M.R.C.S., L.S.A.; MR. JAMES COLE; DR. HYDE SALTER; DR. THOMAS WILLIAMS; M. C. POUPINEL DE VALENCÉ; LEICESTERSHIRE PRACTITIONER; MR. HAYNES WALTON; and MR. T. M. STONE.

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Pulvis Jacobi ver, Newbery's

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"HENRY J. STORMONT, Esq., Surgeon, Cheshu

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(Signed) "JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Mea

Sole Agent and Manufacturer,

J. T. DAVENPORT, Pharmaceutical Chemist, 33, Great Russell Street, Bloomsbury Sq., Lo

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JOHN ERICHSEN,
Professor of Surgery at University Coll
Surgeon to the Hospital.

From W. FERGUSSON, Esq.,
Professor of Surgery at King's College, and Surgeon to the I
16, George Street, Hanover Square, Oct. 14th

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Yours faithfully,
WM. FER

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Lectures

ON

SEASES OF WOMEN AND CHILDREN.

DELIVERED AT THE SAMARITAN HOSPITAL.

BY

CHARLES H. F. ROUTH, M.D.,
PHYSICIAN TO THE HOSPITAL.

LECTURE I.—ENDOMETRITIS. *(Continued.)*

me now turn to the subject of endometritis.
here, in the onset, I would make two general
rks.

rst: the affection eminently resembles inflam-
on of other mucous membranes. These tissues
icous membranes—more than any other mem-
es, appear to have the faculty, when diseased,
creting morbid products of a very acrid cha-
r.

othing is more common", says Dr. Tyler Smith,
n for discharges from the eyes, ears, nares, and
h, to excite irritation of the skin at the margin of
everal orifices from which these discharges proceed;
t cannot be too strongly insisted upon, that the
ing of the os uteri is identical with the skin; and
in this situation, there is the peculiar disadvantage
constant tendency to the accumulation of the dis-
es coming down from the cervix uteri." (P. 80-1.)

condly: whether we speak of endometritis
e cavity of the uterus or of the cervix, there
ch similarity in some of the changes of secre-
nd symptoms. We may therefore speak gene-
y of the disease as consisting of four varieties,
deed, stages; because, although not invariably,
requently, they are observed to follow in the
of sequence here given, each stage being chiefly
cterised by a change in the quality of the
tions.

e first may be called the *mucous* variety, or ordi-
uterine catarrh. Here the discharge is purely
us. In the cervix, it resembles exactly the
of egg, though it is rather more opaque in the
e cavity.

e second is the *muco-purulent* variety, the dis-
e being intermixed with pus, and opaque. In-
I have occasionally seen it like milk. I am
this discharge is most commonly found at the
part of the vagina, as the result of simple
itis, and entirely distinct from uterine secre-
But a similar discharge is occasionally found
ne from the uterine canal itself.

e *sanguineo-purulent* stage is one in which the
arge is tinged with blood, and highly tenacious,
hich, after a time, usually passes into the fourth
or *menorrhagia*, where the discharge consists
t entirely of blood. You will see I have put a
of interrogation after the latter in the agenda
I have done it on purpose; as I believe that,
s variety, the mucous membrane of the uterine
y is almost always synchronously affected, and
s in the production of the menorrhagia, except
ses of mucous polypi or ulceration of the
us membrane of the cervical canal, in which case the menorrhagia is often exclusively due to cervical disease.

Of these four stages I shall have to speak *seriatim.* The symptoms vary, or are modified somewhat by the situation of the endometritis, according as the disease affects the cavity of the cervix, or that of the fundus; and therefore would be better separated. Practically speaking, however, as there is also great resemblance in the symptoms, I had better begin with a general description most applicable to cervical disease, and then point out the special differences as I proceed.

CERVICAL ENDOMETRITIS.

The best idea I can give you of endometritis is by instancing a bad case of coryza. You have first a dry mucous lining, followed by an increased secretion; pain, and heat. The mucous membrane is very red, and painful on touch. Soon the nose begins to swell and become red. The discharge is so acrid that it excoriates the upper lip; and in delicate skins, as in strumous children, you may have actual ulceration. In the course of the disease, you have pain extending to the top of the head, across the forehead and eyes; fever, etc.

So it is with endometritis. The patient is exposed to a sudden chill or cold; gets her feet wet, it may be, during a menstrual epoch, or soon after a miscarriage from a labour. A temporary dryness of the lining membrane is succeeded by an increased secretion of mucus. There is a heavy dull pain or uneasy sensation and fulness about the lower part of the back and pelvic organs. There is more or less anorexia. The disease lasts two or three days, and then ceases. Sometimes, however, it goes on to the second stage. The discharge becomes excoriating. The pain is more acute at the lower, and extends to the upper part of the sacrum, radiates to the ovaries, and is sometimes reflected to the lower abdominal regions. The anorexia is more marked. This may go on for three or four days more, when the symptoms gradually subside. More frequently, however, it goes on to the third stage. This is characterised by a bloody purulent discharge, aptly described by authors as not unlike that of pneumonia, but less tenacious, and free from froth. In this stage, all the former symptoms are aggravated. The patients have no longer what they usually term the whites, but will tell you that their linen is stained by a red or yellow discharge, which is often unusually odoriferent.

In the former two instances, if an examination be made, there is not much pain on the touch; and the sound, if well oiled and carefully introduced, is seldom much complained of. The lips of the os may be largish and tumefied; the os covered with enlarged follicles, and redder than usual; but this is all. In the third stage, however, except in cases long subject to a chronic metritis previously, upon which an acute attack has supervened, the os is patent.

This patent os is a remarkable symptom, yet only indicative of a similar dilatation of the uterine cavities. Be it cervical or fundal endometritis, in both the dilatation is sometimes so great as to admit of free movement of the sound from side to side. In the case of the uterine cavity being affected, it may be moved sometimes completely round. This patent os has been much dwelt upon, and is by many considered as pathognomonic of inflammatory disease. No doubt it is, if accompanied with the sanguinolent discharge, and if there be no tumour or polypus within the uterus; but in cases in which there is hypertrophy of the cervix, or where a state of chronic metritis has long persisted, I am satisfied an opposite state—one of constriction of the os—is not uncommon.

The catamenial flow in this disease varies, both as to frequency and quality. Sometimes it is copious, even intermixed with clots. This is always the case in the fourth stage, at which period the menorrhagia is always much increased; but in the other stages it varies greatly, being as often scanty as plentiful, often very painful and difficult, amounting to severe dysmenorrhœa; although, as a rule, I believe it is usually increased in quantity from coexisting uterine congestion. Indeed, in the third stage of the disease, it is seldom that the uterus itself continues long unaffected. In the first and second, the endometritis may be simple and uncomplicated; but, in the sanguineo-purulent variety, the uterus is *almost always synchronously congested.* The symptoms of this last affection are then superadded; viz., pain in the erect position aggravated; also a bearing down sensation, relieved by lying down. Ulceration of the cervix often coexists, induced by the exceedingly excoriating nature of the discharge; and this ulceration, once induced, will persist so long as the discharge continues to flow.

Of these stages of endometritis particularly, the former two seldom come under the notice of the practitioner as local lesions. It is only when it reaches the third stage that, owing to the great sense of discomfort produced, our aid is sought for. But if in the acute stage the affection come not under our cognisance, it is far otherwise in the chronic state. Each of these varieties may, the acute stage once over, pass into a specific chronic disease. Thus we may have the first stage persistent for months: so also the second, and third, and fourth. They may, indeed, in this way persist for years. It is also a remarkable fact that, in the majority of these cases, the disease remains limited to the cavity of the cervix. This is probably due to the peculiar anatomical conformation of the muscular structure around the internal os, which seems, indeed, to amount occasionally to actual stricture; while the patent external os allows free egress externally of all discharges which can thus in no way force open the internal os. But the disease may sometimes be confined to the other and superior part of the uterine cavity; and then we have what I would call

FUNDAL ENDOMETRITIS.

By this term, I would speak of endometritis of the upper uterine cavity, including not only the fundus, but the body of the uterus too, because it is not always easy to distinguish the exact localisation or symptoms. It is true, that it may be equally difficult to state distinctly that the cervix itself, being diseased, does not also contribute to the general array or character of the symptoms; but I think it may be laid down as a rule, *in limine*, that in fundal endometritis the symptoms are more severe and persistent; and the constitution, as a rule, suffers more.

Beside the general symptoms of cervical endometritis, three types of symptoms prevail. First, there is a strong tendency to *convulsive affections*, espec where the fundus, or that part above the Fallo tubes, is implicated. Secondly, some of the *sy toms of pregnancy* may be present. Lastly, *me rhagia* is a common symptom.

The mucous membrane in these cases presen remarkable appearance. It is more changed tha cervical endometritis; it is intensely red, livid slate-coloured, rarely smooth, but often irregu and covered with papillæ or villi easily shown u water. (Aran, p. 421.) This change is importan explaining the formation of the polypoid bodi some cases of menorrhagia, and to which, if permit, I may again refer. The changes in the thelium are also very remarkable. Frequently entirely absent, if not over the whole surfac least over a large portion of it; or, if it does exi is no longer ciliated and cylindrical, but tessel The parietes are generally thinner than u (Aran, p. 422-3.)

I have said the general symptoms are simil those of cervical endometritis. As in the latte uterine cavity is larger, so large as to admit o free motion of the sound within it, either compl round, or from side to side. The reflected pain higher in the abdomen, being reflected to the b bones and epigastrium.

Tympanitis is also generally present—a sym which is described by Aran as pathognomonic of in matory diseases about the body of the organ. the upper part of the fundus is affected, these co sive symptoms may occur; hysteria predomin and may often be at once induced by touchin ternally with the sound the fundus, which is e sitely painful. In two cases, it seemed to b cause of epileptoid symptoms.

As you will foresee, we cannot as clearly mak four stages with characteristic discharges, bec if the cervical canal be also diseased—a not u quent complication—the discharges of the c are mixed with those of the cervix; and sc means of diagnosis becomes faulty. You may, ever, detect that the cavity is chiefly affected, the sound gives great pain on introduction int cavity, and not when in the cervical canal; tenderness produced on pressure through the minal parietes upon the fundus; by the g amount of general discomfort present, and c more of the three classes of symptoms before tioned—very great tendency to convulsive affec pseudo-pregnancy, or menorrhagia.

Convulsive Variety. To give you an idea convulsive variety, I think I cannot do so than by giving you a case of inflammation fundal mucous membrane.

E. B., aged 15, the daughter of a tailor in ver circumstances, a pleasant-looking girl, and appare a very affectionate disposition, became a patient o when I was attached to the St. Pancras Royal G Dispensary. She complained of backache, but ch severe abdominal pain, extending to the epigast hypochondriac regions, and of more or less sicknes was very weak, and obliged to keep her bed, a been so afflicted for several weeks. The catamen somewhat scanty. She had been under the c several practitioners for a supposed abdominal d but had received no benefit. As her function well performed, and there was no emaciation than could be explained by the circumstances ir

vas placed; as her breasts were large and full,
if I mistake not, exuded occasionally a drop or two
rum, I felt sure the irritation was chiefly uterine.
iterus was accordingly found tender on percussion
gh the abdominal parietes over the hypogastrium.
xamination by the touch revealed the existence of
rrhœa to a large extent, and the vagina appeared
ially developed for a girl of her age. The uterus
arge; the cervix painful on touch; the parts gene-
hot and painful. The discharge was glutinous,
evolved a strong smegmatous odour. She was
purged, and given alteratives and refrigerants; in
reated generally for weeks, but with little advan-
At her own and her parents' request, I had her
ed to the Samaritan Free Hospital; and here, at
desire also, she was again, but more carefully,
examined. The same symptoms before described
present; but, in addition, the os was found small,
erus congested. The introduction of the sound,
ally as it reached the fundus, was accompanied
reat local pain and an exacerbation of the abdo-
symptoms before alluded to. The withdrawal of
und was accompanied with a bloody ichorous dis-
. Local depletion by leeches, etc., was now em-
. The lining uterine membrane was scarified by
uble hysterotome which I now show you. The
owever, progressed but slowly; she was one day
and one day worse. With a view of diminishing
erine volume, and of giving a free exit to all dis-
s (a measure often attended with great benefit in
etritis, as I shall have to tell you by-and-by), a
-tent of small size was introduced, and pushed
p. The result, however, was very different from
e had expected. In the course of a few hours, she
almost maniacal; complained of great pain in
ion of the uterus; and soon became apparently
e of what was doing around her, wishing to get
bed, and rush out of the wards undressed. There
sleep for the nurses or neighbouring patients
ght, although the sponge-tent was removed the
t these symptoms supervened, and opium was
given to quiet her. In three or four hours the
ms changed. She now sat up in bed, moving her
om side to side. The facies became eminently
cal, with a *risus sardonicus* continually upon it;
e appeared unconscious, noticing in no way the
s made to her. The character of the case was,
r, now manifest. Under these circumstances, I
o practice an expedient which I do not believe
n elsewhere described. I call it "counterirrita-
concussion of the spine". It consists in forcibly
kingly striking over the dorsal region of the
ith the open palm. After the third or fourth in-
recovery to consciousness invariably occurs in a
at ridiculous manner, because so suddenly and
ely. I do not know if others ever adopt this
, but it is very effective.

nother case in which the uterine cavity was
d, and in which, I understand, a sponge-tent
roduced by an eminent practitioner, epilepti-
nvulsions resulted, and continued for hours,
e tent was removed. The epilepsy in a case
appeared to be due to this cause.

ymptoms, then, of endometritis of the supe-
undal part of the uterine cavity are: pain
sure from the parietes of the abdomen; more
astric disturbance; flying colicky pains about
er part of the abdomen; leucorrhœa, white
ured, of a peculiarly strong smegmatous
with pain at the uterus when this is forcibly
backwards by the finger in the vagina, not
se, and particularly when the sound is passed
he cavity and touches the fundus, when, in addition to great local pain, flying abdominal pains as high as the epigastrium, and even sickness and fainting, may be produced. Sometimes there is a tendency to nymphomania; more generally, however, to a development of nervous symptoms; among these, those of hysteria are most developed, but they may pass on to mania, whether active or nymphal. In the case of E. B., I subsequently learnt it was accompanied with onanism.

In these cases also, but especially when the body of the uterus is also affected, tympanitis coming on suddenly, and persisting for hours, and as rapidly subsiding, is a common symptom.

You are doubtless aware that the ancients generally, and indeed many physiologists of the present day, have believed that hysteria is always dependent on uterine disease; and hence, indeed, the name *hysteria.* I might occupy you, doubtless, upon this theme for hours; but I refrain from more than passive mention. It is a question only to be elucidated by morbid anatomy and clinical study. The former is always difficult, as hysteria is fortunately not often fatal; the latter, from motives of delicacy, not always practicable. Suffice it to say that the careful Landouzy, after close investigation, adopted this conclusion. Thus he found that, out of sixty-seven cases in which the morbid appearances were observed, in fifty-five, or 82 per cent., the hysteria was found to coincide with material organic changes in the sexual organs; and in eighteen times, or 27 per cent., the hysteria disappeared the moment the genital affection was cured.

Clinical observation also leads in the same direction in many cases. In ten observations published by Dance (*Archives de Médecine*, vol. xviii), amid the symptoms of metritis present, we find general convulsive movements, trembling of lips, lockjaw, strabismus, cries, inordinate laughter, excessive moral irritability—in fact, a series of symptoms analogous to those of hysteria. Indeed, Pujol believes metritis to be essential to the production of hysteria. (Landouzy, p. 217.) Now I do not stop here to answer arguments against this belief, the strongest of which is, that hysteria sometimes occurs in men and children; nor to dwell on Landouzy's double reply to such cases—1, that out of thirty cases recorded, several of which are very imperfectly given, there are only four which present much analogy to hysteria; and 2, that there may occasionally be similar irritation of the genital analogues of man himself, giving rise to analogous symptoms. I shall be satisfied in stating my belief that in hysteria, and in many convulsive affections, there is often coexisting endometritis, or at least irritation of the lining membrane of the fundus.

To the concurrence of endometritis we can attribute the curious examples of hysteria or chorea which every now and then present themselves, and which ancient authors referred to *hysteritis.* In Dr. Watson's *Practice of Physic*, you will find many such cases described under the heading of chorea.

The perusal of that just recorded seems to show they belonged to this category. These abnormal symptoms are generally found to be accompanied with retention of the menses, and to disappear at once after a copious flow of them, a flow in many cases amounting to a menorrhagia—precisely the means which, by relieving uterine congestion, we should imagine would most readily cure the endometritis.

The above case, however, was one of endometritis of a subacute kind, suddenly becoming acute—it is right to add, perhaps owing to the treatment adopted; but the case is very instructive, and may be taken as a key to many analogous examples of hysteria; and I believe, in like manner, it will explain some cases of epileptoid convulsions, particularly those which are synchronous with menstrual periods.

Ulcerative Variety. The next form of fundal endometritis I have distinguished as the *ulcerative*; *i.e.*, where the inflammation produces actual ulceration of the lining membrane. In this variety, the symptoms assume a totally different character, resembling those of pregnancy; and I should almost say the disease here appears to be more limited to the body and towards the cervix. As in the former variety, I will exemplify the disease by a case.

Under the heading of a specimen of rare form of uterine disease, Dr. F. Ramsbotham describes a case of ulceration of the whole or chief part of the lining membrane of the uterus. In illustrating the disease from the case, Dr. Ramsbotham remarks:

> "The parietes of the organ become softened in structure, much as they do in pregnancy, and generally irregularly thinned in substance; while the cavity is considerably dilated, and contains coagula, unhealthy fœtid pus, and portions of shreddy fibrine, which adhere with greater or less tenacity to the internal surface. The disease," he adds, "is interesting in three points of view—1, on account of its rarity; 2, because, in three out of the four cases which have been narrated, it was mistaken for pregnancy; 3, from its fatal tendency. It is unlike the more ordinary cases (although they are also very rare) that have been reported under the term hydrometra; because in them the internal surface of the uterus has undergone no perceptible morbid change, and because the os uteri was obliterated by adhesion; while, in the present class of cases, the os uteri remains pervious, or is only plugged by mucus.
>
> "This patient was also suffering from mollities ossium, which went on increasing up to the day of her death, which was immediately caused by pneumonia. Two years prior to this event, she had been seen by Dr. J. Hall Davis. She had then had severe and dangerous flooding; but nothing like a fœtus was discovered. Without dwelling more fully on the particulars of this case, it may be said that, up to October 1845, she had menstruated regularly. This function ceased in April. Pregnancy was now suspected, especially as she had mammary enlargement, with a secretion of milk, morning sickness, abdominal enlargement, and a sensation as though she had quickened. The uterus, felt externally, did not appear enlarged. On making a vaginal examination, the pelvic diameter was found shortened; the mouth of the uterus was patent; and the cavity, measured by the sound, was five inches and a half long. The *post mortem* examination was made some days after death. In addition to the preceding symptoms, the internal membrane was found destroyed at different parts by ulceration; and the cavity contained fœtid pus and broken-down coagula. The ulceration was more evident towards the cervix than at any other part." (*Path. Trans.*, vol. i, p. 131 *et seq.*)

3. *Menorrhagia.* The commonest variety, however, of fundal endometritis is that of menorrhagia. The epithelium, as a result of the inflammatory process, appears to be diminished, in places wanting, on the surface. The organ itself, congested and full of blood, may thus be said to sweat blood through an altered or diseased mucous membrane. In the acute stage, this exudation relieves the symptoms, the
blood being then of a bright red, almost *arteri*
colour. When the mucous membrane is examin
under these circumstances, it is found, as befo
said, very red and villous. How far this appearan
is similar to that figured in the diagram, where t
villi of the os project and become apparent fr
loss of epithelium, or whether it be due to the lo
ened out capillaries, I cannot speak positively;
I think either or both explanations are probable.
is easy to convince one's self that it is the muc
membrane of the cavity which is affected, and
that of the cervix. You can pass in the sou
readily within the cervix, with little result.
moment, however, you enter the cavity, the pai
increased; and as you withdraw the sound, it is
lowed by a copious flow of blood. More commo
the disease, however, is chronic. The acute sy
toms subside; but, kept up by congestion, especi
of the liver, a state of inflammatory congestion of
mucous membrane becomes habitual, and so the
norrhagia is maintained. At first, a menstrual pe
is perhaps prolonged to seven or nine days; so
times it is more painful. The duration of the
terval of cessation is shortened. The menses r
every three weeks, then every two, till a bloody
charge is always present, only much increased
more clotty during what would have been the pr
menstrual period.

[*To be continued.*]

THE GREAT PYTHONESS AT THE ZOOLOGICAL
DENS. Among advertisements to seekers of amuser
one from the Zoological Society has probably bee
served by our readers. It announces that at th
ciety's gardens "the large python may be now see
cubating her eggs." We confess that this advertise
somewhat surprised us; for, having recently read i
treatise on reptiles published in the last edition o
Encyclopædia Britannica, that "no reptile is kno
hatch its eggs," we were not prepared for an anno
ment from the Zoological Society so directly in o
tion to that of the author of this recent treatise,
is supposed to be a high authority on reptiles.
herpetology has by no means kept pace with other
ces, many important features still remain obscure
we thought that the question of reptiles hatching
eggs had been as firmly settled as that all ophidia
oviparous. But from the days of Pliny, who te
that young boas feed on cow's milk, and that the
indebted to this mythical connection with the
family for their name, mighty serpents, worse
fables yet have feigned, or fear conceived," have
been subjects of mystery, and it is not, therefor
great wonder that opinions should differ respecti
hatching of their eggs. The great egg-laying ev
curred four weeks ago. The plethoric condition
serpent occasioned uneasiness. Some supposed t
had bolted a stray blanket; it was considered w
something might not be done to relieve the great
when she excluded, as well as the keeper can es
about 100 eggs. These, enclosed in a white leath
substance, are about the size of those of a goo
majority of a dirty-white appearance, connecte
membrane. Among them are two small red eg
many are indented, probably by the great pres
the serpent's body. It is remarkable that this
exclusion of eggs, which might be supposed to h
hausted the animal, and consequently excited
has had apparently an opposite effect. At all
the reptile has not broken fast for 23 hours, her h
having meanwhile indulged in occasional rabbits.
næum.)

Illustrations
OF
OSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

LIVERPOOL NORTHERN HOSPITAL.

SES OF ACUTE DISEASE OF THE CHEST.

Under the care of A. T. H. Waters, M.D.,
Physician to the Hospital.

[*Continued from page 329 of last volume.*]

ASE XV. *Pericarditis complicated with Bronchitis*
Pleurisy:, Treatment by Stimulants and Opium:
overy. Mary Cooper, aged 15 years, a somewhat
rt spare child, was admitted into the hospital on
uary 27th, 1862. She stated that she had been ill
ut a month, during which time she had been con-
d to her bed. The illness began with pain in the
st. For a week before admission, she had had a
gh. No treatment had been adopted.

n admission, there was a good deal of distress and
iety of countenance; the pulse was 146; the respira-
40 per minute. There were coarse moist râles over
whole of both lungs, but no dulness existed. There
a thrilling movement of the chest-walls over the
rt, with heaving impulse. There was increased dul-
s in the cardiac region, with a loud rasping friction-
nd heard all over it. The patient complained of
n in the left side, cough, sleeplessness, and inability
ake a deep breath. The urine was free from albu-
n, and contained abundance of chlorides. She was
ered half an ounce of port wine every two hours,
ng beef-tea, a linseed-meal poultice to the heart, and
en minims of laudanum with seven grains of bicar-
ate of potash every four hours.

n the 28th, she had not slept during the night, but
dozed a little during the morning; she had vomited
rything she had taken. The pulse was 132. The
diac dulness extended to the top of the second piece
the sternum, and one inch and a half to the right,
four inches to the left of the median line of that
e. The pericardial friction-sound was heard as be-
e. There was a loud systolic murmur heard towards
axilla, with slight friction in right pleura. She
s ordered eight ounces of port wine daily; half a
in of opium every night; and three minims of aro-
tic spirits of ammonia with ten grains of bicarbonate
potash three times a day.

n the 29th, the pulse was 140; she had slept but
le, and complained of great thirst and more pain in
left side. The pericardial friction-sound was heard
en pressure was made with the stethoscope, not
erwise. There was less impulse. There had been
good deal of frothy mucous expectoration. Moist
nds existed all over both lungs. She was ordered to
ve an ointment applied to the chest, consisting of two
achms of mercurial ointment with three grains of
wdered opium.

On the 30th, she expressed herself as better, and as
ling less pain. The cough was troublesome, but the
pectoration less. The pulse was 134. The pericardial
ction-sound was only audible on pressure. The endo-
rdial murmur was heard at the back of the chest.
ere was pleuritic friction-sound towards left axilla.
e was ordered meat for dinner.

On the 31st, the pulse was 142; respiration 48. The
ricardial friction-sound could not be heard; the systolic murmur was audible at the base and apex of the heart, but not in the direction of the aorta. The bronchial symptoms were still troublesome. She was ordered to have a blister to the heart, and some carbonate of ammonia, squills, and opium, every four hours.

On February 1st, the cough and pain were less. No pericardial friction-sound could be heard. The dulness was about the same.

On the 3rd, she was improving. The pulse was 134. The pericardial friction-sound was audible on pressure at the base of the heart.

On the 4th, there was less dulness in the cardiac region, and the impulse was stronger. The friction-sound was heard on pressure. She was ordered two grains of quinine with squills, and seven minims of laudanum, three times a day, with half a grain of opium at night.

On the 6th, the patient was improving. The pulse was 132. There was no pain. *No pericardial friction-sound could be heard.* The heart-sounds were clear under the right clavicle; but there was a loud systolic murmur audible over the heart and towards the left axilla. The opium at night was omitted.

On the 8th, the pulse was 126. There was but little expectoration. The other symptoms were about the same.

On the 13th, the cough was nearly gone. She was improving much in appearance, and gaining flesh. The pulse was 120. There was a dry harsh friction-sound heard at the back of the right pleura. The lungs were resonant behind.

On the 15th, the wine was diminished to six ounces daily, and the quinine to a grain and a half, with squills and sulphuric acid, three times a day.

On the 20th, the patient was convalescent. She felt quite well, and was able to get about the ward; but as she was suffering from valvular disease and general debility, she was not allowed to leave the hospital.

Case xvi. *Acute Rheumatism, with Pericarditis and Pleurisy: Treatment by Opium and Stimulants: Recovery.* Edward Fauchey, a Frenchman, aged 42, by occupation a ship-carpenter, was admitted into the hospital March 27th, 1861.

He had left New York about three weeks before admission, and during that time had been more or less ill with rheumatism. He, however, continued at his work up to five days before he came to the hospital, when he felt so much pain in the legs and arms, and was so feverish, that he was obliged to take to his bed.

When seen on the 28th, he complained of great pain in the legs and arms. The joints were swollen and tender. There was some anxiety of countenance, but he felt no pain in the chest. The heart-sounds were normal, but faint. He was ordered a grain of opium three times a day, with bicarbonate of potash mixture; and a belladonna lotion to the joints.

On the 30th, he complained of pain in the left side on taking a deep inspiration. The pulse was small, 120; respirations thoracic, 40 per minute. There was no pain on pressure over the cardiac or epigastric region. The impulse of the heart was not perceptible. There was no increased dulness in the cardiac region. A loud grating double friction-sound was heard all over the heart. He was ordered to have a calomel and senna purge, and to continue the opium.

On the 31st, there was less pain in the limbs; the pulse was 104, and stronger. The pericardial friction-sound was not audible over any part of the heart, either when the stethoscope was lightly applied, or applied with pressure. There was some pleuritic friction towards the left axilla. Six leeches were ordered to be applied to the left side, and three grains of calomel and one of opium to be taken at bedtime.

He experienced great relief from the leeches; and on the following day (April 1st), the pulse was 102, quite regular; the respirations 30. The friction-sound was still heard on the left side.

On April 2nd, the pulse was 82, and stronger; respirations, 36. He had passed a restless night, with a tendency to ramble. There was no pericardial friction-sound nor endocardial murmur audible. He was ordered an ounce of port wine every three hours, and an ounce of the following mixture every three hours.

℞ Liquoris ammon. acet. ℥ii; potassæ bicarbon. ʒii; tincturæ opii ♏lxxx; aquæ ad ℥viii. M.

For diet, he took beef-tea, arrowroot, and milk.

On the 3rd, he had passed a good night; complained of no pain in the chest, except on taking a deep inspiration. The pulse was 84; respirations, 32. There was still a tendency to ramble.

On the 4th, he had slept well; there had been no rambling. The pulse was 82; respirations, 30; heart-sounds clear: pleuritic friction-sound still heard.

On the 6th, he was steadily improving. There was no pain in the chest. Ordered six ounces of wine daily, and the medicines to be omitted. On the 8th, he was ordered a chop; the wine to be stopped.

On the 16th, he was much better, but complained of pain in the left side when he moved about. A blister to be applied to the side.

On the 18th, the pain in the side was relieved, but it had returned to his joints. He was ordered iodide of potassium and Dover's powder three times a day, with four ounces of wine.

On the 25th, he was discharged quite well.

CASE XVII. *Acute Rheumatism: Pericarditis: Treatment by Opium and Stimulants: Recovery: Subsequent Admission with General Dropsy: Death: Autopsy.* Thos. Scholes, aged 17, labourer, was admitted April 23rd, 1861. He had been the subject of five separate attacks of rheumatic fever during the previous eighteen months, and on one occasion his chest was much affected. About five days before admission, he was seized with pain over the hips and arms, and, two days afterwards, with pain at the heart. The latter pain had gone on increasing.

On admission, he complained of pain in the knees and hands, as well as in the epigastrium and over the heart when pressure was applied. There was pain also in the left side on taking a deep inspiration. The respiration was thoracic; the skin moderately cool; and there was expectoration of frothy mucus. The lungs were resonant; there was more than the usual extent of dulness in the cardiac region, with increased impulse of the heart. The impulse was felt below and to the left of the left nipple. There was a loud systolic murmur heard at the apex and base of the heart, and towards the right clavicle. The pulse was 100, and very small. He was ordered beef-tea and three ounces of brandy, with a grain of opium three times a day.

On the following day, there was no change in the symptoms. He was ordered fifteen grains of bicarbonate of potash, with eight minims of laudanum, every four hours.

On the 25th, he had been sick several times, but had less pain both in the joints and over the heart. The pulse was 84, small, and regular. A loud rasping friction-sound was heard all over the cardiac region. He was ordered one grain of calomel, with one of opium; extra milk; and four ounces of port wine.

On the 26th, the vomiting continued. The pulse was 84; the respirations, 25. The friction-sound was not so loud. The mixture was omitted, and a blister was ordered to be applied over the heart.

On the 27th, the pulse was 80, and the respirations 20. He had slept, and was free from sickness. The friction-sound was not so loud. He was perspiring profusely. He was ordered six ounces of wine.

On May 1st, he had slept well, and the appetite was good. The friction-sound was only faintly heard, the murmur with the first sound was distinctly audil the second sound was clear. Bronchitic râles w heard over the right lung. He was ordered to take opium at night only; and a saline, with carbonate ammonia, squills, and compound tincture of campl four times a day.

On the 3rd, the friction-sound could not be heard.

On the 6th, he was free from the rheumatic acute cardiac symptoms. He still suffered from bronchitic attack, and was very weak and much em ated. Under the influence of stimulating and to treatment, he steadily recovered from the bronch and soon began to gain flesh. He was kept in the h pital till July 3rd. When discharged, he was much proved in health; but he suffered from all the sy toms of hypertrophied heart, with valvular disease. systolic murmur was very loud and audible all over front of the chest, and on the left side behind. pulse was small. There was increased impulse of heart, and increased cardiac dulness.

NOTE. From the course which the inflammatio the pericardium took in this case, and from the man in which the friction-sound disappeared, adhesion of two portions of the pericardium was diagnosed; this was afterwards found to have taken place, as wil seen by what follows.

The patient was readmitted into the hosp under Dr. Collingwood, suffering from general dro and died in December. The following were *post mortem* appearances presented by the heart. pericardium was universally adherent. The heart it was large, and weighed two pounds. The walls the left ventricle were much thickened and dila The aortic valves were rough, and thickened with posit. The mitral valve was also thickened, and contracted as barely to admit two fingers through orifice.

ST. MARY'S HOSPITAL.

CASE OF HYDROCELE CURED AFTER INJECTIONS HA FAILED.

By EDWARD PARKER YOUNG, Esq., House-Surgeo the Hospital.

——, about 40 years of age, came to me for the time on April 26th, 1861, suffering from hydrocele. stated that he had been afflicted with it for the eight years, and had been coming to the hospital some time to have the fluid drawn off, about four or times every year. Once he had it injected at Bris and at another time was taken into a metropolitan pital and had it injected, but the fluid soon colle again.

In this case, I tried the following operation. I ing tapped the hydrocele in the usual way, and out the fluid, I cautiously took the testis between left thumb and finger, and squeezed with the right h every drop of fluid out of the sac, and then procee gently to rub the opposed surfaces of the tunica nalis together for two or three minutes, and the pat left and went to his work. A day or two afterwards came again, with the scrotum inflamed and the t enlarged and tender. This condition was treated the usual remedies; and in a few days he was abl resume his work; but, when the swelling had subsi there remained a small quantity of fluid, but n fourth of what the tunica vaginalis contained bef There has been no increase up to the present t nearly a year after the operation. On no previous o sion had he been more than four or five months with requiring relief by tapping.

Original Communications.

SE OF CALCULUS IN THE URETHRA FOR A LONG PERIOD: WITH REMARKS.

y HAYNES WALTON, Esq., Surgeon to St. Mary's Hospital, etc.

[*Read before the Pathological Society.*]

ENTLEMAN of extensive literary fame had for some :s a variety of maladies of the gouty order, among ch were irritation of the bladder, and two regular cks of inflammation of that organ; but withal he was emarkable specimen of a hale, stout old man. In ust 1856, being then seventy-seven years of age, in sequence of much urethral pain and some difficulty assing urine, he pointed out with great reluctance a l swelling in the course of the urethra, behind the tum, to his usual physician, who called me to con- on the case. Behind the scrotum, and encroaching t, was a round symmetrical tumour, intensely hard, astic, not painful under touch, and over which the was healthy.

ccording to the patient's account, he discovered some efaction after an attack of gonorrhœa, when a young ; and the growth of the tumour had been very lual. Until the present occasion, he could not say t it had ever troubled him. He would allow no ex- nation to be made, except with the finger, as for ny years he had resolved never to allow the urethra e explored. I could come to no conclusion what- r, and could not even venture to guess at the nature he affection.

or the next twelve months or more, this gentleman always complaining of urethral pain after passing e; but, as his general health did not give way, nor appetite fail, nor his power of taking exercise dimi- , it was, in consequence of accompanying symptoms, ibuted to senile and incurable catarrh of the bladder, occasional exacerbations from gouty inflammation. r. Druitt was sent for on June 13th, 1858, after an sually long absence. The patient was feverish, and htly delirious at night. There were frequent painful turitions, with scantiness of urine—symptoms which ays accompanied a gouty attack. The next day, he no better; and, as the scrotum had commenced to ll, and was red, I was again summoned in consulta- .

suspected the occurrence of extravasated urine. I not allowed by my patient to attempt to pass a heter, nor to examine the bladder by the rectum. my visit on the following day, I found my suspicions pecting the extravasation realised. The scrotum l the penis were immensely swollen and discoloured, l the prepuce on the verge of sloughing. The blad- was very much distended. The delirious and irra- ıal condition afforded an opportunity for acting; and ommenced by puncturing the bladder through the tum, and withdrew a very large amount of fœtid ne. I next proceeded to explore the urethra; but I ıld not find the meatus till I divided the black, blis- ed, and infiltrated integument. A catheter was readily ssed to the urethral swelling, where it came into con- t with a calculus. I now quickly cut into the peri- um, and removed the stone; not with ease, however, it adhered much to the sac around it, which seemed be merely dilatation of the urethra.

There was loss of the delirium, and so much improve- nt for a day that it seemed probable recovery would ue; but, in the next twenty-four hours, prostration in, and was quickly followed by death.

No *post mortem* examination was allowed.

The calculus had remained unnoticed, among others that I have removed by lithotomy, till a few days ago when I was making a minute inspection of these specimens. There is an absence of any apparent nucleus; and the whole seems as if made up of several masses of phosphate of lime and triple phosphate pressed together, with intervals, or markings, irregularly dispersed, and evidently composed of organic deposit, thicker in some parts; and withal displaying faint indications of concentric layers, especially at one end. But the most remarkable objects are two minute prostatic calculi, which happen to have been cut across, lying together near the circumference of the stone, at the side, but just within it. They form a pretty microscopic object.

The long diameter of the stone is an inch and three-quarters, the short an inch and a quarter.

I have brought the case forward on account of its rarity, and the obscurity that surrounds the pathology. I have never met one like it, nor read of one. Although I have made no extensive search among surgical records for any such, I have certainly looked into all the surgical works to which I had easy access; and the only case bearing any resemblance is mentioned by Mr. Erichsen as having come under the notice of Sir R. Carswell, in whose collection at University College Museum is a drawing of the parts with stone which was in the fore part of the urethra, and equal in bulk to two horse-chestnuts. No more is said of it.

I exclude from these remarks, prostatic calculi.

Large calculi have been found in the urethra coincidently with one or more in the bladder. I assisted Mr. Lawrence, in private, to remove by perinæal incision what was supposed to be a stone embedded in the membranous part of the urethra, of several years standing. It was necessary to cut into the prostate. It proved very large. Mr. Lawrence put his finger into the bladder, detected a stone there, and removed it also. Mr. Fergusson exhibited during the past year, at the Pathological Society, one very large calculus taken from the bulb of the urethra, and one from the membranous portion, and a small one from the bladder, of the same patient.

During my house-surgeoncy at St. Bartholomew's Hospital, a patient was admitted by me having a collection of minute calculi in a large sac, apparently at the bulb of the urethra. They were tightly packed, and, when handled, felt like emery in a bag, and emitted a creaking sound. No operation was performed.

In the Museum of St. Bartholomew's Hospital is a part of one hundred and forty-six calculi removed from a sac connected with the middle of the spongy portion of the urethra. It was not certain whether the sac was formed by the urethra dilated behind a stricture which existed immediately in front of it, or was formed after ulceration of the urethra, in the tissues around it.

It cannot be determined how the stone was formed in the present case. It is not impossible, I think, that with stricture of the urethra a calculus may be deposited, as it would be in the bladder. At first I suspected it probable that the prostatic calculi had acted as nuclei in the urethra for this mortar-like calculus; but, from their position, and the existence of concentric lines within them, I think that such a theory is untenable.

PLEUROPNEUMONIA. The last mail from Sydney states that this disease has extended to a terrible extent, and it is estimated that at least 40,000 head of cattle will have to be destroyed ere the disease is exterminated. The attention of Parliament has been drawn to the matter, and vigorous action has been determined upon; but the knotty question as to how funds are to be provided to compensate the owners of the cattle destroyed remains unsettled.

Transactions of Branches.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

REMARKS ON THE PATHOLOGY AND TREATMENT OF PRIMARY SYPHILIS, MORE ESPECIALLY IN RELATION TO THE USE AND ABUSE OF MERCURY.

By Langston Parker, F.R.C.S., Honorary Surgeon to the Queen's Hospital, Birmingham, etc.

[*Read Oct. 15th and Dec. 12th, 1861.*]

It may seem to some almost superfluous, and even unnecessary, to speak of the indications for the employment of mercury in cases of primary syphilis. I hope, however, the remarks I have to make on this subject may not be found altogether without interest, or wanting in practical utility. Although mercury has for more than four hundred years been looked upon as the most powerful therapeutic agent known in the control of syphilis, it has frequently been misapplied in the treatment of that disease; and administered for the cure of symptoms supposed to be syphilitic, to which it was utterly unsuited, and in which it was frequently injurious. As a forcible corroboration of this remark, I need only go back to the period when Sir A. Cooper was first appointed surgeon to Guy's Hospital; at which time patients were compelled to rub in mercurial ointment for the cure of gonorrhœa till a profuse salivation was induced. This was done under a false view of the nature and pathology of gonorrhœa; and it will be seen in the remarks which I shall have to make in this paper, that it is our extended and improved knowledge of the pathology of syphilis that has placed mercury in a more defined and certain position in its relation to the treatment of some primary forms of the disease.

Before I can enter with advantage into the consideration of the indications for the employment of mercury in cases of primary syphilis, I must speak briefly of its pathology; otherwise, what I shall have to say on treatment will not be understood.

The effects produced by inoculation, or by the application of the syphilitic virus upon healthy persons, are very dissimilar. They consist in the production of ulcers, or chancres, which may be divided into two great classes: chancres with a hard base, and chancres with a base which is not hardened; in other words, soft or simple chancres, and indurated or specific chancres. The simple, or soft chancre, has been termed also non-infecting; and the indurating, or specific chancre, infecting. I discard this latter distinction, as likely to lead to error; as the soft, or simple chancre, does occasionally infect or poison the constitution. Some modern pathologists have limited the term "chancre" to the hard variety, calling the soft "chancroid"; others have believed—and this is a very prevalent opinion amongst many modern surgeons—that these two classes of primary sores are due to different poisons, seeing their history and effects so different. It is not necessary here to examine these theories. I merely have to do, in this paper, with the practical application of the distinction.

The soft, or simple chancre, has no hardness of its base. The skin upon which it rests is perfectly soft and pliable, and in no respect different from healthy structure. Occasionally, the edges of the chancre are hard and elevated; but not the base or surrounding integument. It secretes pus abundantly;* this pus i
a virulent character; and, if tested by inoculation on
subject bearing the disease, another chancre of preci
the same nature as that from which the pus was ta
is produced. This chancre may or may not be acc
panied by bubo; in the former case, a gland in on
both groins may be inflamed, and may go on, or
not go on to suppuration; in the latter instance,
pus which is discharged from the abscess in the g
may be either benign or virulent; and in the latter
stance, a second, or inguinal chancre, forms in the gr
and if this pus be tested by inoculation on the per
bearing the disease, a soft, or simple chancre, is
duced. Occasionally, both kinds of pus are foun
the same bubo.

I pass over the points which relate to the patho
of syphilis very briefly; but I must beg you to bea
mind the three local conditions to which the soft cha
gives rise; as I shall have to speak of mercury in
relation, or rather in its non-relation, to each of th
These conditions are: 1. The original ulcer; 2.
adenitis, or glandular inflammation before suppurati
and 3. The sore in the groin after such an event
taken place. Such are the local conditions produce
the soft chancre; but there is another question in
ference to this chancre to be considered. Is it prob
that the soft chancre, such as I have described it,
be followed by secondary symptoms; or produce or
rise to a constitutional syphilitic taint? In a great
jority of instances, the soft chancre does not poison
system; but in some instances, it does do so; a
must here express my opinion that recent modern
trines on this point are too exclusive.† Indeed, sc
times, the constitutional symptoms which follow
chancres are very frequently of the worst form;
are generally not scaly, but pustular diseases of
skin; and are frequently accompanied by secon
phagedena of the fauces, and sloughing sores co
quent upon the rupture of the pustules. I have
under my care, or have very recently seen, five case
which the patients have never had but one chancre,
that a soft one, where no bubo has succeeded; bu
of which have had pustular secondary syphilis.
impossible to predict what particular form of
chancre will be followed by a constitutional infect
but I believe that those cases which are accompa
by either a suppurating or a virulent bubo, gene
escape a constitutional taint; and cases which have
such a complication are those in which a constituti
taint are most likely to occur. Such, at least, is my
perience on this point.

The soft chancre, such as I have described it, c
sionally undergoes modifications which, in some
sure, change its character. Sooner or later, after
first appearance of the chancre, an effusion of ly
takes place into the tissues on which it is situated;
integument becomes red and hard, and precisely

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* See Mr. H. Lee's valuable papers on the Microscopic Ap
ances of the Secretions from Infecting and Non-Infecting Syp
Sores, *British and Foreign Medico-Chirurgical Review*, Oct.
Archives of Medicine, No. VIII. I cannot agree, however, wit
dictum that suppurating primary syphilitic sores, or simple o
chancres, are *never* followed by secondary symptoms. I have
lected abundant evidence to the contrary. I have stated brie
this paper the circumstances under which the soft chancre is
frequently followed by a constitutional taint.

† Avant la publication de l'ouvrage de M. Bassereau, M. R
croyait que chancre et vérole étaient la même chose. Mais de
servations très-consciencieusement prises ont démontré à M. B
reau que tous les chancres n'étaient pas de même nature, et il
voir que tous les fois qu'il y avait des symptomes syphilitique
avaient été précédés d'un chancre induré; que le chancre induré
venait toujours d'un autre chancre induré; que le chancre mou
toujours dû à un autre chancre mou, et ne donnait jamais la v
M. Ricord a hésité longtemps à adopter ces idées, et moi-mê
les ai combattues, *car j'ai vu bien rarement il est vrai, mais enfi*
vu les chancres mous étre suivis d'accidents constitutionnels. (C
rier, Chirurgien de l'Hôpital du Midi, *Des Affections blenorrhagi*
pp. 88-89, Paris, 1861.)

mbles the condition of skin which surrounds a com-
on boil. The chancre still continues to secrete pus
ofusely; it only differs from the last-named variety in
e state of the integument on which it is placed.

This induration has been termed "phlegmonoid"; to
stinguish it from the specific induration of the hard,
infecting chancre; but it occasionally resembles the
tter so closely that, without taking into the account
e other symptoms which accompany it, an error in
ignosis is very likely to be made. In this form, or in
is modification of the soft chancre, the groins may be
rfectly free from any enlargement, or disposition to
e formation of bubo; or they may present the same
mplications as those which I have described as ac-
mpanying the soft chancre, without phlegmonoid in-
ration of its base; they may be the seat of either a
nign or a virulent adenitis.

It is this form of chancre which is frequently compli-
ted with inflammation and its consequences; and
ese may vary from a simple blush of redness round
e sore to acute inflammation, gangrene, and sloughing,
ich frequently involves not only the tissues immedi-
ly surrounding the chancre, but more or less of the
ole structure of the penis.

The last form of primary lesion I have to notice is
e indurated, or infecting chancre. The induration
ich characterises this chancre is commonly termed
ecific. It does not, like the phlegmonoid induration,
pear to form a part of the tissues on which the
ancre rests. The hardness terminates abruptly, and
es not lose itself gradually in the neighbouring parts.
e induration is placed under and around the chancre;
some instances, it does not come on till the chancre
s healed, and then it appears under the cicatrix of the
ginal chancre, or at its side. The chancre, in such
es, although apparently healed, ulcerates again. This
luration has an elastic, resisting feel; which does not
all resemble the sensation communicated by the hard
ema, or phlegmonoid induration of the soft chancre.

At or about the period that the induration of the
ncre appears, the glands in one or both groins en-
ge; but they are not tender to the touch, have ordin-
y no inflammatory complication, and do not suppu-
e, except in very rare and exceptional cases. The
dition of the glands in the groin is one of the best
s of the nature of the chancre, if the character of
induration should be doubtful. This chancre, un-
the simple or soft chancre, secretes pus but spar-
ly, or not at all; and it is with difficulty inoculable
the subject of the disease; if, however, the indura-
be dissected out, or the chancre artificially irritated,
a sore secreting pus be produced, this is easily in-
lable under the same circumstances. In forming a
rect diagnosis of this form of chancre, it is possible
t the induration of the sore, if taken alone, may de-
e us, since these chancres are liable occasionally to
egmonoid complications, which mask or complicate
specific indurations; but if the other two symptoms
his chancre be present; viz., the enlarged and indo-
glands in the groin, and absence of pus from the
etions of the sore, there can be no doubt that the
ase in question is a specifically indurated chancre;
a disease which has already poisoned the constitu-
, or is about to do so; in fact, by stripping the pa-
t, an eruption of syphilitic lepra is frequently found
n the induration has only existed a short time. I
e frequently seen this in the second and third weeks
r the appearance of the induration.

n considering the propriety of the administration, or
he non-administration of mercury, in reference to
se primary diseases I have just alluded to, the ques-
naturally arises, what is the object to be attained?
we administer mercury with the object of healing the
ncre? or is it given to prevent the constitutional
t, of which certain forms of chancre are the initiatory symptoms? Let us examine these questions in connection with each of the primary symptoms I have hastily passed in review.

Mercury should never be employed in the treatment of the simple or soft chancre; it has little or no effect upon it; it does not arrest the ulcerative action, nor dispose the sore to heal. I have watched patients carefully from day to day under the influence of mercury, with soft chancres, and I have not seen the chancres in the least benefited by the remedy. I have been consulted by patients, over and over again, with soft chancres, which have been open three, six, and twelve months, and even longer; who have been under the influence of mercury for longer or shorter periods, and their diseases not benefited, whether they have taken mercury internally, or whether they have used it by other methods. Mercury has commonly no effect in arresting the ulcerative process of the soft chancre, or in disposing it to heal, and there can be no necessity for its employ under the second indication, the prevention of a constitutional taint; for although, as I have already stated, the soft chancre is occasionally followed by secondary symptoms, still these are not frequent cases; and the exhibition of mercury certainly will not prevent them. On this point, and in reference to this chancre, I must say, with M. Diday, that mercury only prevents those secondary accidents which would never have appeared without it.

These remarks are especially applicable to the treatment of the soft chancre in its earlier stages. In my published views, I have sanctioned the use of mercury when a soft chancre remains long open, and shows no disposition to heal under the non-mercurial treatment. As soft chancres are occasionally followed by a constitutional taint, so they may be occasionally benefited by mercury; but only when they are perfectly chronic, and all other means have failed. The rule is, to treat the soft chancre without mercury; and employ this remedy only in exceptional cases. In soft chancres, then, mercury does not fulfil the first indication for its use, that of healing the sore; and the second indication, that of preventing a dyscrasia, is altogether wanting.

Soft chancres are followed in a great many instances by buboes; and these are of two kinds, an ordinary adenitis, or a virulent adenitis; the first, an ordinary glandular inflammation, arising in the same manner as an enlarged and inflamed gland in the thigh or groin might do, from an ulcer or irritation in the foot or leg, or one in the arm or axilla, from the same causes in the hand or wrist; the second, a virulent adenitis, or as it has been sometimes termed, a bubo of absorption, produced by the actual passage of the virus through a lymphatic vessel, and its lodgment in the first gland placed in the course of such lymphatic vessel.

No positive statistical data have, as yet, been collected, showing the relative frequency of the occurrence of these two kinds of bubo in connexion with soft chancres. The non-virulent adenitis, however, is very much more frequent than the virulent form. If inoculation only were to be taken as the test of virulence, it would be found that very few buboes, comparatively speaking, suppurated specifically. The late Dr. Wallace of Dublin said that he had succeeded only three times, in several hundred experiments; and other surgeons have frequently failed in successfully inoculating virulent buboes. I have elsewhere explained why this is the case. Many buboes assume all the characters of virulence, which have yielded no successful result when inoculated.

The two kinds of bubo may generally be correctly diagnosed before suppuration has taken place. The non-virulent adenitis comes on much sooner than the virulent form; occasionally during the first few days after the appearance of the chancre, or even earlier than this; I have known it occur frequently on the first or second day. The virulent adenitis, or bubo of absorption, is much later in forming; this does not happen in ordinary cases till the second or third week, at periods still more remote, or even after the chancre has healed. M. Puche mentions a case where a virulent bubo formed, and yielded an inoculable pus, three years after the first appearance of the chancre. The virulent bubo rarely forms during the acute, or ulcerating, stage of the soft chancre; more frequently, when this has become stationary or indolent. It is seated in the superficial lymphatic glands, affects one only, and that which is nearest to the chancre; it inevitably suppurates, and the wound caused by the bursting or opening of the abscess runs into a sore possessing all the characters of a soft chancre, and yielding, very frequently, an inoculable pus.

The inguinal ulcers produced by the bursting or opening of a virulent bubo are amongst the most formidable symptoms of primary syphilis; they are prone to become phagedenic; the ulceration creeps along the groin, to the thigh, the scrotum, and abdomen. I have seen these inguinal chancres open more than a year after their first appearance. M. Puche mentions a case where these chancres had existed four years. (Fournier, note 8, p. 396.) I have seen, in two instances, these ulcerations perforate the femoral artery, and the patient die of hæmorrhage.

There is no indication for the employment of mercury specifically in the first form of adenitis, or the non-virulent bubo. No surgeon, I should suppose, would think mercury necessary for those forms of adenitis which arise, as symptomatic of those diseases in the foot and hand, to which I have already alluded; and it is equally uncalled for and injurious in the treatment of the non-virulent bubo. It can exercise no control over the glandular inflammation; and would rather cause constitutional mischief than prevent it. The adenitis must be treated on general principles, which it is not necessary here to allude to.

The local conditions sometimes produced by the bursting, or opening of the virulent bubo, are so serious, that it becomes a most important question for consideration whether any known therapeutic agent can neutralise the virus in its passage through the lymphatics, or cause the absorption or dispersion of the virulent bubo when formed. Mercury, certainly, will not accomplish either of these intentions; although some writers on syphilis have recommended its use for such a purpose.

Till lately the pathology of the various forms of adenitis has not been clearly understood, nor the difference in the nature of buboes well defined; consequently, much that has been written on this subject, even by experienced surgeons, is comparatively valueless in reference to the therapeutics of this disease. The tendency of the virulent bubo is essentially to suppuration; and mercury, whether applied topically, or used specifically by way of friction or internal administration, will not prevent this. If mercury have been employed specifically under a mistaken idea, and the system be under its influence at the time a virulent bubo is opened or breaks, the inguinal sore is very likely to become phagedenic. I, therefore, discard mercury in the treatment of the virulent bubo, before suppuration has taken place, because it has no power to prevent such an occurrence; and afterwards, because the chancre in the groin, produced by the opening of the bubo, is to be treated on the same principles as the soft chancre which preceded and caused it; in which cases, I have already shown, that mercury is not generally applicable.

The soft chancre sometimes undergoes modifications, in which the use of mercury appears to be occasionally beneficial; it is in removing the phlegmonoid induration, or hard œdema, which occasionally surrounds a soft chancre, when this phlegmonoid state is perfectly chronic. Soft chancres, more frequently than hard ones, are liable to be complicated with inflammation; in such instances, effusion takes place into the tissues on whic
the chancre is situated, rendering them more or les
œdematous or indurated. The base of the chancre the
closely resembles the condition of the integument whic
surrounds a common boil; hence this form of indura
tion has been termed phlegmonoid, when this state i
perfectly chronic, and uncomplicated with the more acut
symptoms of phlegmonous inflammation; mercury use
specifically is occasionally of use in removing the indura
tion, and disposing the sore to heal.

It will be noticed that I have very much restricte
the employment of mercury as a specific agent in th
treatment of many forms of primary syphilis; and
have endeavoured clearly to point out those cases i
which it certainly does no good, and in many of which
is productive of serious harm.

Mercury, however, is not to be altogether discarded i
the treatment of primary syphilis. As there are cas
in which it is injurious, so there are others in which
is beneficial. Mercury bears a very different relation
the therapeutics of the specifically indurated, or infec
ing chancre,.such as I have described it, to any I ha
hitherto exemplified when speaking of the soft chanc
and its complications. In the latter instances, the ru
should be to abstain from mercurial treatment, and e
ploy it only in exceptional cases. In the former cas
the administration of mercury is the rule; withholdi
it, the exception.

Mercury, in this form of the disease, approaches
nearly the nature of a specific as possible; it is, perha
only equalled by the effects of cinchona in the cure
ague. When properly administered, it disposes t
chancre to heal, and the induration to disappear. T
glands in the groin, the indolent buboes, get less a
softer; but the glands do not return altogether to th
primitive condition; some partial enlargement and i
duration always remains.

As this chancre is an indication of the system bei
already poisoned, the most important effect of mercu
in the treatment of it yet remains to be inquired in
When this local condition of the sore, accompanied
such a state of the glands in the groin occurs, the d
ease is no longer local; a diathesis has commenced; a
mercury, properly employed, either weakens it, reta
its development, or altogether extinguishes it.

There can be little doubt that mercury in simi
cases, if properly administered, and employed with p
severance, completely eradicates syphilis in this st
and form of the disease. There exists some differe
of opinion on this point; but it would occupy too mu
time, and be out of place, to quote or criticise su
opinions here. It is sufficient for me to express my fi
conviction of the truth of what I advance, founded
the close observation of a great number of cases watc
carefully for periods exceeding twenty years.

I am willing to admit, on the other hand, that
very many cases of this form of the disease a consti
tional taint is neither prevented nor eradicated by
administration of mercury. This, in many instan
depends on the mode in which the remedy is given,
the period of time it is continued. Mercury given
the mouth almost constantly fails; "it patches up
disease, but does not cure it;" it returns again
again. I have frequently seen the constitutional sy
toms following an indurated chancre remain unchec
whilst the mouth was sore from the internal exhibit
of mercury; and I have as frequently seen the sa
symptoms yield rapidly when the mode in which
remedy has been administered has been changed.

I must here make a remark in reference to the ex
bition of mercury generally in cases of syphilis,
especially to the effect produced by different prep
tions on different individuals, and on different syphil
symptoms in the same person.

It will be found, in primary syphilis, that one prep

n of mercury will often succeed in curing the disease
en another will fail; and one mode of administration
l succeed when another will fail. In secondary syphi-
, also, certain symptoms in the same individual will
ld to one preparation of mercury, or to a particular
de of administration, whilst other symptoms will re-
in totally uninfluenced; when, on a change from one
paration of mercury to another, or from one mode of
hibiting the remedy to another, the symptoms which
d previously remained obstinate will rapidly disap-
ar.

Mercury may be given by the mouth, rubbed on the
in, or administered in the form of vapour. Of these
des of administering the remedy, the first is the
st certain in its action; the two last the most so.
nerally speaking, syphilis is better treated, the health
the patient less disturbed, and the disease more
nerally and completely cured, by mercurial remedies
ministered endermically, than by mercurial medicines
en by the mouth. In addition to these considera-
ns, the digestive organs are spared the irritation
casioned by frequent and repeated doses of mercurial
edicines. In fact, this gastric irritation alone fre-
ently sets up a most formidable barrier to the cure,
d sometimes even to the treatment or palliation of
e disease. It occasionally happens that cases are met
th in which the internal administration succeeds
en treatment by the skin has failed; but these cases
e very rare. The way to cure syphilis by mercury, in
vast majority of instances, is through the agency of
medies applied to the skin. This is especially true as
spects the administration of mercury to syphilitic in-
ts or children, where, unless specially contraindicated,
e treatment should always be made through the skin.
have obtained several good and sound cures, in cases
this nature, by dusting the skin of the infant daily
th dry calomel. Mercurial inunction is a very old,
t at the same time a very safe and sure mode of
eating syphilis. Professor Sigmund of Vienna consi-
rs this treatment as most efficacious; it was also the
ethod chiefly relied on by the late Mr. Pearson of the
ndon Lock Hospital, whose treatment of syphilis Sir
Brodie considered as nearly perfect as possible. The
e Mr. Abernethy, Mr. Lloyd, and Mr. Vincent of St.
rtholomew's Hospital, employed the dry mercurial
me in many cases. The latter surgeon especially
eaks most highly of this remedy in rapidly spreading
cerations on the penis and in the fauces.

In 1850 I first made public a new mode of employing
ercury, by combining the vapour of various prepara-
ns of this metal with a small quantity of common
eam. This plan has now many advocates, and is
actised very largely both at home and abroad, especi-
ly in America; and I have the satisfaction to know
at this plan is one of the most efficacious, and at the
me time the least injurious means of employing mer-
ry that has yet been adopted.

To return for one moment, before I conclude, to the
thology of primary syphilis. When giving a hasty
etch of modern views on this subject, in the first part
this paper, I drew a pretty marked distinction between
e two forms of chancre; but it will not always be found
practice that these distinctions are as clear and as
ell defined as they are made to appear by many mo-
ern writers on syphilis, whether we test the nature of
e chancre by the degree and character of the indura-
on which surrounds it, by the state of the glands in the
roin, or by the secretions from its surface. All these,
oubtless, furnish very valuable guides with respect
oth to treatment and prognosis; but they are not infal-
ble; for it will be very often found that chancres which
ecrete pus are surrounded with a considerable amount
f induration; that the indolent bubo of the indurated
hancre occasionally suppurates; and that suppurating
uboes are occasionally followed by secondary symptoms. I do not mean to assert that these exceptions to the laws I have laid down are common; they are not so; but they are exceptions that are from time to time met with in practice, and which I have often witnessed.

In reference to the prognosis of a constitutional taint, I believe it is an error to say that the soft pus-secreting chancre is never followed by secondary symptoms. I am convinced that it is so. I have made notes of hundreds, nay, thousands of cases of chancre; and, whilst there are cases in which a positive opinion may be given with regard to the occurrence of secondary symptoms, there are other cases in which the opinion can only amount to a probability.

A constitutional taint will occasionally follow a soft chancre; this is more likely to occur if the chancre be complicated with that induration which I have described as phlegmonoid. It is still more probable if no bubo accompany the chancre, or if a gland enlarge and go back again without suppuration. On the other hand, secondary symptoms will very rarely follow, should a non-virulent bubo suppurate; and they are still more improbable in cases of virulent bubo, more especially if the latter have been tested by inoculation; for under such circumstances, according to modern doctrines, a constitutional taint is said never to occur.

As a *resumé* of the points considered in the preceding paper, I should conclude—

1. That mercury is not generally indicated as a specific agent in the treatment of soft chancre, secreting pus freely, with no induration of its base, and without any complication in the groin.
2. That mercury is not generally indicated in the treatment of the bubo which accompanies this form of chancre, whether the bubo be of an inflammatory or of a virulent character.
3. That mercury is not generally indicated in the treatment of the inguinal chancre which succeeds to the opening or bursting of a virulent bubo.
4. That mercury may be tried when the soft chancre is perfectly chronic, or when the inguinal chancre is perfectly chronic, and has resisted the usual routine of a non-mercurial treatment. In the earlier stages of either of these diseases, mercury is positively hurtful; but in the perfectly chronic stage, as a *dernier ressort*, it may be tried; and occasionally, but not frequently, its use is attended with benefit. In such states, the treatment by mercurial vapour is sometimes very efficacious.
5. Mercury is indicated in the treatment of the phlegmonoid induration which sometimes accompanies soft chancres; here its influence is limited to the resolution of the induration which accompanies the chancre; it has no influence in retarding or dispersing either of the forms of adenitis which may complicate this chancre.
6. Mercury is indicated in the treatment of the specifically indurated chancre; it is the most powerful and certain remedy which can be opposed to it; it removes the induration which surrounds the chancre; and it resolves the buboes which most commonly accompany it, and which remain stationary, or continue to increase till mercury is used. It weakens or altogether eradicates the diathesis or constitutional disease of which these are the first symptoms.
7. Mercury may be given internally, and by way of friction, or administered in the form of vapour. There are cases in which each of these modes may find their special application; but, generally speaking, the internal administration is the most injurious to the patient, and the least efficacious in its influence on the disease. The two latter modes are the least injurious to the patient, and have the most powerful and certain influence on the disease.

Reviews and Notices.

On Dropsy connected with Disease of the Kidneys (Morbus Brightii), and on some other Diseases of those Organs, associated with Albuminous and Purulent Urine. Illustrated by Numerous Drawings from the Microscope. By W. R. Basham, M.D., Fellow of the Royal College of Physicians, and Physician to the Westminster Hospital. Second Edition. Pp. 347. London: 1862.

That this work of Dr. Basham should have, in a comparatively short time, reached a second edition, is a *primâ facie* evidence of the increasing appreciation which is being accorded to the modern methods of investigating diseases of the kidneys. The object of the author has been to aid in establishing for the microscope, in regard to renal disease, a position similar to that which the stethoscope holds in regard to diseases of the chest. Neither instrument is an absolute guide *per se;* but each, in its place, is indispensable to correct diagnosis, and therefore to prognosis and treatment.

The book consists of two parts. The first part contains the author's observations on Dropsy connected with Disease of the Kidneys, and consists of sixteen chapters, in which the following subjects are treated of: the Microscopic Objects in Albuminous Urine; Nature and Origin of the Tube-Casts; Relation of Scarlet Fever to Renal Dropsy; Acute and Chronic Morbus Brightii; Connexion of Morbus Brightii with Granular and Fatty Degeneration of the Arteries of the Brain and Heart-Fibre; Morbus Brightii in connexion with Disease of the Lungs and Heart; Relations of the various Forms of Casts to the Remediable and Fatal Forms of the Disease; Curability of Renal Dropsy; Treatment of Morbus Brightii; Renal Dropsy complicated with Phthisis, Cancer, etc.; Disease of Kidney giving rise to Symptoms of Cerebral Disturbance from Uræmic Poisoning; Dropsy and Albuminous Urine in connexion with Pregnancy; Albuminuria without Tube-Casts. The second part is on Albuminous and Purulent Urine unconnected with Dropsy, and contains chapters on Albuminous, Sanguinolent, and Purulent Urine unconnected with Dropsy; Temporary Albuminuria; Hæmaturia unconnected with Morbus Brightii; Calculus of the Kidney; Calculous Pyelitis and Renal Abscess; Tubercle of the Kidney and Tubercular Abscess; the Diagnosis of Malignant and Cancerous Disease of the Kidneys.

The book is throughout practical in its character. Each point is illustrated by the record of cases which have come under Dr. Basham's observation, and in which he has made microscopic examinations of the urine; and, to make the subject clearly understood, there is a liberal display of drawings illustrative of the appearances found in the cases at various periods.

A main object with Dr. Basham has been to point out the importance which, he considers, belongs to the changes undergone by the cells found in the discharges from the kidneys in disease. He holds, if we understand him correctly, that more valuable indications are gained from the changes in the epithelial cells of the kidney than from the varied characters of the tube-casts, on which much stre
has been laid by Dr. George Johnson. He objec
to the terms "desquamative" and "non-desquam
tive" nephritis; holding that in every case of Bright
disease there is a period of hyperæmia, attend
first by more or less discharge of blood, and subs
quently by exudation of epithelial cells, modified
structure according to the intensity of the distur
ing cause. The epithelial desquamation may
trifling, and its duration brief; while in other cas
it continues for a long period.

In the eleventh chapter is an instructive contra
of three cases illustrating what Dr. Basham cons
ders the curable, the remediable, and the incurab
forms of Bright's disease; the prognosis in each ca
being founded mainly on the characters present
by the casts passed with the urine. In the curab
form, "casts of coagulated fibrine, moulded on t
renal tubes, entangling blood-discs, and here a
there an epithelial cell, gave evidence of the h
morrhagic state of the kidneys," beyond which t
disease had not passed. In the second case, the
were granular casts, containing epithelium and n
merous large compound granule-cells; but the
casts were few, and not always to be found. In t
third case, the urinary sediment contained "tra
parent casts, waxy, as they are sometimes call
loaded more or less with resplendent granules,
aggregated masses of nuclei"—a condition decided
unfavourable.

In the treatment of Bright's disease, Dr. Basha
has a very high opinion of the use of iron, aft
the dropsy has been overcome by the use of hyd
gogue purgatives. The remedy on which he plac
most dependence is the tincture of sesquichloride
iron, in doses of from five to ten minims three tim
a day. He holds, very justly, that

> "The treatment of morbus Brightii, to be effecti
> should be addressed rather to the general nutrition
> the blood than to the local condition of the kidneys,
> of any other organ, only so far as that organ may be t
> seat of local congestion or delay of blood in it. I thi
> that, guided by these views, we may recognise the ca
> of the failure of those methods of treatment which h
> been based on the idea of a local kidney-disorder, rat
> than on a diffused constitutional disturbance." (P. 17

We are glad to find Dr. Basham raising a warni
voice (at p. 185) against the use of mercurials, ev
in the smallest doses, in cases of dropsy depend
on renal disease. This class of remedies is undou
edly beneficial in dropsy connected with disease
the liver or heart; and hence, as the author
marks, "from no point of view does the advanta
nay the imperative necessity, of a correct diagno
as to the cause of the dropsy become so obvious
from this. . . . . For that which experience proves
be beneficial in other forms of dropsy, she teaches
be undeniably injurious in this" (the renal form).

Among several additions which have been ma
is the last chapter of the book, On the Diagnosis
Malignant and Cancerous Diseases of the Kidne
The pathognomonic sign is hæmaturia. This, ho
ever, may occur, among renal diseases unconnect
with dropsy, in cases of renal calculus; but,

> "In calculus of the kidney, the patient in the gr
> majority of cases has suffered marked symptoms
> gravel, or perhaps gout; whereas in cancer, till the h
> maturia occurs, no sign of any kind has given rise
> any suspicion of renal disorder. . . . . In calculus of

ney, pain and aching in the loins; frequency of micturition; urine more or less loaded with red sand or tes; sympathetic sensations extending to the crest of ilium, pubis, and external surface supplied by the ernal crural cutaneous nerve, are among the most quent premonitory symptoms. These, however, are no means constant, or to be recognised in every e; but there is one that is never absent, and which ubles the patient long before hæmaturia alarms him; l that is, frequency of micturition. . . . . In cancer of kidney . . . . hæmaturia is the first premonitory nptom, and the appearance of blood in the urine is accompanied by any sympathetic irritation, except t while it continues there is troublesome frequency pass water; but this frequency of micturition accomies the hæmaturia; it does not pre-exist, nor does it tinue after the hæmaturia has for a time ceased." p. 336-7.)

Such are the means of diagnosis afforded by the evious history of the case; but, if this information nnot be gained, and a patient appear with hæmatu-, there is at first a difficulty in diagnosis. This, howr, is cleared up by the progress of the case. In culous disease, when the hæmorrhage has subed, the urine becomes more and more loaded with udation-corpuscles, gradually assuming the chaters of pus-cells. In malignant disease, on the her hand, when the hæmorrhage subsides, the ine may appear perfectly healthy for weeks or nths; but then the hæmorrhage returns again d again, and, aided by the devouring character of e cancer, destroys the patient. "There is no mptom" of malignant renal disease "more connt than the frequent occurrence of hæmaturia".

We think that the profession are indebted to Dr. sham for again bringing forward his contribuns to the application of scientific knowledge to actical medicine, in regard to so important a class diseases as those of the kidney. He has done his ty in endeavouring to contribute to the progress our knowledge from the stores of his experience a hospital physician.

British Medical Journal.

SATURDAY, MARCH 1st, 1862.

MEDICAL WITNESSES.

FUSSY formalist has been aptly compared to a dog ho cannot make up his mind to lie down until he as made three circuits round the spot. The same ay be said of the unscrupulous advocate, with this ifference: That the pleader, having entrapped an onest witness into his circuitous path, is not content to lie down, like a sensible dog, until he has so ewildered the simple-minded witness, that the obect of eliciting truth is entirely defeated. It is not ur business here to point out what effect this perersion of forensic power is calculated to produce on he mind of the man who practises it; but, among nany other perilous consequences resulting from he habitual abuse of argument, this important one may be noticed—it tends not only to alienate the mind from the investigation of truth, but also to unfit the conscience for receiving and appreciating it.

Of all the persons that are called upon to give evidence in a court of law, none appear to less advantage, and, as a general rule, few render so little help in the cause for which they are subpœnaed, as medical witnesses. On this subject, we made some observations a few weeks since, and we now propose to carry our inquiries further, and briefly to explain what, in our judgment, it is that stands in the way of Justice, when she appeals to the physician in the witness-box. It must be manifest to every one who takes the trouble to think about the matter at all, that lawyers exercise the art of reasoning within very narrow limits; whereas, medical men in their observations at the bed-side are compelled by the nature of the phenomena they study, to allow their abstract reasoning to be modified by some of the more subtle processes of induction; and, although the doctors themselves may too often be in the dark as to the character of the laws they handle with such freedom, and may escape through the faith of their patients the necessity of answering unseasonable questions, yet such immunity does not in the least impair the force of the processes themselves. For example, a routine practitioner may have accurately observed the effects of nutrition and decay, and may be able, by the simple enumeration of instances, to predict all that it is advisable for his patient to know on the subject, without troubling his head about the fact that the laws of the phenomena of organic life are derivative laws, which are dependent on an unseen ultimate law.

Now, it is just the misunderstanding or rejecting the principles of medical evidence, that occasions so much waste of time and such contradictory statements in our courts of law. When a barrister puts a question to a medical witness, and is answered by his giving an example of an empirical law, which is all he or any one else can know about the matter—the lawyer, not content to give the answer its full value, as possessing truths only fit to be relied on within the boundaries of time, place, and circumstance, in which the phenomena have been observed, proceeds to seek for an explanation of the grounds upon which the law rests; in fact, he wants to know what is the analysis of the proposition, and to have it resolved into its ultimate elements; for, by this means alone, as he fancies, can he satisfy his mind that he has done his best to uphold the legal axiom—"he who affirms a thing must prove it." What should we think of a medical witness who, on stating *rigor mortis* to be a sign of recent death, was expected to distinguish it from the stiffness of a frozen body, by involving himself in the theories of Brücke, Stannius, or Kölliker, on the ultimate nature of this molecular change? We all know *rigor mortis* to be a sign of recent death, and we all know it as an empirical uniformity; if, even, we could resolve these appearances into their immediate antecedent conditions, we should still leave unexplained the ultimate laws from which they result.

If it be objected that learned doctors draw opposite conclusions and bear opposite testimony in what appear to be the most simple matters of fact, let it be remembered that the arguer on each side of a question may have a certain, though not an equal, amount of probability in his favour. It may be too much to expect in the mere advocate the exhibition of that charity and forbearance in which consists, after all, the proper use of our private judgment in the uncertain concerns of life, yet we have a right to expect, even at his hands—since he, too, is an aspirant for judicial honours—a leaning towards that liberal expansion of evidence, by which natural reason, as opposed to precedent, is permitted to determine the point at issue. Cases in law depend upon the occasions which give rise to them; and, accordingly, the laws of evidence, especially where medical testimony is required, should be so enlarged as to offer no obstruction to the equitable administration of justice. In all unsettled cases, Lord Mansfield's maxim was to incline towards admissibility; and, if the rules of evidence, both in law and equity, are only "reason methodised", it is clear the doctor's empirical opinion, founded on rational probability, is entitled to pass, if not unchallenged, at least, for what it is intrinsically worth, without having its logical proportions torn in pieces by cross examination. It was a true saying of Cullen, that "there are more false facts current in the world than false theories"; and certainly nothing tends more to multiply error and to breed confusion in judicial inquiries, than the bold attacks of the jurist on the straightforward statements of the physician in the witness-box. If the advocate will persist in dissecting an observed uniformity until every shred of uniformity is lost, and instead of a duly registered sequence, a chaotic tissue of contradictory absurdities is presented to the jury, medical testimony will be abolished in our courts of law as an auxiliary instrument of proof.

We do not for one moment presume to say that the evidence given by medical men is not occasionally, perhaps frequently, both delusive and insufficient. The habit of accurately observing and comparing facts, combined with a clear conception of the value of the knowledge acquired, which are the chief requisites in the witness-box, are gifts not equally bestowed on all men, and physicians and surgeons are no exceptions to this general inequality. What we maintain is, that the affirmations of medical witnesses fail to carry the weight they deserve—not so much from the subject matter of the thing affirmed, as from the defective methods of examiner. Let it never be forgotten, that medi men are for the most part called upon to give dence in criminal and personal cases, where the s ject is of a physical or moral nature, and wh their statements should be tested by processes w which the fictions of the law have nothing to All that relates to the management of property n be said to be of artificial contrivance; and the of evidence, in dealing with civil questions, n reasonably be made exact; but, in scrutinising phenomena of physical science, a greater libe must be allowed, and "observations turned i maxims" may be admitted in the place of m positive proof.

We see no other way by which medical witne may escape from the technical subtleties of the courts and take their fair share of responsibilit detecting crime or in exonerating the innocent, t that to which we adverted on a former occas We leave to others more learned in the law to how a jury of doctors may be gathered toget under government authority to assist the judge sifting facts that have a purely medical significa but we feel convinced that until some such tribu is established, the most eminent physicians surgeons will continue to suffer personally from free language of counsel, and to see their evide rendered abortive by the licentious privileges the law.

A DISTINCTION WITHOUT A DIFFERENC

In answer to a correspondent, we beg to say t about three years ago, the Royal College of Ph cians of London passed the following resolution :-

> "That the title of Doctor shall not be given in official document issued from this College to any per who is not possessed of the degree of Doctor of Me cine, conferred by some body legally authorised grant it."

In conformity with this, any Fellow or Mem who does not possess a degree in medicine, is dressed officially by the College simply as an esquire we, however, rightly understand the temper of College, no person will, in future, be made a Mem or a Fellow who does not possess the title of Doc of Medicine.

As to the other question, the answer is pl enough. Every Licentiate of a College of Ph cians is a physician; but whether or not he p sesses the rank conventionally attached to the te physician, depends upon himself. We cannot supp that gentlemen who supply medicines to t patients can claim the rank conventionally ceded what are called physicians, although they actua by having become Licentiates of a College, are *facto* physicians by title. As regards the prefix of Dr. before his name, we believe that any ind in England can do so with impunity. "Dr.", in al sense, really means anything or nothing; and elieve that the best legal authorities are of on that no one can be interfered with who uses refix. Besides, any medical man who had pos- d himself of a 48-*kreutzer* degree in philosophy usic, etc., from the University of Meerschaum- , may, with perfect justice, assume the distin- ing prefix of Dr. For this reason, we do not ve that the London College of Physicians would mpt to enforce against any one of its non-gra- ed Licentiates who might chose to put Dr. be- his name, the by-law which says :—

> No Licentiate of the College shall assume the title octor of Medicine, or use any other name, title, de- ation, or distinction, implying that he is a Graduate edicine of an University, unless he be a Graduate edicine of an University."

oubtless, the College would come down with its lties on the Licentiate who assumed the title raduate in medicine, etc., at an university. In case, he clearly infringes the by-laws, so as to tangible by penalties. Hence, therefore, in a l sense, any Licentiate may put Dr. before his e, but not Doctor in Medicine after his name.

THE WEEK.

last week published an extract from a letter in *Liverpool Mercury* of the 15th instant. The er was signed by Dr. Hitchman of Liverpool; l contained a so-called copy of a note addressed Dr. Hitchman, dated "Royal College of Physi- ns, Edinburgh, April 1859," and signed "D. R. ldane." We have, in consequence, received a ter from Dr. Haldane, of the Royal College of ysicians of Edinburgh, stating as follows :—

> ' My attention has been directed to the last number the British Medical Journal, in which is published, page 206, a letter with my signature attached. That ter was not written by me, etc."

We hasten, therefore, at once to say that we re- et having been inadvertently led into its publica- n. Dr. Haldane will, we are sure, himself admit at a note, certified by Dr. Hitchman to be a true py of a communication received by him from Dr. aldane, and published as such by Dr. Hitchman the *Liverpool Mercury*, might have readily led y reader into the error of considering it as genuine. e may add that we are glad, on the authority of r. Haldane's letter, to be able to remove an impres- on under which we, and we believe the profession enerally, has hitherto remained; namely, that uring the famous *year of grace*, the Edinburgh ollege of Physicians had granted its license to ualified English practitioners, without requiring eir personal attendance in Edinburgh.

An influential member of the Association calls attention to a very important suggestion. He asks: Why should not the many different medical societies scattered through the country unite with the British Medical Association? We would seriously propose this question to the members of these societies, and especially to those of our associates who have influence in them. We cannot imagine a single objection which could be taken to such an amalgamation of forces; but we can see, in many ways, how both these isolated societies and the British Medical Association would be mutually benefited by such an union. What is it but this separation of forces—this scattering of the bundle of sticks—which has ever made our profession a prey to the public? What is more likely to give force and power to the expression of its wishes, and in the exercise of its rights, than this united concentration of sentiments? Gladly would we hear, from those who differ from us, the reasons which they might give in favour of this separation of medical societies; for we are thoroughly satisfied that all apparent difficulties might be removed by explanations. As our correspondent has suggested, this year does seem to be a very favourable one for the vigorous growth of our Association; and therefore it is that we earnestly ask our associates to consider well that gentleman's suggestion.

An action was last week brought in the Court of Queen's Bench against the physician and surgeon of a dispensary, for recovery of a bill for drugs supplied to the charity. A verdict was given for the plaintiff for £417. The fact should be a warning to all medical officers of our medical charities. That medical men should give their time and skill to these charities, and have to pay the drug bill also, is, indeed, an advance in the evil system of gratuitous medical services. We give the details of this trial elsewhere.

The surgeons of militia in Guernsey deserve the thanks of the profession for their determined opposition to the authority which would force them, if it were able, to do an unprofessional act; viz., associate themselves in medical consultations with an homœopath. The countenance and support of the profession should, in every way, be given to these gentlemen. We need hardly tell our readers that the grievance they suffer under is now of a long date; but we are glad to be able to say, as the following document proves, that these gentlemen are, notwithstanding, as resolute now in defending their honourable position as they were when the wrong was first so improperly and unwisely thrust upon them. The *Guernsey Star* writes thus :—

> "At the conclusion of the proceedings of the Guernsey Medical Board, held at the Arsenal on the 10th instant, the medical officers then present drew up the fol-

lowing protest, which has been forwarded to the Adjutant-General of Militia:—

"'The Arsenal, Feb. 10, 1862.

"'Sir,—We, the undersigned medical officers, assembled in conformity with the G.M.O. of the 28th January, 1862, consider it due to ourselves and to our profession to request you respectfully to inform his Excellency the Lieutenant-Governor that, so long as the grievances under which the medical department of the Royal Guernsey Militia is at present suffering remain unredressed, we perform, under protest, all the duties of the commissions we have not been permitted to resign.

"'M. A. Bazille Corbin, Surgeon, R.G.M.A.
"'F. C. Lukis, Surgeon, 1st Regt., R.G.M.
"'F. E. Carey, Assist.-Surg., 1st Regt., R.G.M.
"'G. H. Thurston, Assist.-Surg., R.G.M.A.
"'Colonel White, Adjutant-General, R.G.M.'"

Mr. Brady has persuaded the government to grant another committee to investigate further the question of the utilisation of sewage matter. According to Liebig, when guano fails, which it must do within a limited number of years, the surface of our country will become a barren field, unless we find some other manure, or utilise our sewage stuff. The importance of the subject, we need not add, is immense. The terrible waste of sewage matter, and the pollution of our rivers by the same, are facts very abhorrent to common sense, to science, and to the welfare of the community. The minister who granted the committee held out small hopes of any beneficial results from the inquiry. The subject, however, should never cease being discussed, so long as it is not satisfactorily resolved. We have no doubt that Mr. Brady will gladly receive any information on the sewage question from any of our medical brethren who may have turned their attention to the utilisation of refuse matters.

The military powers that be, have, we read, authorised Dr. Howard, who is attached to the sanitary service of the English army, to visit the barracks of Paris occupied by the different corps of the army.

The French journals announce the death of M. Bretonneau at the age of 84.

A French journal gives the following advice to *pharmaciens*, or, as we say, druggists:—"A *pharmacien* was lately summoned before the tribunal at Meaux for illegally practising medicine. A *pharmacien* especially ought to know that medicine is a solemn, a delicate, and a difficult affair, demanding serious studies and experience. We can only know what we have learnt. A *pharmacien* learns and doubtless knows many things; but he knows not medicine, if he has not studied it; and, if he has studied it, let him become a doctor and *officier de santé*, and so practise it. In the meanwhile, until patients learn prudence, justice invites improvised doctors and doctoresses to abstain from the practising of physic. In this case, the *pharmacien* pays fifteen *francs* each for two offences, and the expenses o
prosecution."

Dr. Winckel, of Cummersbach, near Cologne, s
that he has had occasion to perform the Cæsa
operation thirteen times during nineteen years
eleven women; eight of the operations were n
sitated by osteomalacia, and five by rickets.
four cases, the child had escaped into the abdo
cavity through rupture of the womb; this acci
occurred twice in one woman; and two of the t
women thus operated upon rccovered. Altoge
the doctor obtained six recoveries.

We recommend the following to the notice of
pharmaciens and druggists. The Préfet of the
has addressed the following to the different ma
under his jurisdiction:—"I am informed tha
certain *communes*, *pharmaciens* have held cons
tions and given medicines without medical pres
tions. Such practice is full of serious inconv
ence. You will warn the *pharmaciens* in your
munes to abstain from such infractions of me
police, which will bring upon them the penalti
the law."

The Strasburg School of Medicine is in the
cendant. The number of students has incre
from 327 in 1860 to 412 in 1861; the chief addi
being in the military element.

The use of the *glycerole of starch* is highly
commended by Dr. Debout as a base for ointme
instead of lard, etc. "Fifteen parts of pure
cerine are heated with one of starch, consta
stirring the mixture until the starch is dissol
By this means is obtained a very elegant and t
sparent preparation, of the consistence of jelly,
retaining an invariable consistency, whatever the
mospheric temperature. This pomade gives
unctuosity of glyccrine to the skin, and dissol
many metallic salts which are insoluble in axu
It may be employed as an emollient topic, when
skin is dry and painful, in eczema, psoriasis,
It has no unpleasant odour, and forms offic
preparations of a perfectly constant charact
Active bases are not merely mixcd with, but
solved in it. It does not spread beyond the po
to which it is applied. It is soluble, and, therefo
readily removed. The preparations which it ma
with different salts are transparent and most elega
Great care must be taken that the glycerine used
pure. The only drawback to the use of these po
ades is that they are somewhat more expensive th
those made with axunge."

The *Wiener Medicin. Wochenschrift* says that
year opens not well at Berlin for the medical wor
The two most important personages who shine
that circle are withdrawn from it; one through
ness, the other by the whirlpool of politics. T
loss sustained by the absence from their posts
Gräfe and Virchow is severely felt. "May the lo

›ut temporary, and may they both of them soon
ırn again to the lares and penates of medical
It is difficult to give an idea of the interest
by all classes of society in Gräfe's illness. No
lical man's name since the days of the venerable
ne has been so popular and so honoured as that
'young Gräfe.' In the cottage and in the
ıce the man is known and honoured. Patients
ırded him as their restorer to health; and medi-
men knew him as their friend and teacher. The
's of his illness, instead of that of his expected
riage, came like a thunder-clap upon us; and
ɛn we heard that his valuable life was in danger,
sword of Damocles seemed suspended over us.
s deep interest is still felt in him, notwithstand-
that he has now been ill four months. The po-
cal life which Virchow has entered upon, and in
ch his eloquence and genius have obtained for him
›remost place, will seriously occupy his time.
ring the elections here, Virchow rapidly became
inguished and admired. The power of his elo-
nce, without dazzling the mind by spirited im-
mptus, or brilliant strokes of rhetoric, finds its
into and carries away the souls of his hearers
a beautiful and mighty stream of waves of
ıght. However proud we may be of his success,
cannot say that our joy is without alloy."

Association Intelligence.

SOUTH-EASTERN BRANCH:

EAST KENT DISTRICT MEDICAL MEETINGS.

: next meeting will be held at the Saracen's Head
, Ashford, on Thursday, March 13th, at 3 P.M.
entlemen who intend to read papers, are requested
orward their titles to the Secretary before the 6th
cimo.
inner will be provided at 5 o'clock.

THOS. BOYCOTT, M.D., *Hon. Sec.*, Canterbury.

ATH AND BRISTOL BRANCH: ORDINARY MEETING.

: ordinary meeting of this Branch was held at the
k House, Bath, on Thursday, February 20th; J. G.
ɪʏɴᴇ, M.D., President, in the chair. There were also
sent forty-eight members and one visitor.
he minutes of the last meeting were read and con-
ɪed.

'ew Member. W. E. Day, L.R.C.P., Barrow House,
ton Hill, Bristol, was elected a member of the Asso-
ion.

'apers. The following papers were then read, and
ussions held on each:—
. On some Obscure Causes and Results of Palpita-
. By S. Martyn, M.D.
. Case of Absence of the Vagina with Rudimentary
rus. By W. Davies, M.D.
. The Relation of Temperament and Complexion to
ease. By John Beddoe, M.D.
. On Diabetes. By J. K. Spender, Esq.
The above papers will be forwarded for publication.]

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, FEBRUARY 5TH, 1862.

W. TYLER SMITH, M.D., President, in the Chair.

The Uterine Douche as a Therapeutic Agent: with Exhibition of a New Instrument. By GRAILY HEWITT, M.D. The beneficial action of cold water applied by means of the douche to the portion of the uterus accessible to its action from the vagina, in the treatment of chronic leucorrhœa and allied affections, had been recognised by many authorities. But although the principle in question was recognised, the uterine douche was very rarely employed by the profession at large. One reason was, that there was no ready and efficacious mode of administering it. The various forms of injection-apparatus procurable were all more or less open to objections: the quantity of fluid capable of being used was too limited; or manual effort was required; or possession of ingenuity on the part of the patient was essential. In order to administer the douche effectively, an instrument is required at once portable, necessitating no mechanical or other effort on the part of the patient, and admitting of the use of a large quantity of water. The fatigue attending the use of ordinary forms of injection-apparatus interfered most seriously with their useful employment. The high opinion which the author entertained of the therapeutic power of the uterine douche had induced him to devise an instrument which should fulfil the necessary indications.

The apparatus now exhibited, (ingeniously constructed under the author's directions by Mr. Thos. H. Savory, of the firm of Savory and Moore, of New Bond-street) is extremely portable; the whole is contained in a box seven inches across and four inches deep. It consists of an india-rubber vessel, folding up like a "Gibus" opera-hat, and from the bottom of which a long flexible tube conveys the fluid. When opened out, the rigidity of the reservoir is maintained by a brass rod screwed in its centre. The reservoir holds nearly a gallon of water, the whole of which can be used at one operation. The action of the douche, which is not that of the syphon, is dependent entirely on gravitation; all that is necessary to set it in action is, that the reservoir be placed on some object a foot or two above the seat or couch on which the patient is reclining. On turning the stop-cock the water flows out continuously, fast or slow as may be desired, through the vaginal tube, until the reservoir is empty. The instrument possesses all the requisite qualities: it is portable, self-acting, and not liable to get out of order.

In cases belonging to any of the following categories, irrigation of the os and cervix uteri, which could be most perfectly and easily carried out with the aid of this instrument, would be found of very great service:—Cases of profuse menstruation, dependent on the presence of a lax condition of the vessels of the uterus, giving rise in many cases to prolapsus uteri; chronic leucorrhœa, proceeding from the same cause; enlargement of the uterus, proceeding from defective involution after pregnancy or after abortion; cases of engorgement of the lips of the os uteri, associated with hypertrophied condition of the mucous membrane and excessive secretion of the mucous follicles of the cervix; in all cases, indeed, in which there is undue fulness of the uterine vessels, or defective tonicity of the muscular fibre generally.

Mr. BAKER BROWN observed, that the principle of Dr. Hewitt's apparatus had long been known, and an instrument is sold by Bucklee, of New Bond Street, which act, ing on the principle of a syphon, answered admirably. Mr. Brown had used it for the past twenty-five years.

Dr. Graily Hewitt was quite aware of the merits of the instrument mentioned by Mr. Brown, to which, however, this was far superior. The motive power—gravitation—was the same in the two instruments, and so far the principle was alike; but in the adaptation of that principle there was an important difference.

Dr. Tyler Smith thought the instrument exhibited would prove most useful and convenient for the intended purpose. He had been disappointed with the instrument alluded to by Mr. Brown; it was not easy to use, and was in a variety of ways inconvenient. Dr. Graily Hewitt's instrument, it was evident, was not open to these objections. The caution was necessary that abortion might be produced by the use of the douche in the early months of pregnancy: the patient being not always aware of her pregnant condition, this circumstance should be borne in mind.

THE THROMBOSIS AND EMBOLIA OF LYING IN WOMEN.

BY ROBERT BARNES, M.D.LOND, F.R.C.P.

After a few preliminary observations on the importance of the study of the blood in pregnancy and puerpery as a guide to the pathology of child-bed diseases, the author related a case of thrombosis and embolia of the right leg. The patient was the wife of a surgeon. She was seized with febrile symptoms and apparent inflammation of the uterus a few days after an ordinary labour, and on the fourteenth day with sudden excruciating pains in the right leg, followed by loss of pulsation of arteries of this leg, swelling, gangrene, and death. From an analysis of thirteen cases of systemic thrombosis and embolia, it was found that the earliest period of attack after labour was the second day; the latest, some weeks. In eight cases, the indication of gangrene arose in less than fourteen days. In eleven fatal cases, death ensued in from eleven days to three months. Two cases recovered. One of the earliest and most striking symptoms observed was the pain, which is described as of a most acute kind. The same characteristic has been observed in non-puerperal cases, and Gaspard and Cruveilhier relate that intense pain always attended their injections of foreign substances into the arteries. Loss of pulsation of the arteries leading to the affected limbs and gangrene next follow, attended with remission of the pain.

The cases of the systemic order were divided by the author into two classes: 1. Those in which rheumatism was an antecedent condition. In these the effects of endocarditis have been found. Here it was conjectured that the embolism was not so much the result of fresh thrombosis, or coagulation of blood in the heart, as of the washing away into the arteries of portions of vegetations from the valves of the left ventricle. 2. In another class of cases uncomplicated with rheumatism, blood clotted in the left heart; and the local obstructions were the result of the washing of portions of the heart-clot into the arteries.

In connection with the systemic affection, it was necessary to study the thrombosis and embolia of the pulmonic circulation. The comparison of the two systems showed this striking contrast: in the case of the general system, the left heart was known to be peculiarly liable to disease, and the origin of thrombosis was cardiac; whilst in the pulmonic system, it was not the right heart but the peripheral veins that were the primary seat of the evil. In the latter case, blood-clots were formed in the crural, iliac, uterine, or hypogastric veins; portions of these clots are swept into the right heart, and thence into the pulmonary arteries, where the symptoms of lung distress arise. The author had collected in a tabular form a number of cases of pulmonic embolia.

The theories of the causes of the coagulation of the blood were not dwelt upon. For information upon this controverted question, reference was made to the wor
of Virchow, Richardson, and Cohn. The memoir w
concluded by some remarks on the prophylaxis a
treatment of the disease.

MANCHESTER ROYAL INSTITUTION: MEDICAL SECTION.

Annual Meeting, Jan. 8, 1862.

Charles Clay, M.D., in the Chair.

Report. The report of the past year's proceedin
was read and approved of, its tendency being to sh
that the society was in a most flourishing condition
every way, saving in its pecuniary state, there being st
a slight deficit due to the treasurer.

Office-Bearers. The following office-bearers were th
elected:—*President*, Dr. Borchardt; *Vice-President*, M
Lund; *Treasurer*, Mr. J. Windsor; *Honorary Secreta*
Dr. Roberts; *Honorary Librarian*, Mr. T. Winds
Honorary Editor, Dr. Thorburn; *Committee*, Drs. Sam
son, Mandsley, Medd, Clay, Browne, Noble, and Devil
Messrs. Greaves, Smart, G. W. Smith, Skinner, and D

Testimonial to Mr. Windsor. At the close of the p
ceedings, in accordance with a resolution passed at t
last annual meeting, an address and testimonial of boo
were presented to Mr. Thomas Windsor for his valua
services in connexion with the library.

Feb. 5, 1862.

E. Lund, Esq., in the Chair.

A considerable portion of the evening was occup
by an adjourned discussion on a proposal to increase
annual subscription; the subject being again adjour
to a special meeting.

CASES AND MORBID SPECIMENS.

Exostosis of Orbit. Mr. T. Windsor exhibited a c
of periostitis of the upper wall of the orbit. The
sulting tumour had been punctured, allowing a lit
serous fluid to escape, and revealing the existence of t
exostoses, one on the upper, the other on the inner s
face. Mr. Windsor proposes to enter more fully i
the nature and treatment of such cases on a future
casion.

Strabismus. Mr. T. Windsor also reexhibited a c
of squint, subsequent to operation and cure.

Excision of Superior Maxilla. Mr. Windsor ex
bited a case in which he had removed the upper jaw
account of a myeloid tumour, which involved the
trum, but had also attachments behind. After remo
of the jaw, the tumour was as far as possible torn aw
and no fresh symptoms had arisen since the operati
twelve months ago. Mr. G. W. Smith also exhibited
artificial hard palate which he had made for the sa
patient, and explained the difficulties in its constructi

Wasting Palsy. Dr. Roberts exhibited a case
wasting palsy, affecting the deep seated muscles of
side of the neck, and causing the head, when uns
ported, to fall towards the opposite shoulder.

Fibro-nucleated Tumour. Dr. Roberts exhibited
enormous tumour, weighing four pounds nine oun
which Mr. Smith had successfully removed from
breast of a woman in the Royal Infirmary. It had
extensive ulcerated surface, with hard everted edg
and on section, it presented all the naked eye charac
istics of scirrhus. The microscope, however, revea
no true cancer growth; but minute oval vesicular bo
of the nature of nuclei, and a large quantity of fibr
tissue; small portions of atrophied mammary gl
were also found here and there in the midst of the
ventitious tissue. It evidently belonged to the class
growths named "fibro-nucleated" by Dr. Hughes B
nett. The surrounding parts were not invaded, and

lary glands were unaffected, although the tumour had
n six years in existence.

lceration of the Larynx. Dr. Lorimer exhibited a
cimen of ulceration of the larynx and fauces, of
ch he had seen several examples during a very fatal
lemic of measles. Some discussion took place as to
r nature; but Dr. Lorimer proposed to communicate
her details of the cases referred to.

SOCIATION OF METROPOLITAN MEDICAL OFFICERS OF HEALTH.

Saturday, February 15th, 1862.

R. D. Thomson, M.D., President, in the Chair.

immons's Gas and Water Connector. Dr. Aldis in-
luced to the attention of the meeting Simmons's gas
water connector. This instrument was intended to
ble engineers to attach branch pipes to mains, either
gas or water, without the danger of setting free either
gas or the water. Dr. Aldis referred to cases in
ch workmen had received considerable injury, and in
ch premises had taken fire, from the escape of gas in
ping the mains. This apparatus prevented any
ard from such an operation. Mr. Simmons pro-
ed a model of the apparatus, which gave great satis-
ion to the gentlemen present.

ausation of Typhoid Fever. Dr. Lankester made a
munication on this subject. He referred first to the
at interest of this subject; for, when this disease
e established itself in the community, the highest in
land could not be shielded from its deadly influence.
eglected amongst the poor, it failed not to attack the
. He then gave a sketch of the history of continued
er, and the gradual recognition of the fact that typhoid
a distinct fever, originating in different causes from
se of other continued fevers. Although this fact was
very generally recognised amongst persons capable
understanding the philosophical principles of causa-
, yet there was a difference of opinion, amongst those
had studied the subject most attentively, as to the
ure of the cause. Dr. Murchison had very properly
ed attention to the almost constant relation between
hoid fever and foul sewers and drains, and hence had
ed it pythogenic fever. It had hence been inferred
t animal and vegetable refuse, more especially night-
, had a power of generating an organic poison which,
ering the blood, produced typhoid fever. On the
er hand, Dr. William Budd of Bristol, after a very
ntive study of several outbreaks of typhoid fever, had
e to the conclusion that the discharges from the
els, and the discharges from the bowels alone, were
exciting cause of typhoid fever. He had supported
theory in a series of papers of great ability, pub-
ed in the *Lancet* and the British Medical Journal.
had shewn that there was no more reason to attri-
e a spontaneous origin to typhoid fever than to small-
; and, taking it for granted that the origin of small-
was specifically the same under all circumstances,
maintained that the same must be true of typhoid
er. Dr. Lankester then introduced the subject of the
version or transformation of animal poisons. He
eved in their generally fixed and specific nature.
, alluding to what took place in lower organisms, he
wed that the spores of the same fungus developed
different forms of mycelium and fructification in
erent localities. He pointed the fact that, within
ain limits, species varied to an immense extent—to
h an extent as to give a pretext for the introduction
the clever hypothesis of Mr. Darwin, of a descent of
species from a common form. Without adopting that
ory, any further than as an instrument for future in-
ry, he wished to bring forward an hypothesis of more
ited range; and that was, the possibility of the same animal poison becoming so modified as to give rise to different sets of symptoms. This view might be held quite consistently with the observed permanence of the chief symptoms of our contagious diseases. In support of this view, he quoted the remarkable change undergone by the small-pox poison in passing through the body of the cow. He also pointed to the mysterious connection that seemed to exist between scarlet fever and diphtheria, and referred to the outbreak of erysipelas and mumps on board H.M.S. ship *Rattlesnake*, as related by Professor Huxley, and published in Mr. Paget's *Lectures on Surgical Pathology*. The author then went on to examine the theory of the spontaneous origin of typhoid fever. He drew attention to the fact that a large number of fevers were of malarious origin, and that animal and vegetable substances in a state of decomposition had the power of engendering disease. He pointed out the connection between putrid states of the air and pyæmia, erysipelas, and puerperal fever. He thought there was not sufficient evidence to show that any of these causes could produce a disease which could afterwards be maintained by a poison generated in the body alone. This was the point involved in the question of the causation of typhoid fever. He then invited attention to the question of the predisposition of the individual to take the poison of typhoid fever. He thought the evidence very conclusive, that exposure to emanations from decaying night-soil, and the contents of drains and cesspools, did produce a state of the system favourable to the development of typhoid fever, when its poison got access to such persons. It was an interesting question for inquiry, as to whether the germs of typhoid fever could be made to grow or increase upon organic matter, out of the body, in the manner in which the germs or spores of the mushroom are made to grow by collections of manure. The discovery was yet to be made of the precise form which typhoid fever poison assumed; and much light might yet be expected to be thrown on the subject of zymotic disease, when the precise nature of contagious poisons was better understood. In conclusion, he stated that, whatever might be the view theoretically adopted by medical officers of health, in their action they should employ preventive agencies which would cover the issues of both theories. The excretions from the bowels of typhoid fever patients should be immediately subjected to such disinfecting agents as chlorinated lime and permanganate of soda or potash; and all animal refuse, especially night-soil, should be either removed from human habitations, or reduced to a condition, by charcoal, mould, or other agents, in which those changes cannot go on which give rise to disease.

A paper was then read by the Secretary from Mr. Wilkinson of Sydenham, medical officer of health for Lewisham, giving an account of two houses in which typhoid fever had broken out, as the result of deficient drainage in the one case, and of contamination of the drinking water by sewer gases in the other case.

The Secretary also read a letter, addressed to the President, giving an account of cases of typhoid fever arising in an ill drained house.

The reading of these papers was followed by a discussion, in which Mr. Rendle, Dr. Ballard, Dr. Gibbon, Dr. Goodfellow, Dr. Sanderson, Mr. Palmer, engineer, and Dr. Aldis took part.

Cool Clear Heads. It is calculated that in 1856, in addition to the emigration beyond seas, a number as large—about 13,000—must have have left Scotland for England and Ireland. Our northern neighbour sends us in this emigration many cool clear heads; she can boast and prove by tables and returns that brain-diseases are very much less prevalent and fatal in Scotland than in England—a fact of which it would be interesting to know the cause.

Correspondence.

GRATUITOUS MEDICAL SERVICES.

Sir,—Dr. J. Barclay having come forward as the advocate of gratuitous medical services, it will not be out of place if, as a near neighbour of his, I endeavour to show him in what way the system works injuriously to ourselves, and what is the general feeling of country practitioners upon the subject. I would premise, that personally I am on terms of friendship with Dr. Barclay, and have the highest regard for him; and I write from no ill-will towards him, but because I have long felt that the practice of prescribing gratuitously, *at their own houses*, by the leading physicians of our county town, was an evil pressing heavily upon us, and calling for a remedy; and I am glad of the opportunity Dr. Barclay has given me to enter my protest against it.

In the first place, then, I cannot agree with Dr. Barclay that there is any necessity for such a system to supply the wants of the sick poor. If such a necessity exists now, why has it not done so always? With the growing population the growth of our benevolent institutions keeps pace. We have in Leicester an Infirmary with 120 beds, and an average of 400 or more outpatients; and its doors are open three days a week to all deserving poor. We have also a Dispensary, open (I believe) five days a week, with a very large average of patients; besides minor institutions at Loughborough and Market Harborough. Can there, then, be any such excuse as that a really deserving person, unable to provide for medical attendance, requires other means than these for its supply? I maintain that what Dr. Barclay calls the upper-lower classes are the very ones who have a claim upon such institutions during long and severe illness, or in accident.

Secondly. I should not complain (neither, I am persuaded, would other country practitioners) if the gratuitous advice given at their own houses by physicians were restricted to the really poor; but this is very far from being the case. The fact is, that the physician sitting in his own study is completely incapable of judging of the condition in life or means of a patient who presents himself before him. Nothing is more deceptive in this respect than outward appearance; and it is frequently made more so by the persons themselves, who dress so as to appear poorer than they really are, for the sake of obtaining gratuitous assistance. I could quote many instances of patients of my own, well able to pay a medical man, who have been for weeks or months under the care of Dr. Barclay or one of his colleagues in Leicester, who are not fit recipients for charity, who would never have thought of going to a hospital, but who, being offered the best advice for nothing, do not hesitate to avail themselves of it; and thus we are made to suffer in pocket, while no real act of charity is fulfilled. Let me do Dr. Barclay the justice to say that I believe he always asks the question whether they are under any one else's treatment; and, if they are, he refuses to prescribe but through their own medical man. This he has done upon many occasions to myself. But a simple negative answer to the question relieves the doctor of this responsibility; and in too many instances his advice and prescription is a robbery of some hard-working country practitioner.

If Dr. Barclay and others confined themselves to giving away consultations to any poor persons sent to them as deserving by other medical men, or certified to be deserving objects of charity by some such person as the clergyman of the parish, they would do much good, and fulfil all that is really required of such a system. We are often glad to be able to get a second opinion upon some case in union practice, and to give this
tuitously would be really charity; while the practice
indiscriminate prescribing for all comers effects no g
object, and seriously injures other members of the
fession.

I am a strong advocate for the *honorary* standin
the posts of physician and surgeon to our hospit
and I think it well that we should give away our tim
visiting the sick there; but there we have the aln
certainty that the patient is deserving by the rec
mendation which admits him; and, with a similar ch
upon the system of prescribing at home, it might w
with advantage.

I agree with Dr. Barclay entirely that "the *bonâ*
sick and poor have a claim on the time and talent
the medical man"; but I deny the medical man's po
of judging of the latter qualification out of his own
trict; and I beg to assure him that the facility
which the middle classes obtain advice gratis in Lei
ter is felt to be a great hardship by his brother pra
tioners.

I cannot attempt to analyse Dr. Barclay's moti
and trust he may be actuated by the "far higher
tives" he speaks of; but, if he is, I can only say he is
exception to the general rule, which, I think, is cle
defined in the quotation in Dr. Barclay's letter.
does the young physician commencing practice,
seeking a reputation, throw open his doors for gra
tous advice? Surely we cannot attribute it entirel
"Christian motives". Why are men found to hold,
why do I, for one, hold, a badly paid union appointm
but because it lies in the midst of my work, and it is
interest to cover the ground and keep other men
Certainly not from any higher motive than self-inte
And so it is with everything else. A sort of scra
who shall get the most is going on; and we do not o
enough stop, in the elbowing and squeezing of
crowd of life, to see whom we are injuring and jost
out of our way, satisfied if we can only advance
selves.

I earnestly hope the ventilation of this subjec
your pages may lead to a better state of things. I
close my card for your satisfaction. I am, etc.,

Leicestershire Practitione

February 17th, 1862.

Letter from John Barclay, M.D., F.R.C.P.

Sir,—I would now briefly review the provisions n
for the supply of medical advice to the poor; but, be
doing so, let me most emphatically condemn the sy
of volunteering and giving advice gratuitously to t
who are able to pay. The motives which prompt
conduct will not bear analysis; and the practice is
degrading to the science of medicine, most unjust
injurious to the profession, and usually of little se
to the public.

The absolutely poor labouring class, which a tu
the wheel of fortune, or a depression of a parti
branch of trade, throws into absolute want, is,
necessarily must be, so far as medical aid is conce
classed along with the malignant pauper; and
justly has the Poor-law provided that no case of il
need be without medical assistance, or food, or
necessaries. That a large measure of reform in
medical provisions of this law is loudly called f
most certain. Its one redeeming point is, tha
tenure of office is permanent; the one hope of
lerant guardians is to have the medical officers
removable at will.

The men of the higher operative and labo
classes have, all over the country, formed sick-clu
themselves; a small annual or monthly payme
curing to them the assistance of their selected m
officer; and, though the remuneration be small, it

many other incidental attendances, that it satisfies young and rising surgeons who chiefly hold such intments, and it teaches the poor self-reliance and pendence.

ispensaries usually have a provision for home-ation by a paid officer for severe cases. In large s, as in Edinburgh, they form admirable schools for ils, where the young practitioner can first "feel his" and act on his own responsibility; while at any he can have the assistance of the medical officer er whose instructions he acts. Along with dispen-es may be classed the out-patient department of rmaries and hospitals, where the sick can usually nd once a week, and, by choosing their day, can also ct the medical officer to whose care they choose to ust themselves. In the vast majority of cases, the licants consist, in the country, of those who, from a dable sense of independence, do not choose to apply he parish; or of the wives and children of members sick-clubs who are utterly unable to pay for either ice or medicines; the cases usually being chronic, l requiring long courses of treatment. It is the fault he medical officers themselves if advice be given in leserving cases.

nfirmary and hospital in-patients, again, are, or ght to be, made up of more acute and severe cases from same classes; diseases requiring active treatment—ers, accidents, and surgical cases, needing absolute t and careful nursing. Have the poor a claim on h charity? I think most undoubtedly they have. w and where else can such cases be treated, unless compel the poor to declare themselves paupers, or empt an impossibility, that every man, woman, and ld be enrolled in a sick-club?

But I understand you to say that every dispensary ctor, every hospital physician and surgeon, should be d for his services: an idea, begging your pardon, erly Utopian. There is not an institution in the ntry whose finances could bear it. If payments re adopted, the staff must be reduced. No body of vernors could be found so insensate as to allow the cessity of paying three or four physicians and three four surgeons, when it could easily be demonstrated at one of each would be sufficient. Further, the *ade-ate* payment of such officers is an utter impossibility. ould £50, would £100 a year, be anything more than mere mockery as payment for such services as are ndered by men usually in active practice? Calculate per head, calculate it by time, the idea is equally surd.

But what, then, is the reward of the medical man? hy does he seek such honorary appointments, as he ndoubtedly does? Because it is his *duty* to gain ex-rience, to learn tact, to acquire dexterity in operation. this the surgeon is more palpably benefited than the ysician. The latter being much fewer in number, it metimes happens, as in my own infirmary, that all the ree physicians in the town hold hospital appoint-ents. The social position gained is, therefore, abso-tely *nil*. If, then, the sole benefit to the medical an be often or even sometimes only the acquirement knowledge or the *tactus eruditus*, I hold that he is ound thus to improve and inform himself, not from the otives of self-interest, but to qualify himself so that he hall be best able to acquit himself of the responsibili-es he has undertaken by devoting himself by training nd education to the cure or alleviation of disease. It ay be his *interest*; it undoubtedly is his *duty*.

Lastly. The most difficult branch of the subject is he system of gratuitous advice at home. This, indis-riminately given, is undoubtedly one of the most inju-ious practices in the profession. I believe it to be uite true that patients applying in this way value ad-ice exactly at what they pay for it; and I can vouch or the truth of my assertion that, if ever such persons improve their position, or are enabled by their friends to call in a consultee in subsequent illness, they do not select him who has formerly shown them kindness, but another, even if he be a younger man. But this black view of human nature is no justification for the refusal of advice when it is needed and deserved. If it were so, your accusation would indeed be true, that we seek nothing but our own self-interest. Of such as we have are we bound by a far higher law than expediency to give to those who are in need of it.

From the nature of things, this gratuitous advice falls chiefly to be given by physicians, or by surgeons who have late in life left off the system of supplying medicines; but I must do all whom I have ever applied to the justice to say that, in all cases requiring a surgical opinion, I have ever found the readiest and most hearty gratuitous cooperation when such opinions have been asked. In all large towns—in all centres of extensive counties—there must ever be found a vast number of cases suitable for gratuitous advice;—those who can pay a few shillings for medicine, who yet cannot pay a few pounds for advice; cases in which advice only is needed; cases where temporary embarrassment, not absolute want, follows on sickness; wives and children suddenly plunged into distress by the illness of the bread-winner; schoolmasters and others, with fixed low incomes, and unlimited increase of families. Plenty of such cases are to be found, where advice given is the purest charity. He alone is culpable who, without inquiry into circumstances, gives indiscriminate advice gratis, in the hope that it may lead to something. Such a man will never acquire the confidence of his fellow-practitioners; and what is more to the point, in your view of the case, those who could pay him are the last that ever will. But, besides these, there is a large number of cases—parish, sick-club, private—in which, at the suggestion of friends or the desire of the medical attendant, a second opinion, and an opinion of one who is qualified by education, position, and practice as a consultee, is a satisfaction to both the doctor and the patient, while the payment of fees is out of the question; and it cannot be got at an infirmary. The conscientious and right-minded consultee, if he can only occasionally benefit the patient by fresh suggestions, or throwing light on an obscure case, can and will always turn such consultations to the advantage of the ordinary medical attendant, by securing for him the confidence of his patient.

That all this can be done as Christian charity, entirely free from all sordid motives of self-interest, I confidently assert; and, if a man has no pleasure in thus doing good, he is wholly unfit for the practice of a noble and God-like profession.

It may be said of gratuitous advice, as it has been said of gratitude, "it is a debt which is ever to be paid, never to be demanded". I am, etc.,

JOHN BARCLAY.

The Newarke, Leicester, February 8th, 1862.

MEDICAL REMUNERATION.

LETTER FROM MARTEN PERRY, M.R.C.P.Ed.

SIR,—I forward you some correspondence between myself and the Secretary of the London Life Association, 81, King William Street, E.C., from which you will learn that, on receipt of a printed form, I gave the office my opinion of the state of health of a patient of mine, expecting, of course, to be paid for that opinion, or to have a fuller form sent to be filled up.

With Mr. Docker's letter came down a prospectus of the Company, opened at the "Rules"; where I read as follows:—

"Every person, at the time of proposing an assurance with this society, is required to name two or more referees, one of whom is to be the *usual medical attendant of the party proposed for assurance*, from whom the society may receive, *free of charge*, the requisite information, etc."

I need not say that had I known this, they might have whistled for my opinion; or that, knowing it, "I will never do so again."

I am, etc., MARTEN PERRY.

Evesham, February 17, 1862.

[Mr. Perry has done well in pointing out the injustice involved in the rules of this London Life Association. It is evidently an attempt to obtain a medical opinion gratis. All we can say of it is, that in this instance, as in so many others, the profession has the power, if it only had the will, at once to abate the injustice, by simply refusing to comply with the "rules." EDITOR.]

THE TITLE OF DOCTOR.

LETTER FROM JAMES G. PARSONS, L.R.C.P.Ed.

SIR,—Would you oblige by informing me if the by-law prohibiting the use of the title Dr. by non-graduate Licentiates of the London College of Physicians extends also to its non-graduate Fellows and Members. If not, on what ground is the exception made? Also, if the new order of Licentiates of the London College are, like the Licentiates of the Edinburgh and Dublin Colleges of Physicians, entitled to the rank and title of physician.

I am, etc., JAMES GAGE PARSONS.

Old Market Street, Bristol, February 14, 1862.

THE ANONYMOUS IN JOURNALISM.

LETTER FROM HENRY DAYMAN, ESQ.

SIR,—Although you have well nigh exhausted the subject of anonymous writing in your capital article of last Saturday, it may be some encouragement to you to know you have the suffrages of many members on your side.

I cannot agree with Dr. Radford in wishing to control, or rather curtail, the discretionary power of the editor. There is something very inglorious in the idea of reducing our editor to the position of a servant. Such a piece of machinery would hardly be worth the grease necessary to make its wheels work, and (as it too often happens in domestic life) would soon lead to a sort of mutual counteraction between the employer and the employed.

Sydney Smith, in reviewing Bentham's *Book of Fallacies*, makes some observations that seem to support your argument in favour of anonymous writing where great moral evils are to be exposed. He says:—

"A vast concern is expressed for the *liberty of the press*, and the utmost abhorrence for its *licentiousness;* but then, by the licentiousness of the press is meant every disclosure by which any abuse is brought to light and exposed to shame; by the liberty of the press is meant only publications from which no such inconvenience is to be apprehended; and the fallacy consists in employing the sham approbation of liberty as a mask for the real opposition to all free discussion. To write a pamphlet so ill that nobody will read it; to animadvert in terms so weak and insipid upon great evils, that no disgust is excited at the vice, and no apprehension in the evil doer, is a fair use of the liberty of the press; and is not only pardoned by the friends of government, but draws from them the most fervent eulogium. The licentiousness of the press consists in doing the thing boldly and well, in striking terror into the guilty, and in rousing the attention of the public to the defence of their highest interests. This is the licentiousness of the press, held in the greatest horror by timid and corrupt men, and punished by semianimous, semicadav ous judges, with a captivity of many years."

I am, etc., HENRY DAYMAN.

Milbrook, Southampton, February 23, 1862.

MEDICAL SOCIETIES AND THE BRITISH MEDICAL ASSOCIATION.

SIR,—May I take the liberty to call the attention individual members, as well as the various local secret ries and councils of the British Medical Association the exceedingly favourable opportunity of using th valuable influence at the present time to increase t number of its members?

Many medical societies in different parts of the cou try would gladly join our ranks, if our friends wou only take the trouble to bring the subject properly b fore them. There is no advantage in any of these s cieties that they would not gain in a still greater degr by an amalgamation with ours; and, in addition, th would be greatly the gainers in power and influence f practical purposes by uniting themselves with a lar and now unquestionably successful institution. We ce tainly should be much gratified to welcome a lar number of new members to share with us the ma inducements already promised for our next annu meeting in London; indeed, from the cheering accoun I hear, the limit of the time usually allotted to o meetings will not suffice for the good things alread planned for us. If you think a reminder of this kin desirable, pray insert this, and oblige, Yours, etc.,

A MEMBER OF THE ASSOCIATION.

DR. SALTER'S LECTURES ON REGURGITAN AORTIC DISEASE.

LETTER FROM J. K. SPENDER, ESQ.

SIR,—Many of our associates must have read D Salter's lectures on Regurgitant Aortic Diseases wit pleasure and profit; and none more so than mysel Will my friend Dr. Salter forgive me for venturing t criticise his method of treatment?

Dr. Salter says that the heart we cannot reach; it derangement is essentially irremediable. *Quoad* th aortic lesion, this is unquestionably true; but is it equall true as regards the left ventricular hypertrophy, a augmenting effect of the blood-regurgitating cause? T a certain extent, this hypertrophy is strictly "conserva tive" and "compensating"; but under its incessant ove work, the muscular tissue of the heart will hereby de generate, if we do not provide the materials for its du nutrition.

This appears to be the key of the treatment of regur gitant aortic disease—*maintain an adequate nutrition o the heart itself.* It may be true, as Dr. Salter says that "we cannot raise the machine to its work"; but i "lowering the work to the machine," we merely run th risk of lowering the machine itself, and so quickly put ting an end to our patient. I speak from what experi ence has taught me. We may administer elaterium,* and draught away "floods of water" from the bowels but the floods will assuredly come again, and drow in the long run. And we cannot be repeating the elaterium for ever, however skilfully we may combine it and however much we may support the patient in the intervals. It is well to inaugurate other treatment with one or two doses of this hydragogue; still, it takes away not only the "water" which is outside the blood but very good "water" which is within it. Now, we cannot abstract albumen and salts from a man's blood witheaving it poorer than it was before; and this poorer d has not only to nourish the whole body, but within body, a particular organ which, according to the litions of the problem, is habitually over-worked.

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* I may state that probably the best way of obviating the griping effects of elaterium, is to combine each dose with four or five grains of cayenne pepper.

ow, in helping the heart to do its extra duty, we ially annul some of the effects of the regurgitant d-stream, proportionately unload the pulmonary s, unlock the capillary stasis, relieve dyspnœa, and ent dropsy.

uch of this benefit may be produced by the pro-ed administration of iron. I have notes of four or cases, in which most perilous symptoms were long ted by giving one or other of the following draughts e times daily:—

Ferri sulph. gr. iij; spiritûs æther. chlor. ♍xv; aquæ puræ ℥iss. M.

Tincturæ lobeliæ ethereæ ♏xv; ferri sulph. gr. iij; tincturæ quinæ comp. ʒj; aquæ puræ ad ℥iss. M.

ith this a generous diet was ordered, and all unne-ary exertion forbidden. Very seldom indeed was a gative required.

have not Dr. Stokes's great work at hand; but in e memoranda taken from it several years ago, I that he speaks of "a general morbid state accom-ying this condition (regurgitant aortic disease), ap-aching that which favours the deposition of fatty, eromatous, and probably tuberculous matter—a state *eficient hæmatosis*. Generally, the fatal termination receded by a gradual failure of the powers of life.

I am, etc., John K. Spender.

Bath, February 22, 1862.

Medical News.

oyal College of Physicians, Edinburgh, and Fa-ty of Physicians and Surgeons, Glasgow. The owing gentlemen received certificates of having passed cessful examinations in "Arts", on February 1st:—

Bird, Edward R., Tarporley, near Chester
Daniels, Edwin, Stone, Staffordshire
Davies, John, Wrexham, Denbighshire
Davies, P. Lloyd, Abergele, North Wales
Davies, William, Wrexham, Denbighshire
Huthwaite, Charles, Nottinghamshire
Jackson, John, Wigan, Lancashire
Jones, John Thomas, Tremadoc, Carnarvonshire
Jones, Robert, Llaurwst, Denbighshire
Jones, William, Pwllheli, Carnarvonshire
Redford, George, Fulham, Middlesex

oyal College of Surgeons. The following gen-man, having undergone the necessary examinations, eived their Diplomas in Dental Surgery, at a meeting the Board, on February 26th:—

Croall, William, Davies Street, Berkeley Squaro
Gibbons, Sills Clifford, New Burlington Street
Gregson, George, Harley Street, Cavendish Square
Simons, John Blencowe, Queen Anne Street, Cavendish Square
Steele, Joseph, Plymouth
Tibbits, William, Uttoxeter, Staffordshire
Watson, Samuel Key, St. Heliers, Jersey

APPOINTMENTS.

rnie, Henry M., Esq., elected Resident Medical Officer to the over Hospital.
rley, John, M.R.C.P., elected Assistant-Physician to the London ever Hospital.
ackenzie, Frederick W., M.D., appointed Physician-Accoucheur or In-patients to Queen Charlotte's Lying-in Hospital.
ight, Alfred, Esq., appointed Assistant House-Surgeon to the radford Infirmary and Dispensary.

oyal Navy. The following appointments have been made:—

nnison, Dunbar A., Esq., Acting Assistant-Surg., to the *Petrel*.
lston, Peter W., Esq., Assistant-Surgeon, to the *Fox*.
evenson, Archibald, Esq., Surgeon, to the *Petrel*.

DEATHS.

Andrews, Wm., Esq., Surgeon, at Salisbury, aged 78, on Feb. 19.
Brown. On February 22nd, at Strood, Kent, aged 72, Charlotte, wife of Robert Brown, M.D., Staff-Surgeon, and Medical Superintendent of Quarantine at Stangate Creek.
Cottew. On February 13th, at Hornsey Road, Holloway, Ellen Mary, aged 9, and Harriet Eliza, aged 7; and on February 21st, Edward H., aged 13 months—children of E. Cottew, L.R.C.P.Ed.
Jackson. On February 19th, at Stamford, aged 68, Jemima, wife of Mark W. Jackson, Esq., Surgeon.
Scott. On February 17th, at Plymouth, Florence, infant daughter of R. T. C. Scott, Esq., Staff-Surgeon R.N., H.M.S. *Royal Adelaide*.
Truman, M., M.D., of 40, Norland Square, aged 56, on Feb. 19.

New Lock Hospital. We understand that the governors of the Lock Hospital have purchased a freehold site in Dean Street, Soho. It is intended that the male patients exclusively shall be admitted into this branch of the establishment; and that the female patients shall be received as formerly in the hospital in the Harrow Road. All the out-patients will probably be seen in Dean Street.

The Empress of Austria. A letter from Venice, of February 14th, says, "The health of the Empress of Austria has so far improved that no fear of a relapse is now felt. Her Majesty, accompanied by the Prince Imperial and the Princess Gisela, goes out twice a day in her gondola, and will shortly make an excursion in a steamer. The Emperor is expected at Easter, and he will then take the Empress and the children back to Vienna. (*Standard*).

The late Mr. Pittard. The *Athenæum* states that a deputation of ladies, consisting of Mesdames E. Deas Thomson, Allwood, Hay and Roberts, presented Mrs. Pittard, widow of the late curator of the Sydney Museum, with £531 in Australian sovereigns. This tribute of sympathy was raised by a committee of ladies, who are ever forward in the performance of those good offices that reflect such lustre upon woman's tenderness. The present was inclosed in a handsome case, upon which were appropriately inscribed these words: "A Tribute of Sympathy from Australia."

Royal London Ophthalmic Hospital, Moorfields. The annual general meeting of the governors of this hospital was held on Thursday week. The report then stated that the financial condition of the hospital was in a favourable condition. The donations and subscriptions, including two bequests, had exceeded those of 1860 by upwards of 600*l*. The number of patients this year amounted to 15,951, or more than double the number reached in 1847. The building fund account showed that it had 1000*l*. in Exchequer Bills, 1000*l*. East India Five per Cent. Debentures, and that there was a cash balance in bank, and in the hands of the secretary, of 543*l*. 8s. 3d. The receipts of the general fund, including the balance in hand at the end of 1860, were 2463*l*. 15s. 11d.; and sale of stock, 1885*l*. 3s. 1d. The expenditure had amounted to 2373*l*. 17s. 1d.; legacy duty, etc., 1885*l*. 3s. 1d.; purchase of Consols, 280*l*.; and cash in hand, 27*l*. 13s. 1d.

Protest against Homœopathy. At a special meeting of the New York Academy of Medicine, the following letter, directed to the President, was received from Dr. Valentine Mott:—"Sir,—We have all been annoyed with the intimation that the noble surgical staff of our army might be polluted with homœopathy. We all honour the regular profession; and when an attempt is made to impair its usefulness, or detract from its dignity, we should promptly and unitedly repel it. Influenced by these sentiments, I forward to you the accompanying resolutions, and beg you to introduce them at the meeting this evening as coming from me. A broken metacarpal bone prevents my presenting them in person. Yours truly, Valentine Mott. 1, Grammercy Park, January 29, 1862. 'Whereas, petitions have lately been presented to the Senate and House of Representatives of the United States, for the employment of homœopaths as surgeons in the army; therefore, resolved: That the New York Academy of Medicine deem it their duty, in the interest of the army, respectfully to protest against the employment of such practitioners for the following reasons:—1. That the practice wherever subjected to accurate observation has failed to establish itself in any hospital. 2. That in the countries where it originated and attained its fullest degrees of development, it has not been introduced into the army or navy. 3. That it is no more worthy of such introduction than other kindred methods of practice as closely allied to quackery. 4. That such appointments would dissatisfy and dishearten the medical staff of the army, who understand the true character of homœopathy, and who have entered the service of their country, with confidence that the government would strive to elevate the standard and promote the efficiency of the medical staff—results surely to be defeated by the appointment of homœopaths. Resolved: That a copy of the above resolutions be sent to the Hon. Ira Harris, of the United States Senate, and the Hon. F. A. Conkling, of the House of Representatives, with a request that the resolutions be presented to the two Houses of Congress.' "

An Action. The plaintiffs carry on business on Snow Hill, as chemists and druggists, under the style of Messrs. Hodgkinson and Co., and brought the present action to recover the sum of 417*l.* 12s., being the balance of their account for medicines supplied for the use of the Blenheim Dispensary; an institution which had become first indebted, and then defunct. The defendant, Mr. Ashton, of Cavendish Square, was surgeon and sub-treasurer, and the other defendent, Dr. Wane, of Grafton Street, was one of the physicians to the institution; but, though they admitted that the goods had been supplied by the plaintiffs on the orders of the committee of which the defendants were members, they denied that they were personally liable, and contended that the medicines were supplied on the credit of the funds of the institution only. It appeared the plaintiffs had supplied the dispensary for several years, but their present demand was for medicines supplied from the year 1852 to 1856. During this period the committee consisted of the medical officers, who were six in number; but these gentlemen seemed to have been more successful in obtaining patients than in collecting money from the public; so that towards the end of the year 1856, the plaintiffs, in sending in their bill, reminded the committee that a portion of it was contracted so far back as 1852, and that, as this was "totally at variance with all business," they had decided not to supply their institution with medicines beyond the end of the year, unless the committee would make satisfactory arrangements for the yearly payment of future supplies, and the gradual but certain liquidation of the outstanding debt. In consequence of this letter, the six medical officers (including the two defendants) gave the plaintiffs a written undertaking to pay their future bills within one month from the expiration of each quarter, but no arrangement was made for the liquidation of the old debt. The plaintiffs from time to time pressed for their money, and the defendents, who had added some lay gentlemen to their committee, made several appeals to the public, and on one occasion they received as much as 500*l.* as the proceeds of a fancy fair got up in favour of the charity; but of this sum, as much as 400*l.* was swallowed up in clearing off a liability incurred by one of the committee in respect of a lease taken of some new premises for the dispensary in the Portland Road. Eventually, the institution, which during its existence had administered to the necessities of upwards of 100,000 poor patients, was given up, and the plaintiffs, when they applied to the medical gentlemen, were put off from time to time, till at length, to save the Statute of
Limitations, they were obliged to bring the present
tion. Indeed, a large portion of their claim would h
been barred but for the circumstance that, on the 1
of January, 1856, the two defendants and some ot
members of the committee had given the plaintif
check on Messrs. Herries and Co., the bankers to
dispensary, for the payment of 30*l.* on account.
jury found for the plaintiffs the amount claimed—
417*l.* 12s.

American News. The regular meetings of socie
medical and literary, at this period of the year, betra
evidences whatever of the troubles now agitating N
and South. Quorums find no difficulty in being forn
and papers of vital import to science and hygiene
tinually appear before the reading public.—In the b
at Hilton's Head, S. C., Buist, a surgeon in the Con
erate Army, was killed. The federal troops, in digg
out anew a bomb-proof passage, discovered the
buried in the sand. In the hand was found a case
instruments, bandages, etc. On his handkerchief
the name Buist. His effects were gathered up, an
lock of his hair severed, with the design of sending t
to his family. In a few days after, a flag of truce c
from the Confederate lines to identify and procure
body. Every facility was afforded for the purpose.
body, already buried, was taken up, the instruments
effects all carefully returned, and, much to the surp
of the Confederates, a portion of the Federal fo
formed in procession to accompany the remains to
landing place, whence they were to take their depar
for his mourning friends.—The *Scientific American*
that a patent has just been taken out in England
M. A. Prenslan, for curing toothache by what he te
"oil-paper liquid."—The regular medical schools of
cinnati have each about 60 students in attendance. T
are no lectures in progress at Louisville or St. Lou
A correspondent estimates the number of Confede
troops sick at the army hospitals in Nashville, at f
8,000 to 10,000. The prevailing diseases are pneum
and small-pox. The troops from Texas, Louisiana,
Mississippi suffer most. Deaths are frequent, and
plied the draymen with their principal business.
no uncommon sight to see a drayman carting away
bodies of dead soldiers.—Mr. B. Greenough, of B
ford, Vermont, has succeeded in perfecting his app
tus for the ejection of *liquid fire.* Mr. Greenoug
the inventor of the non-explosive burning fluid, and
been engaged in his chemical investigations for a n
ber of years until he has produced what now promise
be a terrible auxiliary in warfare. The experiment
Washington, under the direction of a Board, were q
successful. The composition, the secret of whic
known only to the inventor, promises to deal death
foes, and is a great advance in science. We record
Greenough's addition to modern science with pride
pleasure.—Lovers of cures will be delighted to read
following: Mr. J. Lightfoot, Jr., of London, Engl
has succeeded in making a magnetic phosphate of
which is readily dissolvable in citric acid, and which
the few instances in which it has been used, has pr
quite effectual in the cure of albuminuria, diabetes,
various forms of heart disease.

The Hospitals of Paris. Our readers will reco
that a few weeks ago a very animated discussion
place at one of the sittings of the Imperial Academ
Medicine, on the relative advantages of the London
pitals compared with those of Paris. The debate
continues; its latest incident being a letter from
Husson, director of the Assistance Publique of P
who expresses himself as follows:—"A large portio
the hospital of Glasgow has just been rebuilt on an
proved plan, and in London the hospital of King's
lege has received an addition of two or three new wa
which in truth are rather large, but are by no me

bly arranged. Now it is these improvements on
he whole debate is made to rest. The hospitals
lon only contain 3700 beds for a population which
le that of Paris. The hospitals of the latter city
7000 beds, without counting the beds of the sick
n the hospices; we have, therefore, to provide
ater wants under more difficult circumstances.
our hospitals are situated on high grounds, or
nidst of plantations free from houses, as is the
th Beaujon, Lariboisière, St. Antoine, La Pitié,
, the Enfants Malades, and Necker. Nothing of
d exists in London. With the exception of a
ospital, situated near Hyde-Park, all the hos-
f the city are built in the midst of populous dis-
nd in narrow streets. They have generally neither
nor courts, and the sick wards receive light from
e only, which is a great defect. There are even
ng rooms in several of the hospitals. Now these
establishments which are compared to ours! It
that the wards of these imperfect hospitals in
contain fewer patients than ours. The English
leave large open spaces in their wards; but, by an
l arrangement, they pack the beds closer together.
s no bad smell in the hospitals of London, although
no artificial ventilation; and this advantage, with
eptions, we certainly do not enjoy at Paris. But
ion they open the windows during the doctor's
nd several times a day, which explains the ab-
of smells. The English beds are much more
constructed than ours, which are too complicated.
are no curtains to the English beds. The wards
med by fire-places, but it is a mistake to believe
ufficient to ventilate the wards, or to suppose that
n replace a well-arranged artificial ventilation.
are no refectories in most of the London hospi-
t Guy's Hospital the dining tables are placed in
wards. I will not continue this parallel any
, but I beg the Adademy to keep in mind, that
improvements, especially as regards the bedding,
ontemplation for the hospitals of Paris."

ERATION DAYS AT THE HOSPITALS.

.......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.

. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

DAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.

AY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.

...... Westminster Ophthalmic, 1·30 P.M.

AY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

ETINGS OF SOCIETIES DURING THE NEXT WEEK.

. Entomological, 8 P.M.—Odontological, 8 P.M.—British
rchitects, 8 P.M.—Epidemiological, 8 P.M.: Dr. Elliot (of
arlisle), "On Industrial Pathology; or the Special Diseases
d Mortality arising from Certain Trades or Occupations."—
edical, 7 P.M.: General Meeting for Election of Officers and
ouncillors. 8.30 P.M.: Dr. Richardson, "Further Researches
the Therapeutic Properties of Peroxide of Hydrogen."

Y. Civil Engineers, 8 P.M.—Pathological, 8 P.M.—Photo-
aphical, 8 P.M.—Ethnological, 8 P.M.

SDAY. Society of Arts, 8 P.M.—Geological, 8 P.M.—Obstet-
cal, 8 P.M.: Dr. Barnes, "Note on the Broncho-pneumonia
Lying-in Women"; Mr. I. Baker Brown, "On Ovariotomy,
e Mode of its Performance, and the Results obtained at the
ondon Surgical Home."—Pharmaceutical, 8 P.M.

AY. Royal, 8.30 P.M.—Harveian, 8 P.M.: Mr. De Méric, "On
onorrhœal Ovaritis."—Antiquaries, 8.30 P.M.—Linnæan, 8
M.—Chemical, 8 P.M.

Western Medical and Surgical, 8 P.M.—Royal Institution,
P.M.—Archæological Institute, 4 P.M.

AY. Asiatic, 3 P.M.—Royal Botanic, 3.45 P.M.—Medical, 5
M., Anniversary: Oration by Mr. De Méric.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—FEBRUARY 22, 1862.

[From the Registrar-General's Report.]

		Births.	Deaths.
During week	Boys .. 973 Girls .. 992	1965	1415
Average of corresponding weeks 1852-61		1994	1426

Barometer:
Highest (Sun.) 29.729; lowest (Tu.) 29.260; mean 29.507.

Thermometer:
Highest in sun—extremes (Fri.) 101 degs.; (Mon.) 48 degs.
In shade—highest (Th.) 56.3 degrees; lowest (Sun.) 32.3 degs.
Mean—45.4 degrees; difference from mean of 43 yrs.+7.0 degs.
Range—during week, 24 degrees; mean daily, 13.8 degrees.

Mean humidity of air (*saturation*=100), 88.
Mean direction of wind, S.E.—Rain in inches, 0.35.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

DR. KIRKMAN.—We regret to find that the receipt of the report referred to should have escaped acknowledgment.

ERRATUM.—SIR: In your notice of communications received this week, my name is misspelt "Tulloch". Will you kindly see it rectified in your next? I am, etc.,

RICHARD BEALY SULLOCK.
Lathallan Cottage, Teignmouth, Feb. 23rd, 1862.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary.*
Worcester, March 1862.

COMMUNICATIONS have been received from:—DR. GRAILY HEWITT; MR. DAYMAN; MR. F. W. PITTOCKE; G. P.; MR. C. HOLMAN; MR. R. B. SULLOCK; MR. J. JARMAN; DR. WILLIAM NEWMAN; MR. SPENDER; DR. ROUTH; DR. DUDFIELD; MR. A. COX; DR. P. LESLIE; DR. W. OGLE; DR. KIRKMAN; MR. WILLIAM COPNEY; MR. P. Ll. DAVIES; MR. W. STANWELL; MR. HAYNES WALTON; DR. WADHAM; DR. McWILLIAM; DR. F. J. BROWN; DR. LANKESTER; MR. A. B. STEELE; DR. A. T. H. WATERS; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; MR. T. M. STONE; and MR. R. S. FOWLER.

BOOKS RECEIVED.

1. Dropsy connected with Disease of the Kidney. By Wm. R. Basham, M.D. London: 1862.
2. A Treatise on the Physiological Anatomy of the Lungs. By J. Newton Heale, M.D. London: 1862.
3. The Placenta, the Organic Nervous System, the Blood, etc., physiologically examined. By John O'Reilly, M.D. New York: 1862.
4. Ten Years of Operative Surgery in the Provinces. By Augustin Prichard. London: 1862.
5. Public Health in Relation to Air and Water. By W. T. Gairdner, M.D. Edinburgh: 1862.
6. An Effectual and Simple Remedy for Scarlet Fever and Measles. With an Appendix of Cases. By Charles Witt, M.R.C.P. Third edition. London: 1862.
7. Reports of Clinical Cases treated during the Session 1859-60, and 1860-61, in the Clinical Wards of the Royal Infirmary, under the care of James Spence, Esq. Edinburgh: 1861 and 1862.

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"HENRY J. STORMONT, Esq., Surgeon, Cheshu

Having ordered from our Druggists 'CHLORODYNE,' I was not only DISAPPOINTED IN ITS EFFECTS, but annoyed when I re a SPURIOUS Compound. I have been in the habit of using your CHLORODYNE with great advantage to my patients and satisfac myself. I have just discharged, well, out of this Hospital, a woman who had pyæmia after hour-glass contraction of the uterus; *quite certain* that her recovery was caused by taking a dose of CHLORODYNE three times daily, or *when* the rigors were severe. I ha several cases where inflammation set in after instrumental delivery or extraction of the placenta, and *never* had a *recovery* before wl cases were so severe as the case mentioned; but I did not know the value of your medicine.

(Signed) "JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meat

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6, Cavendish Place, Cavendish Square, Oct. 1st, 1861.

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JOHN ERICHSEN,
Professor of Surgery at University Colle
Surgeon to the Hospital.

From W. FERGUSSON, Esq.,
Professor of Surgery at King's College, and Surgeon to the H
16, George Street, Hanover Square, Oct. 14th,

SIR,—I have seen and made use of your Double Action S and think very highly of it.

Yours faithfully,
Mr. Twinberrow, Edwards Street. WM. FERG

W. TWINBERROW, SOLE PATENTEE, PHARMACEUTICAL CHEMIST, 2, EDWARDS STREET, PORTMAN SQ., LON

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Lectures

ON

SEASES OF WOMEN AND CHILDREN.

ELIVERED AT THE SAMARITAN HOSPITAL.

BY

HARLES H. F. ROUTH, M.D.,

PHYSICIAN TO THE HOSPITAL.

LECTURE I.—ENDOMETRITIS. (*Concluded.*)

CAUSES.

causes of endometritis are, cold, miscarriages bours, vaginitis, congestion of the uterus, and ism. The most common cause, however, is ion or pregnancy recurring too frequently. believes that, out of one hundred uterine affec-, at least sixty-two per cent. were traceable to causes. Hence women who do not suckle their ren are more liable to these affections ; and this ise they are likely to become impregnated the r. Scanzoni, quoted by Aran, has reduced this ment to figures. Out of one hundred and y-six children born of women affected with ne flexions, only fifty-six had been suckled by mothers. Aran also states that, of one hun- women affected with uterine diseases, seventy ot suckled their own children.

e analogous example of coryza, with which I ared this disease at the outset, and the fre- cy with which it follows upon a chill or expo- are equally applicable to intrauterine metritis. uently, if the courses be suddenly stopped by cold, netritis follows. After miscarriages or labours, disease is naturally developed. The very pro- of repair of the mucous membrane of the uterus ssitates a certain amount of inflammatory action ; any cause which may induce general irrita- of the uterine organ will keep it up. Conges- of the organ is thus often a cause, although rally this leads to menorrhagia, and is, in by he majority of cases, primarily due to hepatic estion. So also, in general metritis, the inflam- on may extend to the mucous membrane. A e, however, more frequent than is generally sup- l, is *vaginitis*. The inflammation travels up- s along the vaginal mucous membrane, and so ks the lining membrane of the uterus. This itis may be purely idiopathic or gonorrhœal, or y be the result of onanism. I am sure I have d this cause in several cases. One of the examples of endometritis I ever met with was up by irritation daily practised upon the vulva is wife by an impotent husband ; and it was subdued when I represented to the wife the impropriety of the practice—one which, how- I am bound to add, was by no means encou- l by the wife, but to which she submitted, in an cent belief that such practices were usual in ied life. In France, I have heard of cases e, through this baneful habit, practised by ns of an ordinary lead pencil introduced within vagina, the disease was induced, and passed o peritonitis and death. This I state upon the authority of a French physician connected with one of the hospitals of Paris, and as having occurred in one of the fashionable schools of that metropolis. You will understand readily how this is effected, by recalling to your minds some of the physiological phenomena during copulation. At the moment when the orgasmic enervation is at its height, the uterus descends in the vagina, and the os opens. In normal action, this is just the process most likely to bring about impregnation ; but it is one calculated to lead to serious injury of the lining uterine membrane, if irritation be practised by such an instrument as a pencil.

MARCH AND PROGNOSIS.

Precisely as in ordinary coryza, the disease may be induced ; so it may, in like manner, give way after a few days and a copious leucorrhœa, and this without any treatment ; and I make no doubt that, in a vast majority of instances, this is the case. I have seen several of this kind where, the genital organs being under observation for other reasons, such a state of things has been noted. But here the variety is simply the first, or the second—in fact, where we have, more properly speaking, a catarrh of the uterus. But, in the majority of cases, after the acute form has prevailed for some days, and attained to the third stage, it assumes the chronic type, and is then very lasting. Occasionally, indeed, in this stage, it is almost incurable. Aran says it is then one of the most incurable uterine diseases ; so does Scanzoni. It may be also stated that, in proportion as the disease is confined to the cervix, in proportion is it more curable. The purely fundal variety is perhaps scarcely ever entirely cured. The ulcerative is usually fatal ; but, I think, chiefly because it is seldom made out during life, and properly treated. The menorrhagic variety is, if taken in time, the most curable ; although it can be readily understood that, if neglected, it will produce, in its chronic state, death from loss of blood. More generally, however, endometritis lays the foundation of, and produces other local diseases, of which I have to speak in my next lecture. According to Aran, by weakening the system, it often tends to tubercular disease of the lungs.

TREATMENT.

The treatment necessarily varies with the *variety* or *stage* of the disease—with its *acute* or *chronic* character. In the acute affection, purgatives, particularly those which relieve congestion of the liver and the hæmorrhoidal vessels, are to be preferred. I usually select, among these, mercury in small doses two or three times a day, and a drachm of the compound jalap powder every morning or every second morning. Even in cases of menorrhagia accompanied with severe flooding, it is astonishing sometimes how readily the disease will yield. Warm douches (not in menorrhagia) and opium, if there be much pain, especially in the first three stages, are very useful adjuvants. In plethoric subjects, or women of full habit, it is injudicious to check the menorrhagia suddenly by astringents or local injection. You always do harm. Directly the hepatic system is relieved, the hæmorrhage will cease. There are usually, indeed, very manifest indications of hepatic obstruction and congestion. The face is sallow ; the conjunctivæ are often slightly turgid, yellow ; piles are present; and the veins of the legs and vulvæ are unusually marked, if not varicose. The uterus itself, in many of these cases, is increased in volume, and heavy to the feel. Under this treatment, the disease will usually disappear. In the first three varieties, we may apply leeches with signal advantage.

But, in by far the greater majority of cases, the acute stage passes into the chronic disease. Whether this has arisen from absence of or defect in treatment, is little to the purpose. It is probably due principally to the peculiar function of the uterus, and its periodic vascular engorgement. This point has been insisted upon by various authors, and it is most important to bear in mind. What with the duration of menstruation, and recurrence usually every four weeks, the womb may be said to be at least ten days in a state of congestion, preparative of, present during, and successive to, this function, even in a healthy state. Where the epoch occurs every three weeks, the case is even more difficult of management; and it is a common fact observed, that a shortening of the menstrual intermission is sometimes present in this disease. The case presents a very analogous resemblance to a menstrual or a varicose ulcer. We all know how difficult it is to relieve effectually these cases. The recumbent position, and the application of bandages, because these measures prevent the lodgment and flow of blood in the affected limb, are a common mode of treatment; and now that veins are so easily compressed or cut by Mr. Lee's process, we know how readily a varicose ulcer, although it has lasted for years perhaps, will yield after a few days, and be completely cured. Could we do so in many of these cases of endometritis, I make no doubt a cure would result as readily. Unfortunately, however, this cannot be done. I feel bound to say, at the outset, that there are some cases of endometritis which have baffled all my efforts. They have received temporary relief, but a relapse has been a very common result after several weeks. This is, I believe, the common experience.

The first variety, in its early progress, gives so little uneasiness, that it scarcely requires treatment. Yet women who hear of whites as a specific affection, and perceive that their linen is often soiled thereby, and particularly in those cases where they are desirous of having families, will consult us sometimes for the affection. Occasionally, also, in a neuralgic subject, the pain is very great, and they will seek your advice to be relieved of this symptom. Now, you may rest assured that so long as endometritis, even in the first variety, exists (and, *à fortiori*, in the other varieties), sterility is the natural result. But even here, I believe, you will do little good by local remedies, at least those of the ordinary kind. You must trust to general treatment, such as mercurials and tonics. Should the mercurials, however, be carried to salivation? Now, gentlemen, I believe that a course of mercury, so as to touch the gums slightly, is most effective for good. It requires, however, some care in its exhibition, particularly in this affection. It is best to begin it immediately after an epoch, and then to bring the system quickly under its influence; and all the while keep your patient in bed. This last measure is most important. Apart from avoiding in this way all undue exposure, the parts remain at rest. The blood does not gravitate so freely in the uterus. You may expect thus to get rid of the engorgement, and to perpetuate a cure made sometimes
fore the next menstrual epoch occurs. Further, wh
this epoch does occur, insist that the recumb
position be still maintained. Once the mouth
touched, proceed to tonics. The preparations of i
are beneficial, but remember they often determ
the menstrual secretion. Hence mineral aci
quinine, sulphate of zinc, are to be preferred.
brisk calomel purge occasionally, and especially
bitartrate of potash, given singly or in the c
pound jalap powder, are the most effective adju
to the treatment. Such cases will seldom req
more energetic measures.

The second and third varieties can be spoke
together, because they need as near as poss
the same treatment. I shall best give you
idea of the treatment I prefer by a reference
case.

The treatment consists of copious local de
tion, followed by astringents. And this is a p
upon which I wish to lay great stress. Small bl
ings by slight scarifications, leeches few in num
and frequently repeated, will do little perma
good. I am strengthened in this view by sev
examples; and, indeed, if I look to the experie
of others, I am still more strengthened in this opi
For instance, let me relate a case of chronic e
metritis, with parenchymatous congestion.

Mrs. S. C., aged 29, single, was admitted unde
care March 27th, 1860. She was short, fair, thin
She had been a needlewoman for the last three ye
before that, was abroad. She had not for the last tw
months been living well, and was a bad sleeper.
mother and several of her brothers had died of phth
She had never to say enjoyed good health, being
weak. About twelve months back, this weakness
came more marked, with a constant feeling of w
over the pubis, which was relieved by lying down.
had a copious leucorrhœa, discharge yellow, w
stained her linen. No pruritus or difficult micturi
Catamenia began at seventeen. At first she was
regular; but now she was so, the catamenia recu
every four weeks. They now lasted only a day,
clots passing, with great pain, which made her feel
ill both before and after the periods. The disch
was not offensive.

EXAMINATION. There was a slight redness of the ce
but no ulceration. It was very painful on touch; an
passage of a sound gave her also great pain; and,
withdrawal, a copious sanguineous ichor followed.
uterus itself was intensely congested. She was or
alum, and was freely purged. On two occasion
pain became so severe that blisters were applied,
some relief. On April 24th, there was no improve
The os was congested, and beginning to ulcerat
was now freely scarified by lancets, and about one
glass of blood escaped. This was repeated from ti
time, but with little advantage. Potassa fusa was
applied to reduce the os, and, by causing a copiou
charge, to relieve the congestion. The eschar came
in about three or four days, but left an ulcerated
face, which proved very difficult of healing. The
was now again freely punctured with the lancet.
pious bleeding took place. About three wineg
escaped in about three or four minutes, so as rat
annoy me, and to oblige me to apply the sesquich
of iron, to stop the bleeding. Two days afterward
ulcer was completely healed, and the lancet-wounds
pletely cicatrised. The cure was so rapid that,
not seen the case myself, I should have been dis
to doubt that on the second day I was examinin
same person.

is case, gentlemen, is very instructive. No-
, on reading it, can doubt that it was the copi-
ocal bleeding which caused the cure. General
ures had been tried, and had failed. The po-
fusa had relieved the endometritis by the drain
ed; but it had produced another ulcer, which
ed to be as difficult of cure as the first. This is
experience of many medical men with this
t. My excellent friend Dr. Murphy is so con-
d of the exceedingly pernicious character of
caustic in producing an almost incurable ulcer
any cases, that he will use it no more. The
n is obvious. You produce a slough which
be thrown off by an inflammatory action on
terine side. Hence the uterine vessels become
ged, and the cervix generally congested; there-
it is that the hæmorrhage produced on using the
t is large; and I should tell you that I have seen,
o examples, the same result follow merely from a
-bite; in both of which cases some artery, ab-
ally superficial and enlarged, was opened by a
, and in which the bleeding that followed was
mous. Still you see how great was the advan-
of the rapid and copious local depletion prac-
. Let me give you another example.

., aged 24, single, became a patient of mine, June
1860. She was labouring under endometritis, with
ation of the cervix. She was short, fat—a needle-
n by occupation. She had had one child ten years
She had been a resident of London all her life,
enerally well fed and clothed. There appeared to
female in her family affected with uterine disease.
as generally weak, and suffered a good deal from
ches and rheumatic pains. About five years ago,
egan to suffer from leucorrhœa, accompanied with
e backache, and which made her feel very weak.
discharge was white, never bloody nor offensive.
was for some time a patient of the Westminster
nsary, and of St. Mary's Hospital; in the latter, for
vulvar tumour, which was removed. She com-
d of a good deal of pain at the back, above, down,
little higher. This had lately been very ago-
, particularly inferiorly. It was not increased by
the recumbent or the erect position, but when she
up any great weight. The catamenia began at
e, and continued regular from that period, and were
panied with a good deal of pain; indeed, she
she had never been to say well since they began.
recurred every month, and lasted upon her five

AMINATION. There was a large ulcer at the cervix,
a muco-purulent discharge from the os, disposed to
ne a chocolate colour, not offensive.
is patient was treated at first by lunar caustic,
applied; besides purgatives and alteratives. No
seemed to result. On July 1st, the parts looking
ery angry and congested, I used my lancets, and, in
so, cut through some superficial artery. I could
t regularly pumping with every beat of the pulse,
he parts began to assume a pale colour. All this
my patient was bleeding profusely, but, to my
ise, did not herself feel faint. When she had lost
t three wineglasses, I essayed to stop it with per-
ide of iron, but failed. I therefore plugged the
a through the speculum, and applied cold. This
ompletely successful. The bleeding did not recur,
gh the plug was removed next day. But its very
usness did what my previous treatment could not
nplish. It removed all pain, and the ulcer soon
d. During the next catamenial period, there was
return of pain; but it ceased with the flow, and
eft the hospital, as I trust, quite cured.

Now, gentlemen, this wounding of a superficial vessel was an annoying accident; but it was no fault of mine. A leech may, as I have before said, do the same; and in each of the two examples I have seen—in one, a case of congestion of the uterus, in the other, of retroverted womb—the cure was equally rapid and complete. Aran describes a case in which, for metritis, he ordered twelve leeches to be applied to the uterus. It was badly done, and one of the leeches bit upon the vagina. Hence a hæmorrhage followed, which lasted more than twenty-four hours, and which was with difficulty mastered. The debility and anæmia produced were very great; yet, apart from this inconvenience, all pain ceased, and the woman left the hospital quite cured. What is the practical point, therefore, to be deduced? If you wish to cure, bleed freely and rapidly. Frequent and scanty bleeding will not do. But do not be disheartened by mishaps. It is worth a fright to cure a case of five years standing, where others have failed; and I am bound to say I have never seen bad results follow. Nor is it due to the instrument selected. My friend and colleague Dr. Savage uses these lancets which I show you; and they could penetrate further and deeper than my own. A similar accident may occur with these. I believe the cure in these cases is analogous to that which Gräfe adopts in diseases of the eye, where he cuts open the little artery, and keeps it open till such time that he has reduced the congestion. Moreover, Dr. Waller says that, in certain cases of active menorrhagia, where the symptoms present indications of local irritation, as backache and lumbar pain, in the most simple, though not the more common cases, a quantity of florid red blood, apparently arterial, escapes, and we have relief to all the symptoms, local and general.

But we may pause here to inquire upon another practical question that arises out of this one. Should we plug in these cases, if the hæmorrhage be excessive? I think *it is not necessary*. Bear in mind that the wounded vessel, by very reason of the stretching of the speculum, is kept gaping. It at once collapses on its removal, when the bleeding will be restrained. But, if you prefer the safest plan, you may accomplish it in three ways: first, by a pin; secondly, by a *serre fine*; thirdly, by a wire ligature put up by the instrument which I now show you.

First, by a pin. Huguier, in speaking of the uterine arteries after resection of the neck, speaks of the difficulty always experienced in tying them, even after prehension by the hooked forceps. A ligature may, however, be safely applied, if a bent pin be passed from side to side; then, if this be bent upon itself, it will so far sufficiently curtail the hæmorrhage. The pin, by means of a needle-holder, can be readily passed up through a speculum, and then bent by a long forceps similar to the one I have in my hand; whereas the application of a ligature is more difficult.

Secondly, by this same long forceps, a *serre fine* can be applied, and left for twelve or thirteen hours, till all fear of hæmorrhage has ceased. Thirdly. For difficult cases, however, I have devised this instrument, by which a wire suture is passed with the greatest ease from side to side through a speculum; the looped end is now drawn down by this hook; and the two ends of the wire are twisted together by this long double-eyed needle. Assuming a more difficult case still, by means of a wire and a wooden speculum, the actual cautery might be applied.

We conclude, therefore, that many of these cases will get well by potassa fusa, followed by copious, rapid bleeding. The latter alone, if effective and sudden, will often suffice.

There is another general indication to be kept in view in the general treatment. I have said that the uterus is itself congested, and this state maintains and aggravates the endometritis. Hence by using, at the same time as you bleed locally, some agent which contracts or constringes the uterus, you may keep the uterus small. Such agents are found in ergot, biborate of soda, cinnamon (these three I often give in combination), strychnia, and the *Achillea millefolium*, all of which are excellent adjuvants in the treatment, with which you can combine the other tonic remedies referred to. In the same way, astringent injections, cold douches, etc., keep up and maintain the contraction produced in the uterine volume.

There is yet another method of cure which I must mention for chronic cases—by sponge-tents and injections. The treatment is the same for the fourth variety, or menorrhagia, in the chronic state.

When one of these tents which I show you is pushed up the uterine cavity, after twenty-four hours it dilates the cavity. The next day, you put in another; and so on for two or four days, until the cavity is so dilated as to admit the finger. In this state, it is perfectly safe to inject the uterus; there is a free means of exit; and injurious effects do not result.

I do not deem it necessary to dwell upon this point now, having so lately brought this subject before the Obstetrical Society. Danger from injections is only present when the uterus is injected without having been previously dilated by a sponge-tent. Moreover, in these cases, you may freely inject compound tincture of iodine, tincture of sesquichloride of iron, and similar agents. This is done with the instrument I show you, through a speculum. The same injection in such cases may be used two or three times following. The uterus can be injected generally, since dilatation has been effected consecutively for two or three days; so long, in fact, as the os remains patent, and dilated to the size of a goose-quill. When it becomes smaller, the fear is, that it would come in the category of an undilated uterus. There is another advantage derived from the sponge-tent treatment. The effect of dilatation is, besides, to reduce the volume of an uterus. The hypertrophy or congestion is lessened, and thus a state which keeps up endometritis is removed. In cases of menorrhagia, we derive another advantage. So long as the sponge-tent is *in situ*, all hæmorrhage is checked, as by a plug; and, in chronic cases of long duration, this alone is of great temporary advantage. The patient is enabled to rally. I have seen the greatest good follow such a practice, from this effect alone. Sponge-tents produce, probably, another result which proves beneficial. By reason of the local irritation in the lining membrane, a sort of adhesive inflammation is set up, which not only checks the hæmorrhage, but renders it obnoxious even to very irritating injections. I usually throw up about half an ounce of injection. The most effective, I believe, is the tincture of sesquichloride of iron.

Once applied, the hæmorrhage will often ceas
by magic, and the cure be complete. After tw
three days, a muco-sanguineous discharge occ
which in a few days changes to the ordinary wh
of-egg uterine secretion. When the muriated t
ture is used, during the first three days afterwar
black charred-looking mass comes away in fla
On one occasion, I noticed that the whole mu
membrane, thus charred, came away. Here is
specimen; but the charring has disappeared in
spirit.

Let me stop here to give you one caution.
use of the sponge-tent is quite safe in chronic ca
In acute or subacute cases, it is very danger
Not only may you produce symptoms like thos
E. B., or epilepsy, but cellular abscess and
tonitis.

Where the mucous membrane is softened, I c
the process one step further. It is diseased. It
do no good if allowed to remain; and it is scra
off by means of one of these polypus-gouges wh
now show you, and then the injection is thrown

A third local mode of cure is by the potassa
alone, or the potassa cum calce. This plan of t
ment is best spoken of when I speak of ulceratio
the cervix specially as a consequence of endomet

The question of the permanency of cures effe
in chronic cases should be here answered.
gentlemen, I should deceive you if I said they
always permanent. Numerous cases will get
but a relapse will occur on exposure. As with
sons liable to constant colds in the head, so will
with endometritis; and some cases are simpl
curable. I will be honest with you. In ma
these, the utmost we can do is to remove the *pa*
symptoms, and reduce it to the first variety. S
life in all its functions may be enjoyed. If the
tem be now strengthened, a relapse may be pu
for months, and, in rare cases, for years. Still,
honesty, it must be stated that, although some
are permanent, in many cases they are only
porary.

UNITY OF THE HUMAN SPECIES. Mr. Dunn is
vinced of the original unity of the human species
after adducing the best ethnological evidence attai
he earnestly appeals to the philologists to help
Admiral Fitzroy, who speaks with remarkable modes
duces mankind to one, or, at least, to three types, and
three varieties he reverantly ascribes to the three
of Noah, with the help of the hypothesis that they
have been the sons of different mothers. On the
hand, Mr. Craufurd, the President of the Ethnol
Society, admits of no compromise with orthodoxy,
taining that the hypothesis of the unity of our r
without foundation. There are, he says, some forty
of men, which, to pack into the five pigion-holes o
vier and Blumenbach, or the seven of Prichard,
produce confusion instead of order. The suppo
of a single race peopling all countries by migrati
holds to be "monstrous," and contradictory to th
that some of them to this day do not know how
or construct a canoe. Migration, he contends,
achievement of races possessed of resources in foo
means of transport. It is to little purpose that A
Fitzroy at the commencement of the book dwells
capacities of rafts, double canoes, and ocean cu
Mr. Craufurd, at its close, is as incredulous as ev
fights for his forty Adams with unchecked vivacity
ing a tremendous hole in the "frail canoe," and l
the ocean currents to deal with it *more oceanico*.

Illustrations
OF
OSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

HEREDITARY EPILEPSY.

Under the care of JAMES RUSSELL, M.D.

former number of the JOURNAL, I briefly noticed ase of a family of epileptic children; I am now ed to complete the history of the eldest of the ers, and I shall take this opportunity of briefly ling the melancholy but interesting account of this tunate household.

acquaintance with some of its members com- ed in July 1859. The father is healthy. The er appears a very nervous excitable woman; one er sisters died insane, but was not epileptic; a er fell into an epileptic fit about a year before the d of the commencement of these notes; and it is y of special observation, that all the children ed with epilepsy, *excepting one*, together with the youngest, who are clearly advancing towards the sad event, and the eldest son, who has hardly ed the disease, strongly resemble the mother, both tures and in complexion.

e family has consisted of nine children: the eldest ber, a son, has never had fits, but has been under are for nervous symptoms, little removed from ity. The eldest daughter has also escaped; but s entirely unlike all the others, and presents a large ous face with enlarged cervical glands, and opacity e corneæ; she suffers from strumous ophthalmia, rom chronic eczema; her front teeth are normal. the others, each has become epileptic on arriving ertain age: the girls at eight or nine, the boys at een or fourteen. One boy, the eldest of the epi- s, died some years ago, at the age of twenty-two, e, having previously suffered from the family dis- The present sufferers (including the boy just), consist of two boys and two girls. The next in of seniority, a boy, has just arrived at the critical of fourteen, with a strongly developed epileptic t of face, and extreme nervous susceptibility; he suffered for some time from starting of his limbs, rom frontal pain and vertigo;* whilst the youngest, a boy, aged nine, is very passionate, and presents, gly developed, the fatal resemblance to his mo- features.

ne of the children had convulsions during dentition, ave they shewn any tendency to hysteria; their heads nt a normal configuration; their general nutrition is ual; they are entirely free from any indication of here- y syphilis, and from all evidence of organic disease nctional derangement, excepting that which is con- d with their terrible malady. The influence, how- of the melancholy fate of the deceased son has most perniciously exercised over all, and the ger members of the family watch the progress of lder with painful anxiety; the fear of an asylum is etually present to them. One was described to me lking in her sleep of her dead brother, and of the m; and any special outbreak of the malady in one uces extreme perturbation in the others. The day, one of the younger children could not be uaded to go to bed, as he had to pass the door of the room in which lay the body of the brother lately dead. It was evident that this constant mental worry exerted an influence in producing the disease, almost as strong as the inherited disposition; but, from the circumstances of the family, it was impossible to meet the evil.

The mode in which the epileptic disease first declared itself, was different in the girls and in the boys: in the former, the outbreak took place with a succession of fits; in Sarah, ten, in Emma, six severe ones happened in succession, and the girls lay throughout the day in a state of insensibility. In the case of Sarah, three or four single fits followed at considerable intervals, of two or three months, and then ceased entirely for sixteen months; but during this period she continued to suffer from slight attacks, which she termed "tickings", and from spasmodic movements in different parts of the body; she is now sixteen, and has never menstruated. The fits have now returned. Emma has had no return since her first attack, now more than two years ago, but suffers much from nervous disorder.

In the boys, on the other hand, the fits were single from the first, but have never intermitted for any considerable length of time.

Besides the regular fits, the sufferers have been subject to violent spasmodic movements of their limbs, which they term "jerks"; very great complaint was made of these movements, which have frequently thrown them down, and at times have rendered Sarah quite incapable of feeding, or of even dressing herself. The mother stated that these jerks have thrown the children from their chair—even from the bed, in the case of Thomas, striking him violently against the furniture of the room. Emma has not suffered from this symptom.

The consequence of the recurrence of the disease has been manifested, more or less, in the mental condition of all the sufferers; principally in impairment of memory, irritability, even extreme violence of temper, and inability to tax the mental powers for ordinary work. Their sleep, too, has been frequently much disturbed. All have long been alike incapable of following any employment, and the parents have been reduced to seek assistance in maintaining them. Indeed, nothing can be more pitiable than the condition of the whole household, from the endurance of present trouble, and the fear of still greater suffering in the future.

The treatment has embraced various tonics—quinine, steel in various forms, including the phosphate, and zinc, with cod-liver oil. Phosphorus and phosphoric acid have had trials; nor have the shower-bath and cold sluicing been forgotten. To relieve the spasmodic movements and to compose sleep, I tried opium, morphia, belladonna, and the Indian hemp; the inhalation of chloroform was also employed in two of the cases. Counterirritation, by blisters to the nape, formed a part of the local applications. In one, a seton was worn for some time; in another, I caused to be inserted a small issue, with strong protestations of its chance of averting fits, with the single object of ministering to the anxious mind of the sufferer. But I was unable to overcome the strong disposition to the disorder, even to the extent of effecting temporary alleviation.

The history of Thomas, the eldest of the epileptics (excluding the one formerly dead), with which the present communication is more immediately concerned, and which is now brought to a close, is as follows.

His first fit occurred at 14 years of age, having been preceded, during three months, by spasmodic movements in different parts of his body. The second attack followed in three months' time; but then the interval gradually lessened, till, at the end of five years, when he first fell under my care (October 1859), the fits occurred at the rate of one or two in a week, generally in a morning. For three months previous to the above date, he had also become subject to passing at-

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ince the above was written, his mother has discovered the nce of "jerks", which have usually preceded the development in the other children.

tacks of insensibility, without convulsion, followed by violent pain in the head, and he was liable to lose his sight for a minute or two. He had been incapable of working for eighteen months, chiefly from the jerking of his limbs, which scattered his tools; from these he was seldom free above two days, and they were especially violent when his fits approached. Since leaving his work, his mother thought that his faculties had failed with greater rapidity.

At the time of his falling under my notice, the ravages committed upon his mental functions were painfully manifest. He sat most of the day on his bed-side, with a dull impassive expression, his head bent listlessly forwards, noticing nothing and doing nothing; he would hardly have had his meals had they not been carried to him. His memory was so defective that no history of his case could be obtained from him; his temper was described as being exceedingly violent when he was provoked; but he was still conscious of his condition, and in constant dread of the asylum.

After a few months, I lost sight of him for a time; but in May 1861, I heard that his attacks occurred about once a week; one fit taking place in the day, followed by three in the night. His fits were never preceded by any warning. His intellectual powers, however, had not suffered further decline.

On the night of the 26th of last September, he had a succession of ten fits. He remained insane for a fortnight afterwards; hardly noticing anything, but at times calling out violently. I found him lying on his back—at the time of my visit he could not be roused. His pupils were natural. There was no paralysis, and considerable muscular resistance was offered to passive motion; but at that time there was no rigidity. His urine was passed unconsciously. At the end of the fortnight he recovered, and even walked down stairs with assistance. Soon afterwards, however, he again declined, and his intellect was, at times, somewhat disordered. First his lower extremities, then, to a less extent, his upper, became rigidly semiflexed. He continued to have a fit about once a week; but the last two before his death were very slight. He was conscious to the last, but became unable to swallow. Emaciation proceeded rapidly, and, for some weeks before his death, he was in a most miserable condition. Bed-sores formed on every part subjected to pressure, and he died on December 21st, so quietly that the exact period of his departure was not known. The whole term of his disease was shorter, by one year, than that of his elder brother. At his death he was one year his junior.

The *post mortem* examination was made by my pupil, Mr. Bowen, in the presence of Mr. Waterson, who had very kindly attended to the case, and of myself. I regret that the very unfavourable circumstances under which the examination was conducted, rendered it impracticable to pursue the dissection beyond the central organs of the nervous system. Both the brain and the cord were perfectly healthy, excepting only that the former, especially the grey matter, was unusually bloodless. No enlarged vessels appeared in the substance of the brain, and the arteries at the base were normal. The cerebral substance was of perfectly healthy consistence, but the whole of the spinal cord was softer than natural, but equally so throughout. There was no increase in the amount of the cerebro-spinal fluid within the skull; and the membranes of the brain and cord did not present the smallest departure from the state of health. The calvarium also was of normal weight and thickness.

The body was emaciated to the last degree: the sloughs had exposed the bone at the side of the knee and over the trochanter. A large slough occupied the sacral region, and smaller ones covered the angles of the ribs. Both upper and lower extremities were firmly flexed, though only to a limited extent.

ST. GEORGE'S HOSPITAL.

TWO CASES OF FRACTURED SPINE.

Under the care of PRESCOTT HEWETT, Esq.

[*Reported, with Remdrks, by* THOMAS P. PICK, ESQ., *Surgi*
Registrar.]

CASE I. Thomas S——, aged 16, carter, was admi
into the hospital, under the care of Mr. Prescott He
on January 6th, 1862. He stated that, about an
before admission, he was unhooking his horse fro
railway-van whilst it was in motion, when he sli
and his clothes were caught by the wheel, and he
"doubled up between the body of the van and the a
tree." He was not stunned.

On admission, there was found to be complete lo
sensation and motion in the legs and lower two-th
of the thighs; down the inner side of the thigh
whole length, there was complete loss of sensa
down the middle of the thigh, for about three in
around the saphenous opening, and down the
side of the thigh, there was hyperæsthesia, the boy
ing out on the slightest touch. Over the abdomen
buttock sensation was normal. There was total
lysis of the lower extremities; but motion was pe
in the upper extremities. He complained of great
over the lumbar region of the spine. No depressio
inequality of any of the vertebræ could be felt up
cursory examination. There was no priapism.

Jan. 7th. He did not sleep much during the nig
account of pain in the back. He has passed no
but it was drawn off last night; he is quite sensib
the catheter passing. The bowels have not a
Tongue slightly furred. Respiration quick and jer
32. The thorax moves freely. The heart's actio
strong and quick; the impulse is increased. Pulse
The pupils are dilated, but act. There are slight mu
râles over the right lung.

Jan. 11th. A large vesication has formed on the
tocks. He was ordered to be placed on a water-
and to have a lotion containing two grains of corr
sublimate to an ounce of water.

Jan. 13th. He complains of great pain in the
and cough. There are crepitations over the right
and loud musical sounds in the left. He has expecto
some rusty coloured sputa. Pulse 114. Skin hot
dry. Tongue furred. He was ordered to have a sp
ful of the following mixture three times a day:

℞ Oxymellis ℥j; mucilag. acaciæ ℥j; tincturo
phoræ comp. ℥ss. M.

Jan. 15th. There is a fluctuating swelling in the
groin. On pushing the finger into the right iliac f
considerable fulness can be felt, as in psoas abs
The cough is increased, and there is more blood i
sputa. The urine is alkaline, very offensive, and f
blood. He has had no rigors. Great tenderness i
in the hypogastric region.

Jan. 16th. He is much weaker; he complains
tense pain over the region of the bladder.

Jan. 17th, 11 A.M. He is evidently sinking; qui
sensible. The breathing is oppressed. There are
mucous râles. He died at 11 p.m.

POST MORTEM EXAMINATION; twelve hours and a
after death. The body was in good condition.
heart was healthy, excepting that there was a
patch of firm white membrane adherent to its an
surface, evidently the result of an old depositi
lymph. The lower lobe of the left lung was in a st
red hepatisation; the right lung and the bronchial
were healthy. All the abdominal viscera were he
A large mass of coagulum occupied the cellular
in the right iliac fossa, and could be traced upwar
high as the fracture, though it did not appear to
any direct connection with it. There was a similar
of black clot on the left side. The mucous mem
of the bladder was dark and congested, spotted

l deposition of calcareous matter and ulcerated in places. The bladder was filled with fœtid urine. e was a fracture of the lamina and body of the lumbar vertebra. The broken portions of the body ected into the canal, and compelled the cord to make ry sharp turn over it. There was much blood ed between the dura mater and the bone, especially ront of the cord. The cord itself was infiltrated blood, so as to have a chocolate colour, for about space of an inch, commencing at the same distance e the cauda equina. The injured portion still re- ed its round form; but appeared to break down r the influence of water sooner than the uninjured ion. There was some lymph between the spinal ow and its sheath.

SE II. Samuel A——, aged 64, plasterer, was ad- ed into the hospital, under the care of Mr. Prescott ett, on January 3rd, 1862. He stated that, while ding this morning at the top of a flight of stairs, he seized with a fit, and fell to the bottom of the s. When he was picked up, he was quite insensible, remained so upwards of an hour. He said that he had two previous fits.

n admission, he was still stupid, though conscious; nswered questions reluctantly, and somewhat at ran- . There was complete loss of sensation and motion e lower extremities and abdomen; he was insen- even to the prick of a needle. There was no pain where unless he was moved; then he complained of ssive pain down the arms. There was partial loss ower in the upper extremities. The breathing was rely diaphragmatic; respiration was performed with t difficulty; there were paroxysms of dyspnœa.

n. 4th. He is quite conscious this morning, and vers questions rationally. He appears to have more culty in breathing. Mucous râles are heard over lungs. The heart's action is weak. Pulse 72, k and irregular. The abdomen is tympanitic. The els have not acted since he came in. The urine has drawn off; it is clear and acid. There is no pri- m. The lower extremities are warm.

an 5th. The tympanitis continued to increase; and evening vomiting commenced, and continued with- intermission till 3 A.M. to-day, when he died.

o *post mortem* examination was allowed by the friends.

EMARKS. These two cases present some facts worthy ote. In the first case, the most interesting point the appearance of a fluctuating swelling in the n, simulating psoas abscess; and for such, in fact, it mistaken during life; the *post mortem* examination the first time revealing its true nature. That pus uld have formed at the seat of fracture; that it uld have descended in the fibres of the psoas mus- and pointed externally, seemed a perfectly feasible ory. The only objection to it was the extreme rapidity which it had formed. The peculiar characteristic of ases of bones is the extreme slowness with which changes take place; nine days, therefore, seemed an eedingly limited time for inflammation to have been up in the bone, to have run on to suppuration, and for matter to have found its way to the surface through t depth of tissue. The point was a nice one for gnosis; but, of course, in no way influenced the tment, as the injury to the spine was in itself fatal.

his case is also interesting, inasmuch as it shows accurately the surgeon can diagnose the seat of in- y from the symptoms, even though no inequality or ression of bone can be felt. It was found that sen- ion and motion were perfect over those parts supplied the nerves coming off from the first lumbar cord. sation was perverted—there was hyperæsthesia—in se parts supplied by the nerves from the second lum- cord; and sensation and motion were completely t in those supplied by nerves from the third lumbar d.

In the second case, the diagnosis of the exact seat of the fracture was not quite so clear. Most probably it was in the lower cervical region; it was below the origin of the phrenic nerve, or else death must have been instantaneous; but it evidently involved some of the nerves going to the brachial plexus, from the paralysis of the muscles of respiration except the diaphragm, from the loss of power in the arms, as also from the pain.

No doubt death was hastened in this case by the presence of gases in the intestines. The breathing was entirely carried on by the diaphragm; but undoubtedly the action of this muscle would be much interfered with by the tympanitic state of the abdomen, and so there would be greater dyspnœa, which, in its turn, from deficient arterialisation of the blood, produced irregularity of the heart's action and death from asphyxia.

ST. MARY'S HOSPITAL.

STRANGULATED HERNIA (FEMORAL): OPERATION WITHOUT OPENING THE SAC: RECOVERY.

Under the care of JAMES LANE, Esq.

MARY FRY, aged 58, married, was admitted into the hospital on January 25th, 1862. She stated that she had been ruptured for twelve years, but had not worn a truss; she never felt any inconvenience from the hernia until two days before her admission, when it became larger and very painful. She applied to a medical man, who tried the taxis, enema, etc., but, failing to reduce it, sent her to the hospital, where the taxis and warm bath were tried without effect. She complained of pain over the whole abdomen, which was slightly tympanitic. She had vomited several times. The pulse was small and quick; and she looked very anxious and depressed. Chloroform was administered; and Mr. James Lane operated in the following way. He made a vertical incision two inches in length, by transfixing the skin and cellular tissue on the inner side of the hernia, and then passed his finger down to the seat of stricture, and introduced the hernia-knife by the side of his finger, and divided the stricture upwards and slightly inwards. The hernia went back. The wound was brought together by two points of suture, and a compress of lint placed over. The operation was over in two or three minutes; and the patient was sent to bed, and ordered effervescing mixture with five minims of laudanum every four hours. The bowels acted spontaneously the following day; and she recovered without an unfavourable symptom; the wound was healed on February 10th. She was discharged on February 19th, quite well. She would have been discharged a week earlier, but was detained, as her truss did not arrive.

WHISKY *v.* BEER. The inhabitants of towns in Scotland, it appears, are cut off by tubercular diseases in twice the proportion of those in the country—a circumstance which seems to favour the doctrine that they are diseases of debility and imperfect assimilation. Of the excessive mortality of towns beyond that of the rural districts, nearly half occurs among infants under five years old. Without pursuing these topics further, we must notice that the volume does not close without a word for whisky, "the national drink of Scotland," as beer is that of England. In the year of which we are speaking, liver-diseases cut off the English in the proportion of 34 in every 100,000 persons, and 35 in the previous year; while the Scotch were struck down in the proportion of only 26 in the one year, and 27 in the other. It is suggested that further observations should be made, and that if they have the same result, chancellors of the exchequer should lay these things to heart, and not be so ready to favour the consumption of beer and light wines to the prejudice of that which, after all, may prove to be a better beverage.

Original Communications.

REPORT ON VACCINATION AS PRACTISED AT THE LIVERPOOL STATION OF THE NATIONAL VACCINE ESTABLISHMENT.

By A. B. Steele, Esq., Surgeon to the Blue Coat Hospital, and to the Ladies' Charity; Member of the National Vaccine Establishment; and Teacher of Vaccination appointed by the Privy Council.

[*Read before the Liverpool Medical Institution.*]

Recent inquiries into the history and practice of vaccination, have shown, contrary to what might have been expected, that England, the birthplace of the immortal Jenner, the country in which his great discovery was first promulgated, has been far behind most other European nations in adopting means necessary to promote the extension of that inestimable boon. Full and conclusive evidence of this want of sanitary care on the part of our government, will be found in the able and interesting report of Mr. Simon, contained in a Blue Book on Vaccination, issued by the General Board of Health in 1857; from which we learn that, at that period, when forty years had elapsed since Jenner's discovery first became an accepted part of medical science, arrangements, more or less complete, had been made throughout the continent of Europe to render it of universal application; and its triumphs were everywhere recognised.

During eight successive years in the Grand Duchy of Baden, and during thirteen consecutive years in the city of Copenhagen, no single death from small-pox had occurred. But while foreign governments were thus fulfilling the aspirations of the English surgeon, and, by vast economies of human life, were realising the new source of national strength which his genius had given to mankind, in Jenner's own country there was less progress to be traced; in the three years which elapsed from the establishment of the General Register office in 1837 until 1840, nearly 36,000 deaths by small-pox were recorded in England. Some slight advance was at that time made by the passing of the Vaccination Extension Act; and a still further reduction of mortality followed the subsequent enactment of the Compulsory Vaccination Bill in 1853; but we are yet far from having reached the greatest attainable degree of security; and the death-rate from small-pox in this country is much higher than it need be, if infantine vaccination were carried out in the best possible manner.

The observations of Mr. Marson, of the London Small-pox Hospital, extending over several thousands of cases, of which he has kept accurate notes, originally published in the thirty-sixth volume of the *Medico-Chirurgical Transactions*, and which will be also found in the blue book already alluded to, prove, almost to demonstration, that the mortality from small-pox in England is, to no insignificant extent, traceable to the imperfect manner in which vaccination is sometimes performed. Of 30,094 vaccinated persons whom he has seen suffering from small-pox, only 268 presented what he considered the marks of thorough vaccination.

The number of foreigners admitted, in a series of years, into the Small-pox Hospital, has enabled Mr. Marson further to observe that, as a rule, vaccination is much better performed abroad than in England; that, in fact, it is far less satisfactorily performed in England than in any other country in Europe. It appears to be performed in the best possible manner by the Danes, Swedes, and Norwegians, then by the Germans, then by the Italians, then by the Spaniards, and lastly by the English and French. I will not occupy your time quoting the figures by which Mr. Marson has arrive these most important conclusions; but would refer who are sceptical on the point to the published reco themselves, which afford evidence that I think carry conviction to any unprejudiced mind.

The foregoing recorded observations, together other facts bearing on the subject, brought to ligh the researches of Mr. Ceely, Dr. Seaton, and oth have shown clearly that the whole system of vaccina in England is in an imperfect and unsatisfactory tion; and that there is much to be done before population of this country can enjoy the fullest att able degree of safety which Jenner's immortal disco is calculated to afford.

It is, however, consolatory and encouraging to that the section of the legislature which is respons for the sanitary condition of the people is fully aliv the actual state of matters; and that measures ar ready in progress, having for their object the remov every difficulty which at present obstructs the exten of vaccination, and which are calculated eventuall establish it upon a thoroughly sound and effic basis.

Having succeeded in obtaining the most strin powers a government so sensitively jealous of the lib of the subject as ours could be induced to grant, for purpose of enforcing vaccination in all cases wh from ignorance, prejudice, or superstition, it was sistently resisted,—the Board of Health, in conjunc with the National Vaccine Establishment, next dire their attention to the best means of securing two conditions, essential to the success of the object in First, to provide a free, abundant, and uninterru supply of vaccine lymph of undoubted purity and ciency; and, secondly, to make such arrangement would secure the thorough competence and special lification of every person who should occupy the tion of a public vaccinator. It will be seen at once the authorities were bound in justice to the publi carry out these two conditions; for having called the people, under pains and penalties, to have child vaccinated within three months after birth, it certainly incumbent upon them to afford a guara that the compulsory operation should, in every cas performed in the best possible known manner. A tional sources of lymph supply had been rendered cessary by the diminution in the resources of the tral station of the National Vaccine Establishm which had been gradually decreasing ever since th troduction of the parochial system of vaccination in metropolis, which, by subdividing the cases amo numerous local stations, so greatly diminish the n bers of the original central establishment that the ply was quite unequal to the demand. This circ stance is deserving of notice, as an illustration of evils which may arise from too great a subdivisio any system of public vaccination; it, in fact, consti one ground upon which the authorities rest their st objection to any unnecessary increase in the numb stations in any given district; and especially to scheme which has sometimes been suggested, t away with official public stations altogether, and to every qualified medical practitioner a public vaccina a proposal which, if carried out, would, in additio many other serious disadvantages, greatly increas difficulties already experienced in keeping up a nati supply of lymph, and would, in all probability, eve ally deprive the profession and the public of any reli source whatever from which genuine cowpock ma could at all times be procured.

The second condition, namely, the necessity making some systematic regulation to secure the q fications and efficiency of public vaccinators, was evid first, from the ascertained existence of a consider unt of imperfect vaccination throughout the country; secondly, from the circumstance pointed out by Mr. on in his report, already quoted, that heretofore e has existed in this country no general test of me- l proficiency which implies a knowledge of vaccina- . Nor have we any medical school where vaccination stematically and practically taught, so that a medi- student might complete his curriculum, obtain his oma, license and degree, as physician, surgeon, apo- ary, and doctor, might be eligible, and actually elected he appointment of public vaccinator, and meanwhile never have performed, perhaps even never have wit- ed, one single act of vaccination.

o remedy these defects, therefore, the two bodies be- mentioned, namely, the Board of Health and the onal Vaccine Establishment, acting conjointly, es- shed in every town where there is a medical school, ccination station; for the two-fold purpose of pro- ng a regular supply of lymph for transmission to National Establishment in London; and, where a cient number of cases of vaccination could be per- ed every week, to constitute an efficient means of ng practical instruction in vaccination to students. ne or more public vaccinators were appointed to station, and were authorised to give instruction and t certificates of proficiency in vaccination; such cer- es constituting, in addition to a regular medical qua- tion, an essential requirement in all future appoint- ts of public vaccinators.

would naturally be supposed that measures so rea- ble and beneficial, and apparently so much needed, ld have met with universal support from our liberal enlightened profession; not so, however,—for the ege of Surgeons, with strange inconsistency, first fell the scheme, and promised its entire and cordial ort, and very soen afterwards adopted measures ulated, in a great degree, to defeat and obstruct the ations of the authorities. One medical practitioner, n of provincial celebrity, published a letter in all medical journals, in which, in allusion to the regula- s we are speaking of, stated that "considerable ety and alarm existed, in the minds both of sur- s and medical students, as to certain regulations re- ting certificates of vaccination." He appeared to ider that, by making vaccination a special branch of ical instruction, and providing special teachers and ient means of giving clinical instruction therein, the ts and privileges of the members of the College of geons were infringed upon; although how such an ment could apply to the point in question any more to the existence of professorships and teachers of omy, surgery, or any other recognised division of ical education, is not, I think, quite apparent.

ortly after the publication of the new regulations, *Lancet* launched forth a voluminous leading article uling and abusing the whole plan, and dwelling, much emphasis, on the impropriety of the Privy ncil presuming to interfere in a matter which be- ed exclusively to the functions of the Medical Coun- nder the Medical Act. In this matter, however, as ome other memorable instances, the editor of the ing medical journal exhibited his own want of dis- ion in venturing to dogmatise upon a subject, with details of which he had failed to make himself so acquainted as his duty as a public journalist de- ded.

far from infringing upon the privileges or duties of Medical Council, the first step taken by the Privy ncil was to write to Sir Benjamin Brodie, president he former body, stating the result of their inquiries, pointing out the necessity for some action in the ter, with the expectation, of course, that the Medi- Council would take up the question. The reply, ever, was to the effect that, although the Medical ncil fully appreciated the importance of the suggestions to them, and quite agreed with the Privy Council that immediate steps should be taken to remedy the defects pointed out, nevertheless, they did not see how they (the Medical Council) could undertake to do anything in the matter. Thus, it was evident, that unless the whole question was to be lost sight of, the Privy Council were called upon to take it in hand.

[*To be continued.*]

Transactions of Branches.

BATH AND BRISTOL BRANCH.

CASE OF CYANOSIS, IN WHICH THERE WAS A COMPLETE COMMUNICATION BETWEEN BOTH AURICLES AND VENTRICLES.

By J. G. SWAYNE, M.D., Physician Accoucheur to the Bristol General Hospital.

[*Read Nov. 28th*, 1861.]

THE young man from whom this specimen was taken, was 18 years of age at the time of his death. He was boyish in appearance, and short in stature, being scarcely five feet in height. His height, however, was diminished by a considerable antero-posterior curve of the spine in the interscapular region. His hair was of a very light flaxen colour; in fact, almost as white as that of an albino. The irides were of a pale blue colour. His complexion was very fair, and presented a distinct livid hue, which became very apparent on his making any exertion. The lips, gums, and mucous membrane of the mouth, were of a deep purple colour. The temperature of the surface was low; the extremities were cold, and the nails of a dark livid hue.

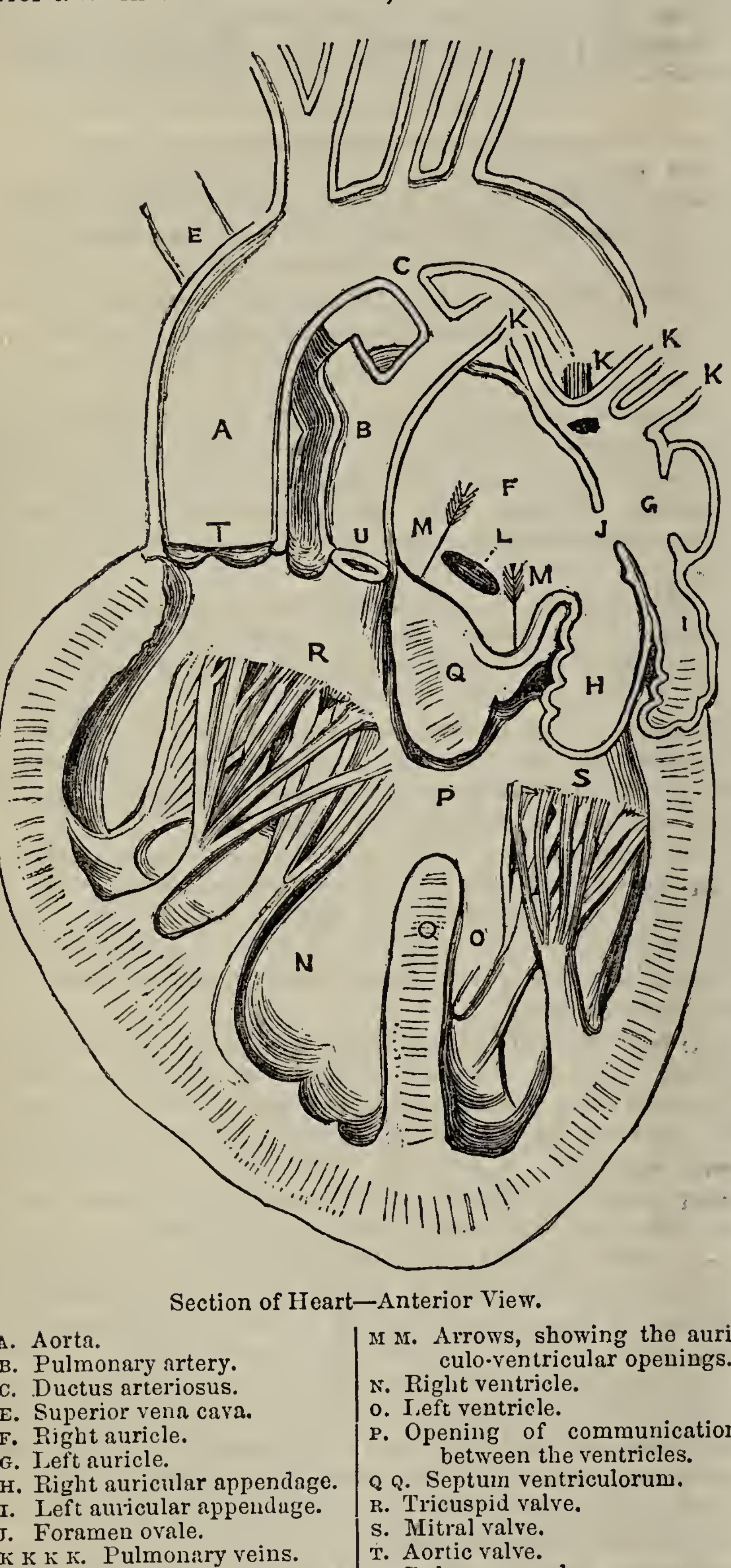
As regards his bodily functions; although able at times to walk four or five miles without fatigue, he was incapable of any rapid movement; and lost his breath immediately, if he attempted to run. He was very susceptible of changes of temperature; and suffered very much from cold.

With respect to his mental faculties, he displayed a fair amount of intelligence, and was tolerably quick at learning; but was not more advanced than most boys of 15, because he was never allowed to study much, nor long together. Until the early part of last winter, he had always enjoyed fair health, and had passed favourably through the usual children's complaints.

Towards the end of November 1860, he was attacked with acute rheumatism, which ultimately affected the heart. A loud *bruit de soufflet*, with the first sound of the heart, was then heard for the first time. Before this there had been nothing unusual in the heart-sounds. His health now began to break down; and from that time he never left his room. He suffered much at times from dyspnœa, and other symptoms connected with the heart, as well as from occasional severe pains in the limbs, and facial neuralgia.

In May 1861, he was attacked with pleuropneumonia on both sides of the chest, from which he rapidly sank, and died on the 29th of that month.

On making a *post mortem* examination, a considerable amount of fluid was found in the cavity of the right pleura; together with much engorgement and hepatisation of the lower lobe of the lung. Similar appearances were observed on the left side; but not to so marked a degree. The heart was not quite so large as that of an ordinary adult; it was much gorged with dark blood, which gushed out in great abundance as soon as the venæ cavæ were divided, when the heart at once collapsed and became empty. The pericardium was normal in shape and size, and nowhere adherent. On taking a superficial view of the heart, I observed that both the right and the left auricular appendages lay close together, and were situated to the left of the root of the pulmonary artery, and just above the left ventricle; whilst the aorta appeared to arise from the right ventricle to the right of the pulmonary artery. On opening the heart, this was found to be actually the case. The several parts of the heart must now be described *seriatim*, commencing with the auricles. The right auricle was of the ordinary size, as also were the superior and inferior venæ cavæ, which entered it in the usual way. The auricular appendage, however, arose from the left and not from the right side of the auricle, and pointed forwards to the left of the pulmonary artery. On cutting into the right auricle, two openings were observed in its inferior surface. One of these, which was larger than the other, communicated with the right ventricle, and was guarded by the tricuspid valve; the smaller opening communicated with the left ventricle, being guarded by the mitral valve. In the left wall of the auricle, or the interauricular septum, the foramen ovale was sufficiently open to admit the tip of the index finger, its upper edge presenting a well marked semilunar fold. The left auricle was very small; and, in fact, a mere appendage to the right auricle. It w partially divided by an incomplete septum into two (vities; from the inner of which proceeded the left au cular appendage, lying close to, and to the left of, t right appendage. The pulmonary veins also open into the inner cavity in such a manner as to direct th streams of blood through the foramen ovale into t right auricle. The right ventricle was both larger a had thicker walls than the left ventricle. It present several curious anomalies. One of the most singu of these was the origin of the aorta from its base cl to the right auricle. The entrance of the aorta guarded by the three aortic valves. These were stud with several small vegetations. The aorta was of dinary size, and took the usual direction. The open from the right ventricle into the pulmonary artery situated to the left of, and close to, the aortic openi It was guarded by a single circular valve, with rathe small central opening. The pulmonary artery, a especially the left branch of it, was much smaller th usual. The ductus arteriosus was pervious, and of ab the size of a crow-quill; it opened into the left bra of the pulmonary artery, more than half an inch ab the bifurcation. The auriculo-ventricular opening a little below the aortic opening. In the septum, tween the right and left ventricles, there was a rou opening large enough to admit the thumb. This situated near the base of the septum, and had smo rounded edges. The left ventricle was altogether m smaller and less developed than the right. The c openings into it were the interventricular opening named, and the opening from the right auricle guar by the mitral valve. This last opening was smaller t usual. Both the tricuspid and mitral valves were st ded here and there with small vegetations. The res the body presented no other peculiarity, except one remarkable deficiency; viz., the entire absence of right kidney. The left kidney was much above average size. The genital organs were well develo and all the signs of puberty were present.



Section of Heart—Anterior View.

A. Aorta.
B. Pulmonary artery.
C. Ductus arteriosus.
E. Superior vena cava.
F. Right auricle.
G. Left auricle.
H. Right auricular appendage.
I. Left auricular appendage.
J. Foramen ovale.
K K K K. Pulmonary veins.
L. Opening of inferior vena cava.
M M. Arrows, showing the auriculo-ventricular openings.
N. Right ventricle.
O. Left ventricle.
P. Opening of communication between the ventricles.
Q Q. Septum ventriculorum.
R. Tricuspid valve.
S. Mitral valve.
T. Aortic valve.
U. Pulmonary valve.

In this case, there must have been a much more c plete admixture of arterial and venous blood, tha those more ordinary instances of cyanosis, which a from an open foramen ovale; because there was only a free communication between the ventricles, both auriculo-ventricular openings passed into the r auricle. In fact, there must have been a lower typ circulation than that which we see in the higher repti for in them there are two separate auricles, one recei arterialised, and the other venous, blood, and both o ing into a common ventricle, in which (in some of higher reptiles) complete admixture of arterial and ve blood is prevented by a partial septum. The wonde that the vital powers could have been so long susta by so imperfect a circulating apparatus.

The Ether Patent. Dr. Morton has commen prosecutions for the infringement of his ether pa The first institution summoned to answer the ch was the New York Eye Infirmary, and the case arrested for the present term by the judge, on ground of doubts as to the validity of the pa (*American Med. Times*).

Surgeons on the Battle-field. We have c attention to the position of the army surgeons on battle-field, and urged the importance of comin some understanding with the enemy in regard to t rights. Hitherto there has been an indiscriminate rest of surgeons while performing their sacred of as non-combatants, thereby inflicting great suffe upon the wounded. We are glad to notice that Gen Buel has given orders that hereafter the surgeons of enemy shall not be disturbed on the field. (*Amer. Times.*)

rogress of Medical Science.

NFLUENCE OF PYREXIAL DISEASES ON THE PRINCIPAL ENOMENA OF MENSTRUATION. Dr. L. Perroud has aished some information on this subject in a paper d before the Société des Sciences Médicales at Lyons. observations were made on 100 cases. In 95, the was noted; 31 of the patients were from 15 to 20 rs old; 38 from 20 to 25; 17 from 25 to 30; 5 from to 35; and 4 above 40. The women were for the st part domestic servants or workers in silk, of lerate information, and generally of a well-marked phatic temperament, combined in a few cases with is of the sanguine or of the nervous temperature. the 100 patients, 67 had menstruated regularly; in 33 the catamenia had appeared irregularly or been absent. Hence the cases are divided into two gories.

. *Influence of Pyrexiæ on Menstruation, where the amenia had appeared regularly.* In the 67 patients uded in this category, the catamenia had appeared ılarly, generally at intervals varying from twenty- e to twenty-five days. The period of duration of discharge was, in 7, two days; in 5, two or three s; in 6, three days; in 7, three or four days; in 4, days; in 6, four or five days; in 3, five days; in 2, or six days; in 7, six days; and in 7, eight days. ice was also taken of the pelvic pains and of leucor- a. In 33 of the 67 cases, menstruation was per- ned without pain; in 12, there were pains in the bar and hypogastric regions; in 3, in the lumbar re- alone; in 6, there was pain in the hypogastric re- alone. The pelvic pains generally appeared some before the discharge, and disappeared on its ap- ance; they rarely continued during menstruation, still more rarely appeared only during the catame- period. Of 43 patients who were interrogated re- ling leucorrhœa, 5 only had it to a slight degree ng the menstrual period; in 3 of these it appeared e days before the hæmorrhage, and in 2, it both pre- d and followed the menstrual discharge for a few . These data having been obtained, Dr. Perroud proceeds to the examination of the question, How pyrexiæ influence the period of appearance of the menia?

he disturbance of the functions of digestion, mus- r action, and innervation, produced by the pyrexiæ, ld probably lead to the inference that these act in a lar manner on the menstrual function. But of 57 ents who had menstruated regularly, in 13 only were courses arrested during the course of a febrile dis- ; in the rest, the catamenia not only were not nt, but even generally appeared before their proper . In 19, menstruation occurred at the normal time ng a febrile attack; in 19, it appeared from two to ıty days earlier than the patients expected; and in omen who had just menstruated before the fever ared, the return of the catamenia was neither ened nor suppressed by the presence of the pyrexia.

examination of the influence of different febrile ases on menstruation, has led Dr. Perroud to the lusion that febrile diseases with cutaneous mani- ations, such as variola and varioloid, facial erysipelas, sles, scarlatina, and urticaria, generally hasten the arance of the catamenia, or at least are less likely mpede it: catarrhal fever and rheumatism occupy second place in this point of view; and mucous and oid fevers come third in order. Small-pox advanced appearance of the menses fifteen days in 2 cases; days in one case; eight days in 3 cases; four days ; and two days in 2 cases; in 12 the menses ap- red at the regular period; and in 3 they were suppressed or retarded. Erysipelas of the face caused the menses to appear ten days before the proper time in one case, and twenty days before time in another; they appeared at their regular period in 2 cases of this disease, and were suppressed in one. Urticaria hastened menstruation in one case: in one case of measles, and one of scarlatina, the period was not influenced. Acute rheumatism hastened the menstrual period by fifteen, twelve, and two days respectively in 3 patients; in 5, it produced no influence; and in 4, it arrested menstruation. In 5 cases of catarrhal fever, the period was not changed. In 2 cases only of "mucous" fever, the catamenial period was hastened by two days; in one, it was not influenced; and in 4, it was delayed. Of 4 cases of typhoid fever, the catamenia appeared in one only; in this patient, a woman aged 30, of lymphatic temperament, menstruation appeared some days before the habitual period, but she had had a large mustard poultice applied to the thighs on account of headache. Three months afterwards, the patient was still in the Hôtel-Dieu at Lyons, having been detained by a tedious convalescence, but the catamenia had not reappeared. Dr. Perroud frequently observed that the catamenial discharge, although at first provoked by the appearance of a febrile disease, was suppressed in the following months if the fever were prolonged and the convalescence tedious. M. Raciborski has observed, also, that a similar effect is produced by chronic diseases of the respiratory organs.

The influence of febrile diseases on the duration of menstruation varied. In 15 cases of eruptive fevers, there were but 3 cases of highly confluent small-pox in which any influence in this direction was produced; in these the discharge, which had appeared at the end of the premonitory, or at the commencement of the eruptive stage, diminished after a longer or shorter period, when the eruption had become sufficiently intense to produce a strong revulsion to the skin. In articular rheumatism, the duration of menstruation was never increased; and when it was shortened, it was in cases where many joints were affected and the pain was very intense: so that it seemed as if the local lesion acted as a derivative on the flow of blood. In the four cases of erysipelas of the face, the duration of menstruation was never shortened; not even in the case of a patient, who, at intervals of several years, had three attacks of the disease. In her, the normal duration of the menstrual period was four days; in her first attack, it lasted twenty days, and eight days on each of the other two occasions. As to the attendant phenomena of menstruation, pelvic pains and leucorrhœa, Dr. Perroud found them to be absent in every case in which he made inquiries on this point; excepting one, in which pelvic pains were present.

b. Influence of Febrile Diseases on Cases in which the Catamenia had been generally irregular. The women included in this category were generally younger than those included in the preceding class: 16 were from 15 to 20 years of age; 12 from 20 to 25; and 3 from 25 to 30. Of the patients, 4 had not yet menstruated, though they were from 16 to 18 years of age; and in 28, the catamenial function was performed only every third, fourth, or fifth month. Most of them, when admitted into the Hôtel-Dieu, had not menstruated for two months at least, and some not for one or two years. Six only complained of pain before or during the period of the discharge.

Among the 32 patients, there were 15 cases of variola, 2 of measles, 4 of acute rheumatism, 6 of catarrhal fever, 2 of mucous fever, and 3 of typhoid fever. No effect was produced on the four patients who had not yet menstruated; two of whom had typhoid fever, one catarrhal fever, and one confluent small-pox. Among the other 28 cases, there were two in which the pyrexia appeared to have some influence on menstruation. One was a woman aged 23, of lymphatic temperament, who had first menstruated at the age of 12. The catamenia had been very irregular, occurring only every second or third month. Three weeks after the menses had appeared on one occasion, she had a catarrhal fever, on the fourth day of which the catamenia appeared, without pain. In another case, a girl, aged 20, had menstruated for the first time at 14. The catamenia appeared very irregularly, lasted from a few hours to two days, and were preceded by much pain. She had not menstruated for two months, when she had a severe attack of measles, on the eighth day of which the catamenia appeared, without being preceded by the usual pain, and continued for two days. In two other cases, one of acute articular rheumatism and one of semiconfluent variola, there was no appearance of menstruation during the course of the disease, but under circumstances which left it doubtful whether the pyrexia had had any influence in its production. Hence Dr. Perroud infers that, while pyrexial diseases are not altogether without influence on menstruation where the function has been irregularly performed, still this action is less general and less marked than in cases where menstruation has been regular. (*Gaz. Médicale de Lyon*, Jan. 1 and 16, 1862.

Action of Heat on the Muscles. When a warm-blooded animal is placed in a stove at a higher temperature than that of its body, the animal dies suddenly after a longer or shorter interval (varying with the heat of the stove), when its blood has become heated to 7° to 9° Fahr. above its natural temperature; *i.e.*, to about 113° Fahr. in mammalia, and 119° in birds. Moreover, when animals die under these conditions, muscular rigidity sets in with death. As the result of numerous experiments, M. Kühne has been led to the conclusion that there exists in muscles a substance capable of being precipitated by heat, and which coagulates, producing muscular rigidity, at precisely the same temperatures at which the animals die—95° Fahr. in frogs, 113° Fahr. in mammalia, 119° Fahr. in birds. Hence, in these cases, death is the simple result of the physical action of heat on this coagulable material in the muscles, which, as is seen, is even more liable to be acted on by heat than the albuminous constituents of the blood. And that the death is to be referred to the cause pointed out, seems confirmed by the fact that this material presents in reptiles, mammalia, and birds, differences in the temperature required for its coagulation precisely corresponding with the differences in the degrees of heat which destroy the animals. (*Gazette Médicale de Paris*, 28 Dec., 1861.)

The Feet of Chinese Women. At the meeting of the Surgical Society of Paris on December 11, M. Bouvier reported that he, in conjunction with MM. Duchenne and Fuzier, had made an examination of one of the Chinese feet referred to by the latter gentleman in his recent communication (see Journal, January 25th, p. 95). The posterior half of the astragalo-calcaneal joint is horizontal instead of oblique; and the half of the calcaneum next the astragalus forms almost a right angle with the latter bone. The os calcis appears elongated, but the elongation is only apparent. The astragalus has undergone little change at its lower part; it is only somewhat atrophied. The other articulations of the foot—those of the cuboid, scaphoid, cuneiform, and metatarsal bones, etc.—have undergone greater alterations. At the inner side, the scaphoid is evidently displaced downwards, as are also the cuneiform bones and the first metatarsal. At the outer side, the cuboid is also a little depressed; it is articulated with the os calcis at a lower point than in the normal state. The bending, however, has been produced in the fourth and fifth metatarsal bones, which are inclined downwards; and there is, at the upper part of the anterior articular facet of cuboid, a point which is not in contact with the last metatarsal bones. There is a thinning of the lo part of the cuboid. (*Gazette des Hôpitaux*, 21 D 1861.)

Unusual Course of an Inguinal Hernia. It rarely occurs that an inguinal hernia, after escap from the external abdominal ring, mounts between abdominal aponeurosis and the skin of the iliac reg leaving the scrotum entirely free. Dr. Fano recor case in which the hernia took such a course. M. aged 67, had had from his childhood inguinal herni the left side, which he kept up by an imperfect band On June 15th, while he was making violent effort defæcation, the hernia became larger and more pain he, however, immediately afterwards took a long and returned home in a state of great suffering. Fano, being called in by M. Grammaire, found, in left iliac region, a swelling extending from the spin the os pubis to the crest of the ilium; it was parall Poupart's ligament, nearly cylindrical, and of abou size of two fists. It was soft, resistant, elastic, fluctuated freely at every point at which it was amined. No testicle nor spermatic cord could be in the left scrotum; and the patient said that the t had never descended on that side. The abdomen neither tense nor tender; the patient had had an ev ation some hours previously. He had no nausea felt an undefined kind of pain in the right side of abdomen. As there were no urgent symptoms of st gulation, and there was the possibility of the pres of a hydrocele in the hernial sac, M. Fano decid apply leeches and poultices to the swelling; and, if produced no good result, to cut carefully through coverings of the tumour, and, on reaching the sa puncture it with a bistoury; carrying the operatio further if there were merely a hydrocele, but exten it if a hernia were found to be also present. The morning, as there was no improvement, it was d mined to operate at once. An incision nearly inches long was made through the skin alone ove middle of the swelling, parallel to its greatest diam The cellular tissue being carefully divided, the sa reached; it was of a bluish colour. M. Fano punc it with a bistoury, and a quantity of yellow fluid esca the last portion contained some blood. The swe diminished somewhat, but not altogether. M. now enlarged the incision carefully in both direc by means of a pair of scissors, and found a loop testine, with a portion of epiploon behind it. Th ticle was found adherent to the sac at its lower and part, quite near the femoral arch. On introducin index finger to the internal part of the sac, M. felt the external orifice of the inguinal canal. The tents of the hernia being held aside, the internal of the abdominal ring was incised; the intestine, was of a brownish colour, was replaced in the abdo but the epiploon, which was very hard, was left i wound. Some suppuration followed in the cour the patient's convalescence, and required incisions he went on well, and had recovered by the end of tember. (*L'Union Médicale*, 5 Decembre, 1861.)

Treatment of Pyrosis and Gastrorrhœa. M. says he has observed the best effects to be pro from the use of a powder consisting of calcined nesia, neutral subnitrate of bismuth, of each a and a half; ginger, three-fourths of a grain; extr aconite, three-twentieths of a grain. Gastrorrhœ adds, may be arrested by taking rounded pieces into the mouth, and swallowing them before the quite melted. As an auxiliary, three-quarters of a of tannin or of catechu may also be taken. (*Bu Gén. de Thérap.*, Decembre 1861.)

DICAL RESEARCHES ON TATTOOING. The process tooing has been generally supposed to be unat- d with danger. M. Berchon, however, has made a er of researches in the Polynesian islands, especi- he Marquesas, which show this opinion is not alto- r correct. He has collected five cases, recorded in ; of medicine or of travels; in these, death occurred e, and in four life was placed in danger by inflam- n or gangrene. He has also obtained the histories n other cases from personal research; in five of , death followed the operation of tattooing; in life was more or less endangered; in one, an o-venous aneurism appeared at the bend of the but did not produce any inconvenience. M. Ber- believes accidents from tattooing are much more ent, but that they are concealed by soldiers and s. But the facts pointed out are sufficient to call tion to the subject. The disorders which M. Ber- states to arise from tattooing may be classed in ategories: one class (perhaps the most numerous) purely inflammatory origin; the others are de- nt on septic inoculation from the deposition of d organic matters introduced under the epidermis e needles generally used in the operation. In con- nce of M. Berchon's researches, the French go- nent has forbidden the practice of tattooing among s, soldiers, and persons employed in dockyards rsenals. (*Répertoire de Pharmacie*, Jan. 1862.)

DEMIC PREVALENCE OF INTESTINAL WORMS. The sposition to intestinal worms, and the influence ex- thereby on certain diseases of children, vary much ferent localities. Thus, while disorders from worms rare in Paris that many physicians deny their ex- e, they are remarkably severe in the south and of France. At Bordeaux, Dr. Le Barillier, physi- o the children's hospital, has observed many cases ich the presence of intestinal worms played an im- nt part. This frequency of worms Dr. Le Barillier ins by the faulty hygienic conditions in which the ren are placed. A few days after birth, they are sted to the care of nurses, who generally hasten to them with starchy food; and hence the *ascaris ricoides* is met with in infants at the breast, aged six months to a year. In 125 *post mortem* examina- of children, M. Le Barillier found one or more ides in the intestines in four cases; and M. Cuillé, *e* in the same hospital, found four in the intestines child six months old, who had died of epileptiform lsions. Dr. Le Barillier has found lumbrici at arly age in children only who have been brought the country, and who have been fed with starchy in addition to milk. In children of a more ad- d age, who are generally ill fed and cared for, the inous diathesis is almost always present. These ren have a pale puffy face, a vacant look, dilated s, pallid mucous membranes, and engorged cervical ls; in them, life is at a low point of activity, their ments are slow, the speech embarrassed, the intel- ll developed; they almost all have enlarged lymph- glands, and the abdomen is prominent; digestion is ult, and there are alternations of constipation and hœa. It is rarely that even the mildest vermifuge ministered on their arrival, without being followed e discharge of two or three worms. (*Journ. de Méd. rdeaux*; and *Bulletin Génér. de Thérap.*, Dec. 1861.)

SORDERS PRODUCED BY THE EVOLUTION OF THE TES SAPIENTIÆ. Dr. Icard, in a paper read before dical society at Lyons, referred to the delay, even o the fiftieth year, which sometimes occurs in the ution of the wisdom-teeth, and stated that M. Toirac related a case in which this process took place in a an 103 years old. In consequence of the delay in appearance of the tooth, the jaw has had time to become ossified, and the follicle of the tooth is pressed on by the others; and hence the escape of the tooth is attended with more or less pain, and, it may be, with inflammation of the mouth, abscess, fistulæ, or even caries and necrosis of portions of the maxillary bones. M. Icard relates cases illustrative of angina and ulcerative stomatitis; obstinate facial fistula, cured only by removal of a wisdom-tooth; etc. (*Gazette Médicale de Lyon*, 1 Jan., 1862.)

ENCHONDROMA OF THE TESTICLE. In a report on a memoir by M. Dauvé, read before the Surgical Society of Paris, the following summary of the association of this affection with others was given:—1. M. Dauvé observes that it is generally admitted, especially by Curling, that cystic disease is often accompanied by enchondroma of the testis; but that he has been able to find one case alone (recorded by Curling) in which this association was well marked. In this case, however, cartilage was so abundant that, if the cystic nature of the tumour had not been ascertained, it might have been considered as a pure case of enchondroma. 2. The combination of enchondroma with encephaloid has been noticed by Müller, Virchow, Baring, Paget, and Demarquay. Nine cases are recorded, from which M. Dauvé draws the following conclusions. The reciprocal relations of the tissues have been variable: the two morbid products are generally contained in separate fibrous capsules; and each proceeds in its course with its own character, without exerting any well-marked influence on its neighbour. 3. Enchondroma has been found combined both with encephaloid and with cystic disease in three cases only, related by Cruveilhier, Thompson, and Cæsar Hawkins. 4. Of enchondroma combined with tubercle, M. Dauvé finds two instances, related by Letenneur and by Lebert. 5. In two cases related by MM. Robin and Ordonez, enchondroma of the testis has been found associated with fibrous tissue, with a phymatoid mass, with amorphous fatty matter, and with fibro-plastic tissue. In these cases, the cartilage was not abundant, and had its seat in the epididymis. 6. Pure enchondroma of the testis is described in eight cases, related by A. Cooper, Zambaco, Paget, Jouon, Richer, Dauvé, Lhonneur, and Verneuil. (*Gaz. des Hôpitaux*, 11 Janvier, 1862.)

TREATMENT OF PITYRIASIS. In a case of pityriasis of the scalp, which had resisted the application of glycerine and tannin, M. Debout used with success the following formula of M. Hardy: Beef-marrow, 60 *grammes;* flowers of sulphur, tincture of benzoin, of each 1 *gramme;* oil of sweet almonds, 15 *grammes.* (*Bull. de Thér.*, 30 Nov., 1861.)

TANNIN AS AN ANTIPERIODIC. M. Leriche of Lyons says that, in intermittent fever, from twenty-two to thirty grains of tannin (according to the violence of the fever) should be given two or three hours before the paroxysm is expected. Two or three doses are generally sufficient to produce a cure. Sometimes the dose must be increased to a drachm or a drachm and a quarter in the day. If the fever be obstinate, fifteen grains are given in divided quantities to be taken every hour. Where the intermittent fever is accompanied by œdema of the lower limbs, wine of quinine or of gentian is added to the tannin. The following formulæ for the administration of tannin are given.—*Syrup of Tannin:* Syrup, 500 *grammes;* orange-flower water, 60 *grammes;* tannic acid, 9 *grammes.*—*Pills*, containing each about one grain and three-fourths of tannin, may be made with the aid of honey.—*Tannin Mixture:* Distilled water, 120 *grammes;* orange-flower water, 4 *grammes;* tannic acid, from 1 to 6 *grammes;* syrup, 30 *grammes.* The dose is a tablespoonful every hour, commencing two hours before the time of a paroxysm.—In other formulæ for an injection and a mixture, the tannin is combined with opium. (*Bulletin Génèrale de Thérap.*, 15 Novembre, 1861.)

British Medical Journal.

SATURDAY, MARCH 8TH, 1862.

THE LORD CHANCELLOR AND A LUNACY BILL.

A REFORM in the lunacy laws is to come out of the Windham case; just as a reform in the marriage laws is to come out of the Yelverton scandal. The Lord Chancellor, as head keeper of the bodies of lunatics who possess property, has decreed this from his high place in Parliament. He has also indicated what sort of a reform he proposes; but his indications, as far as we can understand them, do not shadow forth very clearly how he proposes to work out the full measure of required reform. The learned law lords, who followed him in his opening of the subject, said quite enough to show the Lord Chancellor that he has yet a good deal to learn about the ins and outs of lunacy before he can hope to settle the matter satisfactorily and effectually. His mode of dealing with medical evidence, as applied in lunacy, reminds us of the sort of argument used by quacks and homœopaths. Because errors occur in the practice of medicine, therefore medicine is a fallacy, and therefore, also, quackery is good, and homœopathy true. Because bad medical evidence is given in a law court, therefore all medical evidence in a law court is bad. "I will clip the wings of these medical pratings in our courts," says the Chancellor; "they have become quite insufferable."

> "But," answered Lord Cranworth, "the matter is not simple. As to medical testimony, I do not think it possible by any enactment to exclude it. How common was this occurrence? During a great portion of the evidence a person appeared to be of perfectly sound mind; but then came a witness familiar with the subject; and before ten sentences were uttered the alleged lunatic was seen to be insane. A non-medical man did not know how to make the patient display his insanity. Medical men did."

And, again, Lord St. Leonards, in alluding to the case of Mrs. Cummins, said:

> "He had seen Mrs. Cummins, and had seen her alone. He spoke to her, and found her, as far as he could judge, perfectly rational."

But of this very lady, the Lord Chancellor said, in the same debate:

> "Mrs. Cummins's insanity was manifested the moment she appeared before the court."

Facts like these will, doubtless, make the Lord Chancellor pause in the wording of the clauses of his proposed bill. Medical evidence *must* stand for something in it.

That medical evidence should have received
severe snubbing at his hands, we can readily und
stand, while the Windham case was fresh in his a
all the world's mind; but we protest against t
unjust application of the snubbing. The lesso
however, is worth consideration.

> "Here you have a medical man presented, who t
> you that, according to his experience, the existence
> cerebral disease is shown by certain bodily sympton
> while another medical man, or half a dozen, meet
> theory with a direct negative, and tell you that in th
> experience the particular symptoms relied on by
> former witness as a criterion of mental disease may
> easily accounted for in another way, and present no c
> tain *indicia* of its existence. Between these lear
> doctors, who is to determine?"

How, indeed, can the public argue otherwise fr
medical evidence thus given in a court of law? T
truth is that medical men will never obtain for th
evidence the respect it deserves, until they cease
appear as advocates in a court of law. So long
they do, we must expect medical evidence to
treated as the Lord Chancellor has treated it.

The other learned lords, however, were d
against his practical and unjust mode of deal
with it; namely, excluding it altogether as sci
tific evidence. We have already given Lord Cr
worth's opinion; and here is Lord St. Leonard
also, on the point:—

> "Certainly, nothing was more dangerous than to h
> theoretical principles applied to given facts in any
> ticular case; and the common law judges, when doc
> ventured to adduce their own theoretical speculation
> the witness-box, were in the habit of telling them
> they were not there to state their opinion in a dogm
> cal sense, but to give their testimony upon matter
> fact. It would, however, be very difficult to draw
> line and say where scientific evidence was to be admi
> and where excluded."

We shall wait to see how the Chancellor's bill e
before we follow this subject further. We may a
however, in conclusion, that his proposals seem
indicate an increase in the staff of Lunacy Com
sioners. We may, therefore, expect, during the
suing session, to have once again candidates in
field for the race after those honourable appo
ments.

GRATUITOUS MEDICAL SERVICES.

LAST week one of our metropolitan hospitals held
annual court. The Report of its state informs
that, during the past year, gratuitous medical
vices have been given to 1,332 in-patients, to 37,
out patients, and to 624 midwifery cases which w
attended at their own homes—in fact, to 39,523
sons. Now, will any one give us grounds or reas
full and sufficient, why the medical men of that
pital give all this immense medical service gra
The expenses of the hospital were £7,600; a
valuing the patients at a Poor-law price—say
five shillings per head—we actually find that so

ng like £10,000 have been given to this one hos- al in the shape of medical services. The public ' whom the medical profession form a part) pay ,600 towards the maintenance of the hospital, and : medical profession £10,000!

We have asked in vain for a sufficient explanation this extraordinary position of the profession—this icidal folly. Is it possible to give a more rampant oof of the fearful amount of injury done to our ofession by the gratis system? Our friend Dr. rclay tells us that the idea of paying the medical icers is simply Utopian—is absurd. Where, he ks, are the funds to come from? Dr. Barclay y well ask the question, and be sure of an echo to "where", so long as doctors go down on their ees to the governors of hospitals to ask permis- n to do the work for nothing. But, suppose the ctors refused to work without pay, would the idea pay then be Utopian?

Let us take another illustration. A great centre manufactures springs up—Manchester, for in- nce—employing vast machinery and men to work From such machinery accidents of the most ied character constantly result; hospitals are con- quently required to succour the victims, and me- al men to administer the succour. Now, we ask ose who admire gratuitous medical services to tell in all plainness and candour, what earthly title claim has Mr. Cottonlord upon the time and ll of Surgeon Slashaway, that he should ask him cut off the limbs, and reduce the dislocations, and the fractures which have been produced on un- tunate humanity whilst engaged in working the chinery of Mr. Cottonlord. This gentleman reaps rincely income from the machinery, and its ne- ssary and constant attendant limb-crushings, etc. then asks the surgeon and other members of the mmunity to help him to build a hospital for the nefit of his accidents; and having, with their aid, sed his hospital, Mr. Cottonlord graciously allows rtain selected members of the profession, after ey have duly solicited his favours, to exercise eir art gratuitously in repairing the injuries which manity has suffered whilst engaged in promoting fortunes. To us, this system is simply a mystery inequality, ruinous and degrading to the pro- sion.

THE RIVOLTA EPIDEMIC.

. Diday of Lyons makes the following remarks the duality of syphilis.

'The epidemic of Rivolta offers us a striking argu- ent in favour of the duality of the syphilitic virus. In village of two thousand souls, the disease has smitten venty-one persons. Men, women, children, new-born fants, and the aged, of every kind of temperament, der every different mode of contact, even the most verse, were all equally affected. If, then, the syphi- ic virus did really undergo transformations under the influence of any one or of any group of these conditions —if, as the *uniteists* affirm, these conditions are powerful enough to cause that an *infecting chancre* in one subject should by contact produce a *chancrelle* (non-infecting chancre) in another and healthy subject—if this were true, could we meet with a better occasion to test the statement than this? According to the statistics of M. Fournier, for every one infecting chancre, four simple chancres are observed in Paris. At Rivolta, therefore, we should expect, at all events, to meet with two or three simple chancres for each infecting chancre. But nothing of the kind! Of the seventy-one victims of the epidemic, seventy-one are the subjects of infecting chancre. Among these seventy-one patients, there is not a single case of simple chancre, not a single case of inoculable suppurating bubo! Syphilis has been raging as an epidemic, and syphilis alone and unmixed. In this poor village, which had not hitherto been visited by any venereal affection, syphilis alone was imported, and has alone been raging for eight months. If the infecting chancre, as the *uniteists* affirm, can produce a *chancrelle* in a healthy person, how comes it that this fact has not been once observed at Rivolta?"

What will doubtless have struck many of the readers of the extraordinary Rivolta case is the want of positive proof that the epidemic which the people have been suffering from is really of syphilis. What, *à priori*, *seems* to prove the fact is, that all those who have witnessed or refer to the history of the case accept the fact as undeniable.

Since the above was written, we find in *L'Union Médicale* a second letter from Dr. Pacchioti, dated February 8th.

He says, as proof that the disease was introduced by vaccination—1. That all these wretched children were attacked by the disease at the same time and in the same place, though of different ages, their fathers and mothers being at the time (as proved by examination) healthy; and 2. That the children were all healthy up to the time of vaccination, the first manifestation of the disease being the conversion of the vaccine pustule into the syphilitic ulcer; 3. Five of the diseased children having been lately again vaccinated with healthy vaccine-matter, gave negative results, showing that the syphilis and the vaccine had both passed together into the system. Then, as to the nature of the disease, that it was truly syphilis is shown by the signs. The lesions noted by the commission as observed among these children were, mucous tubercles around the anus, on the genitals, the lips; ulcerations of the amygdalæ, of the tongue, nasal fossæ; cutaneous syphilitic eruptions of different kinds, alopecia, impetigo of the head, syphilitic cachexia, marasmus. All these secondary accidents of syphilis appearing in the children within four months after vaccination, and varying in different degrees, were undoubtedly syphilitic. Moreover, when the true nature of the disease was ascertained, and the specific treatment of syphilis was commenced, an immediate amelioration in all the cases took place. The cases also, says M. Pacchioti, distinctly prove the contagiousness of the secondary accidents of syphilis.

He concludes his very interesting and impartial letter by calling upon M. Ricord to use his influence with the French government to induce them to send to Rivolta a scientific syphilograph—one devoted to M. Ricord's doctrines.

"Let those who still doubt," says the Turin professor, "tell me their doubts, and the facts on which they require further information. I offer my services to every one who will direct me by their advice, and shall again shortly visit Rivolta."

We also would ask: Are not the facts here brought before us of that *primâ facie* importance which would justify some one of our scientific societies in sending an accredited agent to the spot, to investigate the case with British eyes? A case like the above cannot be pooh-poohed down. And is it not a matter of the deepest interest for us to know whether or not syphilis may be passed into the body of our "innocents" with vaccine-matter?

A MEDICAL DUEL.

Dr. Langlebert lately published in the journals his belief in the unicity of the venereal virus. M. Diday of Lyons, who has, like most other modern observers, a firm belief in the duality of the aforesaid virus, as an answer to M. Langlebert, invited him to try conclusions *in propriâ personâ*, and to back his opinions at the point of the lancet.

> "Any day you please," writes M. Diday, "I will come to Dijon, and bring two patients with me, one having a simple, and the other an infecting chancre. I will be inoculated by one of your friends with matter from the simple chancre; and you by one of my friends with matter from the infecting chancre. We will then pass twenty-four hours in a *tête-a-tête*, in order to assure ourselves that the punctures are not cauterised too soon. After that we will part, and use what cauterising we please. I can affirm that I shall not suffer thereby from any syphilitic attack; and I will trust to your word to report if you remain equally free from disease. I cannot understand why you should refuse my offer. Certainly, you run some risk; but then, according to your principles, I run an equal risk. In such a case, I have known authors who wished neither to accept nor to refuse, attempt to turn the proposal into contempt or ridicule; but you, I am satisfied, will not resort to such an expedient. You know well how I appreciate your labours. The proposition which I make is, in truth, a new proof of the sincerity of my sentiments towards you. I trust that you will receive this seriously, as I have a right to expect from a loyal adversary, whom I ask to settle, by his reply, one of the gravest questions of pathogeny."

To this invitation, M. Langlebert answers in the negative. He has, he says, as all the world knows, already given proofs of his devotion to science by inoculating himself with venereal virus, like Luna Calderon, Cullerier, Robert, Galligo, and Diday himself. It is not from fear, therefore, that he refuses; but because, as he affirms, the experiments would be useless.

> "In entering into this kind of duel, we should only exhibit an ill-regulated zeal and a useless devotion to science. Let us for ever renounce these dangerous experiments, which, from the time of Hunter, have produced only doubt, error, and confusion."

We would suggest to M. Diday, who is so anxious to undergo the martyrdom of syphilitic inoculation, to repeat a score of times inoculation on himself of matter taken from a score of simple chancres. If he escape free from the trial, he may fairly assert
that he has proved, by strong and satisfactory nega
tive evidence, the incorrectness of M. Langlebert'
opinions.

◆

THE WEEK.

We have received a letter from Dr. Ross, who state
that he is editor of the *Medical Circular*, and tha
we have attempted to bring him into professiona
odium through the comments which we made i
the Journal of February 15, respecting the cas
of Wells *v.* Webber. Dr. Ross asserts that those re
marks are false, libellous, and calumnious. I
answer to his letter, we beg to say that we hav
never, to our knowledge, admitted into the page
of this Journal a falsehood, a libel, or a calumny
and that if, by accident, any statement capable
such a construction has found its way into th
Journal, we shall only be too ready to give a
possible redress to the injured party. Perhaps, ther
fore, Dr. Ross will have the goodness to point ou
what in our remarks it is which he objects to
untrue, calumnious, and libellous.

The Royal Medical and Chirurgical Society is in
flourishing state, *quoad* funds at all events. At i
annual meeting on the 1st instant, the question of th
enlargement of the Society's rooms was again s
riously brought forward for consideration. We sa
again brought forward; for ten years ago it was ente
tained, but fell through by reason of a weakness (f
the purpose) in the Society's exchequer. Now, how
ever, as Mr. Chas. Hawkins showed, the Society po
sesses the funds which it needed then, and the
is no reason at all why the Society should not un
dergo the development referred to. As all the Fe
lows only too well know, its rooms are neither equ
to its wants nor its high position. The propos
soirée to the British Medical Association was al
referred to, and met with the general assent of th
society; but a difficulty in the way of carrying
out, arising from the confined area of the Society
room, occurred to every one. Every Fellow wh
knows what a crowded scientific *soirée* is in Lond
during the dog-days, must be aware that the
rooms are almost impracticable for the object d
sired. We trust, however, and believe that son
means of getting over the difficulty may suggest i
self before August arrives. Two plans are open
to the society, if it determines to enlarge its room
It can expand *in situ* by the absorption of adjoi
ing premises; or it can shift its ground altogethe
Its funded property will enable it to do eithe
Another point spoken to was the low rents paid
the Obstetrical and other infantile societies to the
great parent for the use of its rooms. Considerin
the flourishing state of these societies, it certain

omes a matter for discussion whether they should be called upon to put their hands a little deeper) their pockets for the good of their parent. : mere use of these rooms has given these soies a great *prestige*. Altogether we cannot say t we think they pay an equivalent for what they . In fact, in this respect, they somewhat re-ble the branches of railway notoriety, which e, in most cases, rather proved suckers than lers.

E committee appointed by the Medical and Chigical Society to investigate the subject of susded animation state that their report on the sub; is ready. The names of the committee are:— Williams, Dr. Brown-Séquard, Dr. Kirkes, Dr. de Salter, Dr. Sanderson, Dr. Henley, and Mr. ory.

the Reports about Flogging, we read that, in a l, a boy of nine had twenty-four lashes, but ith a very light cat of small cords, selected by the geon". We really think that members of the ling art should have nothing to do with the selec-1 of instruments of punishment.

CE the publication of Mr. Acton's letter, we have erred to a back number of the *Bulletin de l'Acanie de Médecine.* In vol. xxiv, p. 943, will be nd the following statement, which will, we think, isfy our correspondent that we did not speak hout book in stating that M. Ricord had modified views respecting the contagion of some of the ms, at least, of secondary syphilis. The Academy Medicine appointed a Committee, composed of MM. lpeau, Ricord, Devergie, Depaul, and Gibert, ich met on the 24th of May, 1859, to give the vernment an official answer on the following questions.

'1. Are constitutional secondary syphilitic affections itagious?

'2. With regard to contagion, does the product of ese secondary affections differ in children at the east from that which occurs in the adult?"

M. Ricord being absent, the discussion was adurned. On the 31st of May, the discussion was sumed, when M. Ricord, at the conclusion of a ig argument, says:

"I had not inoculated healthy subjects. Now such periments have been made, and I cannot gainsay em (*Je ne peux pas m'élever contre elles*)." (*Bulletin de cadémie de Médecine*, tome xxiv, p. 943.)

The Committee then agreed to the following aners to the questions proposed.

"1. There are secondary or constitutional symptoms iich are evidently contagious: foremost among these mptoms must be placed the mucous tubercle.

"2. This rule applies to the nurse and to the infant the breast, as well as to other subjects; and there is no reason to believe that in the latter the product of these symptoms has any characters different from those which they are known to possess in the adult."

At a meeting of the magistrates of West Bromwich on the 1st inst., a gentleman, who simply held the Apothecaries' Society license, was considered by the bench to have rendered himself liable to the penalties set forth in the Medical Act by acting as, and calling himself, a surgeon; and was consequently fined £1. The gentleman held the appointment of medical officer to a friendly society, which it was contended no person could legally hold unless he possessed the double qualification of surgeon as well as apothecary. He had also signed certificates with the appended title of surgeon. It is only fair to add, that this gentleman appears to have given complete satisfaction to all the members of the society but the one who was the informant. Lord Calthorpe observed, "that the bench were sorry to have to come to the conclusion. Mr. Lewis had apparently rendered himself very acceptable to the members of the club; but there was no doubt that a conviction must ensue." The case is an important one; and, as ulterior proceedings seem to have been contemplated, we shall probably hear more of it.

The Manchester Medico-Ethical Association has published its fourteenth annual report, with an appendix of a third edition of the rules and by-laws, revised in January 1862. The committee refer at length to the subject of "Consultations with Homœopaths"; but have little further to report as having "been done by the Association during the past year." While wishing so good a watchman of professional morals success, we must congratulate Manchester and its environs on the freedom from laxity in professional conduct which is indicated by the "very little" exercise of its office which the society has been called upon to exhibit.

Several of the German medical notabilities appear to have been ill of late. The *Wiener Medecin Wochenschrift* tells us Professor Dummreicher is now out of danger; that Professor Sigmund has left his bed; and that Rokitansky is in a state of convalescence. Professor Gräfe's health has also improved.

The Chambéry hysterical madness still seems alive. The *Gazette de Savoie* states that in the first half of January numerous new cases had occurred. Six young girls had been arrested and shut up in safety; and one elderly female of 43, and another of 28, had also been taken charge of. Government authority, in the person of a medical celebrity, was still investigating this curious disease.

Association Intelligence.

SOUTH-EASTERN BRANCH:

EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will be held at the Saracen's Head Inn, Ashford, on Thursday, March 13th, at 3 P.M.

Gentlemen who intend to read papers, are requested to forward their titles to the Secretary before the 6th proximo.

Dinner will be provided at 5 o'clock.

Thos. Boycott, M.D., *Hon. Sec.*, Canterbury.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, February 11th, 1862.

B. G. Babington, M.D., President, in the Chair.

ON PULSE-BREATH. BY C. RADCLYFFE HALL, M.D., F.R.C.P.

[*Communicated by* Dr. Jenner.]

Dr. Hall applied the term "pulse-breath" to an audible pulsation communicated to the breath as it issues from the mouth. It is unconnected with any cardiac murmur or abnormal pulmonic sound. The sound is that of a gentle gushing of the breath, synchronous with each pulsation of the heart. The degree of audibility varies in different cases and in the same case under varying circumstances. Dr. Hall had heard it at a distance of fifteen feet, and so subdued as to have to listen close to the patient's face to hear it. The author relates the details of three cases in which he met with this phenomenon. In two there were tubercular cavities; in the third, cardiac disease, with enlarged liver and anasarca.

From these cases Dr. Hall inferred that pulse-breath is due either to the impulse of the heart communicated directly to an empty pulmonic cavity, or to the same impulse conveyed through the bloodvesels to the air-cells and passages. In the excavation variety he regarded the essential conditions to be, that a cavity of sufficient size and firm walls shall be situated sufficiently near to the heart to receive its impulse directly, and that the cavity shall be sufficiently empty to throw the air which it contains into a sonorous pulse, which becomes audible if the mouth be kept open; just as an india-rubber bottle, with a tube in it, might be made to expel its contained air in rhythmical gushes if struck on the outside in rhythmical order. In the non-excavation variety, Dr. Hall accounted for pulse-breath by the regurgitation of blood from the hypertrophied left ventricle into the lungs during systole, owing to the defective state of the mitral valve. At the same time that the blood was thrown back by the left ventricle, blood was being urged onwards by the hypertrophied right ventricle into the pulmonary arteries. The result of the habitual engorgement of the entire circle of pulmonic vessels would be, either that such a refluent pulsation from the left heart would meet the onward pulsation from the right heart, or that the congestion of the pulmonary veins checked the circulation so as to render the pulsation of the pulmonary arteries sufficiently manifest on the air-cells and tubes as to produce a sonorous pulse in the air which they contain. Dr. Hall also suggested that the explanation of the non-excavation variety may be given thus: An habitually distended condition of both auricles, augmented at each ventricular systole, might impart the impulse of the heart directly to a densified upper lobe of the left lung, and by so doing occasion a vibratio
the air contained in its tubes, at the same instant
the pulse is communicated through the blood-vessels

ON A SIMPLE AND EFFICIENT METHOD OF PERFORMIN ARTIFICIAL RESPIRATION.

BY WILLIAM MARCET, M.D., F.R.S.

In the year 1854 the author communicated to
Medical Times and Gazette an account of a new ins
ment for performing artificial respiration. Since
time he had continued inquiring into the best mean
conducting the operation in question, and now reque
leave to bring forward the result of these investigati
The instrument which was the subject of the above c
munication resembled in appearance an air-pump,
its mechanism was such that the air present in on
the cylinders could be propelled into the lungs, produ
thereby an inspiration, while at the same time a vac
was prepared in the other cylinder; as soon as the
spiration was completed a communication was es
lished between the cylinder free from air and the lu
when the expiration took place. This instrument
swered well its purpose, and Dr. Marcet frequently
it successfully for restoring animation in cases of
mals asphyxiated by drowning or poisoned by chl
form. It was open, however, to two objections: fir
it was expensive, and on that account could hardl
expected to become of general use; secondly, it was
heavy and bulky to be sufficiently portable. When
perimenting with it, he met, moreover, with a diffic
common to all instrumental means of performing
ficial respiration, from the want of a proper contriva
to establish an air-tight connection between the ins
ment in question and the lungs. This difficulty was i
perable in the case of the human individual; with anim
he overcome it by performing tracheotomy, introdu
a cannula through the wound, and securing it to
trachea by means of a ligature.

Since the publication of the paper alluded to, the
thor had gradually felt more and more alive to the
fects of this instrument, and was now able to offer
other. After many experiments and failures, he ha
last succeeded in devising a means, extremely si
and effectual, of perfectly securing a tube in the hu
larynx or trachea, into which it has been introdu
through the mouth.

Dr. Marcet's new instrument acts on the same princ
as that invented by Dr. Sibson. It has the form
a bellows. Its shape is that of a cylinder, although
other would be equally eligible. It must be capabl
containing thirty or forty cubic inches of air. On
inferior plate of the bellows, in addition to the lea
valve of a common fire-bellows, is a round apert
exactly closed by a little brass cone. This cone fo
part of a brass rod, which projects to a given exten
and out of the bellows. The cone is forced into
aperture, and kept *in situ* by means of a small
spring, which is disposed in such a way that when
operator presses on the end of the rod which is in
the bellows, the aperture is opened. On releasing
pressure, the little cone returns to its former posi
and closes the hole. The method of using this ins
ment requires but little explanation. After the air
been driven out of the bellows into the lungs, a sl
pressure on the upper plate is required to depress
conical valve, and establish thereby through the ins
ment a communication between the lungs and the
ternal air, when, of course, the thorax will contrac
its own elasticity and the expiration take place. On
panding the bellows, it is filled with fresh air to be u
for the next inspiration. The present instrument diff
therefore, from that of Dr. Sibson, inasmuch as inst
of a syringe and tap, or valve which is opened with
fingers after each successive inflation of the lungs,
author has adapted a bellows and the conical valve

ed above, which is opened by the very motion re- d to blow out the air contained in the bellows, and s of its own accord on discontinuing the pressure. is instrument has the advantage of great simplicity construction. It is cheap, light, and portable; its ication requires no practice or experience; only a attention will be wanted to allow the expiration by sing on the upper surface or plate of the bellows each inspiration.

aving found a good method for inflating the lungs, Marcet endeavoured to discover a means of connect- his instrument with the larynx or trachea by some ess calculated to ensure the passage of air from the ws into the lungs, without any being lost by its ping upwards. In order to solve this difficulty, it necessary to devise a cannula so constructed that introduced through the mouth into the larynx, it sed on its sides with a sufficient degree of force to ent air under pressure from finding its way between nstrument and the mucous membrane of the wind- . The following contrivance answered perfectly condition, and was executed under the author's tions by Messrs. Whicker and Blaise, of St. es's-street.

tube or cannula of German silver, plated, about een inches in length, and five-sixteenths of an inch iameter, is bent into a shape not unlike that of a eter. This tube is grooved transversely at its bent emity, and a piece of sheet caoutchouc is very tightly ned round the margins of this groove by means of e silver wire. A second tube, of a very small diame- likewise of German silver, and nearly of the same th as the other, is soldered to it, on its concave side, opens into the minute chamber existing between the t caoutchouc and the metal. At its free extremity small tube turns off from the main pipe or cannula, its orifice is ground so as to admit the nozzle of a ll india-rubber bottle, similar to those used as syrin- the small tube is, moreover, supplied near its free with a stop-cock. The main pipe has also a stop- near its straight end, which is constructed in such ay as to establish at will a communication between lungs and the bellows, or between the lungs and the air, so that as soon as natural respiration appears e returning air may be admitted into the lungs with- disconnecting the apparatus. It is advisable to have eadiness two or three cannulæ of different sizes.

he extremity of this cannula is to be introduced into larynx, and the sheet caoutchouc at once expanded pplying the india-rubber bottle to the end of the ow tube, and compressing it with the hand. By ing the stop-cock, the sheet caoutchouc remains per- ently dilated, forming a round ball, which fills up ectly the diameter of that part of the windpipe into h it has been introduced, acting as a soft cushion, ch prevents the contact of the hard metal end of the nula with the delicate lining of the larynx; at the e time, the communication between the lungs and external air remains open through the cannula. s instrument is so effectually secured in the larynx o admit of a certain amount of traction without be- displaced, which is an important element for the cessful performance of artificial respiration by the hod in question.

n a case of suspended animation where artificial re- ation alone was capable of saving life, the first thing e done would be to adopt some ready method until cannula and bellows the author had described could applied. It was advisable to begin with the ready hod in order to lose no time, and keep up the spark life until it might be kindled by appropriate means. e cannula should be introduced into the larynx as idly as possible. The author could not presume to e advice as to the best method of inserting a tube the larynx through the mouth and glottis during life, but when experimenting on the dead body he had acted as follows: The shoulders and neck were slightly raised, the head being allowed to fall backwards; next, the larynx was pushed backwards against the spine, the tongue drawn forwards, and the cannula introduced into the mouth with its concave side downwards; the end of the instrument was pushed forwards in the median line of the tongue, being kept in contact with this organ, when it found its way through the glottis into the larnyx. On inflating the sheet caoutchouc, now within the larynx, the cannula would be found to resist a slight effort made to withddaw it; should it, on the contrary, give way, this would show that the end of the cannula was in the œsophagus, and not in the larynx.

The author believed that this method, which he had practiced also on living dogs, might be available for introducing the tube into the human larynx during life; probably, however, the *modus operandi* recommended by Dr. Sibson to introduce a tube into the larynx might be preferable. This gentleman, instead of carrying the point of the instrument along the upper surface of the tongue, pushed it backwards, keeping it in contact with the posterior wall of the pharynx; by this means the epiglottis was avoided, which must by the other method interfere with the free entrance of a tube into the windpipe.

The laryngeal tube is fixed in the windpipe by expanding the sheet caoutchouc with the elastic india-rubber bag, and closing the stop-cock on the narrow pipe. The bellows should be at once connected with the cannula by means of a piece of caoutchouc tube, about eighteen inches long. Artificial respiration is now commenced by distending the bellows more or less, according to the amount of air required, and then compressing it, when the air it contains is introduced into the lungs. As soon as an obstacle is felt to the further compression of the bellows, the inspiration is at an end, and, by making a slight effort to overcome this obstacle, the lungs will be allowed to empty themselves, much in the same way as they would during natural respiration. The expiration may be assisted by external pressure on the chest. This operation can be continued for any length of time.

In order to test the efficiency of the present method of performing artificial respiration, Dr. Marcet gave an overdose of chloroform to a dog, and when respiration had quite ceased, he succeeded perfectly in restoring animation with the instrument described above; indeed, animation was suspended twice in the course of a few minutes, and restored twice without the slightest difficulty. The subject of this experiment was none the worse for the operation.

Finally, the author remarked, that the laryngeal tube is equally applicable whatever be the instrument used for inflating the lungs; and, moreover, that it will prove of great utility for all experimental inquiries connected with suspended animation where artificial respiration is resorted to. It will save putting animals to a great deal of pain by doing away with the necessity of performing tracheotomy. (The price of the bellows and cannula is about £2.)

At the conclusion of the meeting, Dr. Marcet exhibited the action of his bellows and cannula by securing the latter in a human larynx excised from a body, connecting the bellows with the cannula, and inflating a caoutchouc ball, the inside of which communicated with the trachea by means of a short glass tube, secured in the trachea with a cork. Although a strong pressure was required to dilate the caoutchouc, not the slightest escape of air took place between the cannula and the larynx, the ball expanding and then contracting by its own elasticity, imitating thereby the motions of the lungs during respiration.

Dr. Harley especially complimented the author of the paper on the invention of the laryngeal tube, which he considered to be the most novel as well as the most important part of the apparatus described. He had very often performed artificial respiration by different kinds of bellows, and although they were all more or less perfect in their way, they, nevertheless, laboured under the great disadvantage of possessing no means by which a perfect communication could be established between them and the lungs without the performance of tracheotomy. Nor was this all; for if the difficulty consisted solely in the necessity of tracheotomy, that obstacle was not insurmountable. Unfortunately, however, a much more severe operation than tracheotomy was required, and one, too, which no enlightened practitioner would think of having resource to in the human subject, except in the most hopeless cases. In fact, besides tracheotomy, it is necessary to tightly ligature the tube in the trachea, and this operation might ultimately be attended with disastrous consequences. The instrument exhibited to the Society was obviously free from these great objections; for, 1, it can be applied not only without ligaturing the trachea, but even without tracheotomy; 2, its application can involve but little loss of time; 3, almost any one can employ it; 4, it may not only be adapted to any instrument, but even prove of service in the non-instrumental methods of resuscitation, by affording an easy means of keeping up a free communication between the lungs of the patient and the external atmosphere.

ON BRASSFOUNDERS' AGUE. BY E. H. GREENHOW, M.D., F.R.C.P.

This disease had first fallen under the author's observation during a brief holiday visit to Birmingham in the autumn of 1858, and he had subsequently been able on several occasions to investigate its history and causes in Birmingham, Wolverhampton, Sheffield, and Leeds. The symptoms have, as the name implies, some resemblance to an imperfect paroxysm of ague; but they differ from it in this respect, that the paroxysms occur irregularly, and are distinctly traceable to exposure to the fumes of deflagrating zinc. The attack commences with *malaise*, a feeling of constriction or tightness of chest sometimes accompanied by nausea. These always occur during the after-part of a day spent in the casting-shop, and are followed in the evening or at bedtime by shivering, sometimes succeeded by an indistinct hot stage, but always profuse sweating. The sooner the latter follows the setting in of the cold stage, the shorter and milder is the attack, and the less likely is the caster to be incapacitated for work on the following day. Headache and vomiting frequently, but by no means always, accompany the attack, which at the worst is only ephemeral; but the attacks are sometimes of frequent occurrence. Persons who have but lately adopted the calling, or who only work at it occasionally, and regular brassfounders who have been absent from work for a few days, are more liable to suffer from this disease than those who work at it continually. The men themselves attribute this disease to inhaling the fumes of deflagrating zinc, and there can be no doubt that their opinion is correct: for, on the one hand, several other classes of operatives are habitually exposed while at work to conditions exactly similar to those of the brassfounders, except the liability to inhale the fumes of zinc, and yet do not suffer from this ailment; and, on the other hand, brassfounders suffer from it in almost exact proportion to their liability to inhale these fumes. The results arrived at by the author of the paper were,—1. Brassfounders, and doubtless, other operatives exposed to the fumes of deflagrating zinc, are liable to suffer from symptoms resembling an irregular kind of intermittent fever. 2. These symptoms consist of *malaise*, listlessness, aching of the limbs, nausea, headache, and shivering, with occasionally vomiting, followed sometimes by febrile reaction, but always by profuse sweating. 3. The severity and f quency of the attacks are much influenced by the reg larity with which men work in the casting shops; th who work steadily at the occupation appearing to quire a tolerance of the poison, which is, however, o temporary, seeing that after a few days absence fr work even the most seasoned casters are apt to have attack of the metal ague on being again exposed to fumes of deflagrating zinc. 4. The severity and quency of the attacks depend mainly upon the quant of zinc fumes evolved into the atmosphere of the casti shops, those men who mix the metals, and especia those who use a large quantity of zinc in their castin being much more liable to suffer than those who mer remelt brass bars, or make brass containing but a sm proportion of zinc. 5. Any cause which tends to ret the dispersion of the fumes into the atmosphere,—s as a close, ill-ventilated workshop, or foggy weather. a high wind that beats back the fumes into the shop increases the liability of the casters to suffer from m ague. 6. Although the cold stage is usually prece by well-marked prodromata, slight causes, such as g ting into a cold bed, or any trifling derangement of health, are apt to excite a paroxysm of brassfound ague in persons already predisposed to it by habit exposure to the fumes of deflagrating zinc. 7. Ope tives, such as makers of galvanised iron-ware, who w over molten zinc below the temperature of deflagrati enjoy an entire immunity from this disease.

The PRESIDENT said that from the evidence addu by the author it would appear that the effects produ by the internal administration of preparations of z were different from those arising from exposure to fumes of the metal. A physician once told him (President), that persons who took preparations of z for a long time became at length very white. This had never found to be the case, although he had gi zinc in very large doses.

Dr. MARCET said he was much interested in the vestigation of the action of zinc. He had given oxide of zinc to many patients, in large doses, and never found that any bad effects followed. One patie an epileptic, in seven months took one pound. He not suffer from the remedy, but the epilepsy was cured. The largest quantity taken in one day seventy grains.

The PRESIDENT had given sulphate of zinc in do of two scruples three times a day to persons under ad age, beginning, at first, however, with very small do He had averted epileptic fits for two years.

Dr. MARCET remarked that in such patients sulph of zinc produced no sickness, but it did not agree well with females.

Dr. STEWART said that the author's description of attack called to his mind a case, which occurred m years ago, of an organ-pipe maker. In this case he lieved that in all probability the disease had arisen. Dr. Greenhow suggested, from exposure to the fume zinc in melting the metals—of which zinc was one— the organ-pipes. The patient suffered so much that gave up his business, but the high pay attracted back to it. His health, however, again failed, and died. He (Dr. Stewart) had often given zinc interna without witnessing any bad effects from it.

Dr. GREENHOW said there could be no doubt that disease he had described was attributable solely to posure to the fumes of zinc. The testimony of the into whose cases he had entered was so uniform, t there was no possibility of error. According to so French authors, the fumes from deflagrated zinc c sisted of the metal in a vaporised condition. He co readily believe that the effects produced by zinc ad nistered internally might be very different. In reply one Fellow, who suggested that the symptoms might produced by the fumes of arsenic, which was known ften mixed with the zinc, he said he felt convinced the effects produced were proved by the facts to be to the zinc.

Correspondence.

HOSPITAL MEDICAL LIBRARIES.

Letter from W. Ogle, M.D.

r,—The question of founding a medical library at Derbyshire Infirmary is being mooted. The idea nated from what I saw on a casual visit to Northton, where there is a very good medical library at nfirmary; and a grant of £20 *per annum* is made from the funds of the charity. The books are arily for the use of the honorary and resident medifficers; but other medical men and the hospital ls have the use of the volumes on easy terms.

am anxious to know how far I am supported by r precedents in asking the governors of the Derby- Infirmary to contribute the whole or part of the required. Those of your readers who are connected provincial hospitals will confer a favour if they will to me answers to the following questions:—

Have you a medical library connected with the ital? 2. How many books does it contain? 3. Is pported out of the ordinary income of the charity? there a fixed amount granted for the purchase of books? and if so, how much? 5. How much *per m* is spent? 6. Does the House Surgeon take apices (*a.*)? and (*b.*) if so, is the præmium paid in or in *part* to the charity?

using the same numbers, the information that I may be given in a single line. I have replies from hampton, Chester, Nottingham, Leicester, York, and ord. You will be glad to hear that all six have ries, with an average of 1000 volumes in each. Five f six receive a grant from the charity, and this ges more than £10 *per annum.*

was very gratifying to see the tone which prevailed orthampton; and I think it likely enough that the some medical library which is in the Board (?) room th a cause and an effect.

favourable opportunity has occurred for bringing subject under the notice of the governors in this ty; and you will, I feel sure, approve the object sufntly to give insertion to this letter.

those of your readers who are able to help me by ing information, allow me to add, "*Bis dat, qui cito*

I am, etc.,

William Ogle,

Physician to the Derbyshire Infirmary.

erby, February 19, 1862.

CHLOROFORM ANÆSTHESIA.

Letter from R. Bealy Sullock, Esq.

r,—It is with great interest I have perused the communications in your periodical regarding that ble anæsthetic agent chloroform; its extensive use, frequent (?) fatal effects. Indeed, the deaths from se (or abuse?) have been so many and so startling, seriously alarm the public mind; leading one to that the pressure of opinion will cause its disconnce altogether, if some safer plan is not adopted s exhibition than has been in use heretofore. It is this object I now address you; as a hint might be from describing the operation of chloroform on my person whilst having a tooth extracted; observing precautions, as I hope and think, might prove effius in allaying pain in more serious operations.

Having a dread of total insensibility from inhaling; it was agreed between the dentist (Mr. Moore) and myself that, in inhaling, I should stop short of that point, and by a signal (dropping a handkerchief) inform him of my being prepared for the operation. Such was done. The movements of the instrument, and a slight uneasiness, were all I felt; whereas I have suffered excruciating pain from previous extractions. I was quite conscious the whole time.

The inference I would draw from the above is, that operations—capital operations—might be made bearable to the most nervous person, without sending him into that deep soporific state from which they might never recover. I naturally feel the more interested in this question, as, in all probability, I was the first (out of London, at least) to perform a capital operation on a patient whilst under the influence of an anæsthetic (pure washed ether). It was during a visit to Mr. Lawrence that he informed me of an American physician having communicated to him, whilst shewing the doctor round Bartholomew's, the discovery of the power of ether in allaying pain when inhaled. It was tried at once on two or three persons who had come to the hospital to have their teeth extracted, with perfect success.

I returned to Teignmouth the next day; and having a patient with cancer of the breast, who had already made up her mind to undergo an operation, I easily induced her to inhale; and with the assistance of Bickford Bartlett, Esq., surgeon, the breast was quickly removed without pain. She survived the operation more than ten years; but eventually died from a recurrence of the disease.

I am, etc., R. Bealy Sullock.

GRATUITOUS MEDICAL SERVICES.

Letter from Percy Leslie, M.D.

Sir,—There are two subjects lately mooted in the British Medical Journal, on which I would make the following remarks, if space may be allowed me.

First. The differences of opinion regarding gratuitous medical services remind me of the disputed colour of the chameleon. A medical man ought, no doubt, to be paid for his services at the same time that he abounds in all charity; but let this rather be a private virtue deeply engrafted in the heart. For all public services the physician ought to be remunerated; not, indeed, adequately for his time and talents; this no charitable institution could afford; but sufficiently for the public to see that his labour has a pecuniary value; and that his time and advice cannot be lightly esteemed. Thus, all medical men attached to hospitals, dispensaries, etc., should have a certain salary; small, so as not to trespass on the funds of the institution, yet enough to be an appropriate acknowledgment of the hour or two taken from the physician's working day.

I repudiate all comparisons between the businesses quoted in your correspondents' letters and the liberal professions. These latter, however, candidly examined, will show a vast amount of benefit enjoyed by the poor, for which they are at no expense. In the first place, "the poor have the gospel preached to them," and much attention and advice, "in need, trouble, or any other adversity"; so, also, with the benefits arising from the right administration of the law, the protection of the police, and the general security of life and property with which we are blessed in England. Why should, then, the medical profession grudge its counsels to that large class of the community who cannot adequately remunerate its services? This be far from us! At the same time, let us unite in one common determination to have our public duties acknowledged pecuniarily, that none may hold light our honourable calling, or suppose we can afford to work for nothing. When this is all done, there will be vast fields still left on which to exercise our higher virtues. May more of us be so inclined!

The second question on which I would offer a few remarks is medical remuneration. To show how much may be done in breaking down custom and common prejudices, I will state my own course of action whilst practising in this neighbourhood, which has been to contract with nearly all the druggists who lie in my rounds for the supply of all medical preparations at so much a dozen. In my patients' houses, be they rich or poor, I write a prescription, leaving it at their option to obtain the medicines at one or other of the chemists. I do not remember any serious complaint on account of the innovation; neither has any offence been given to parties concerned; and I am aware of no accident occurring through error or carelessness.

My charges are made for medical attendance only; the gross sum being alone stated, the ledger acting as guide to length of service on my part, and capacity of pocket with respect to the patient. This innovation, also, has never been called in question. I feel persuaded that some such course of action as this would greatly diminish the drudgery of our profession, and elevate it in the opinion of the public, having also the advantage of perfect practicability without any extraneous assistance. I am, etc.,

Percy Leslie.

Madeley, Salop, February 21, 1862.

DR. HITCHMAN AND THE EDINBURGH COLLEGE.

Letter from William Hitchman, M.D.

Sir,—Several members of the British Medical Association having shown me copies of your Journal of Saturday last, the 1st instant, I feel constrained, in the interest of truth, to request the favour of your allowing me to state that, having written the communication in question for the columns of the *Liverpool Mercury*, in the course of a warm public discussion, simply as an antidote to the poison of an unjust, unprovoked, and malignant taunt, and quoted Dr. Haldane's letter (which I regret) from memory, somewhat inadvertently and inaccurately, though, as it can be readily proved, *substantially* correct. I now wish, with your kind permission, to place this matter in its proper and more precise position, leaving your numerous readers to judge for themselves against whom an action for slander will legally, morally, and equitably lie, remembering that virtue is man's highest good, and justice not the least virtue between man and man.

Dr. Haldane assures me that my qualifications *do* render me eligible for the license of their College, on forwarding the fee and two or three testimonials from known medical men; and that it would not be necessary to attend in person, as I had erroneously supposed. Now, sir, I have actually seen and read the official correspondence between us, as it now stands on the books of Physicians' Hall; and even there—will it be believed?—my eligibility is unhesitatingly admitted, without any, the slightest examination whatever, and without personal attendance, as was then the ordinary practice; which is the whole gist of the matter, and all that I have ever contended for. The envelope is sealed with the College seal and motto, "*Non sinit esse feros*" (*Eheu conditionem hujus temporis!*), stamped with the Edinburgh post office mark, May 1st, 1859, and Liverpool endorsement corresponding thereto, May 2nd, 1859.

That the Edinburgh College of Physicians *did* so grant its license to a large number of persons is surely a truism of unequivocal notoriety, both within and without the pale of orthodoxy—a fact long since patent both to the profession and the medical reading public!
Would it in any way increase the disingenuousnes
the worthy secretary if he were to tell the world w
on that occasion, he really did say? At all events
us never forget that "to err is human, to forgive divi
and that if the celebrated saying of Thales was ind
a wise one, scarcely less so was the constant admoni
of Epictetus. I am, etc.,

William Hitchman,

Member of the London College of Surgeons, Licentiat
the Society of Apothecaries.

Liverpool, March 3, 1862.

THE TITLE OF "DOCTOR".

Letter from Henry A. Pitman, M.D.

Sir,—The writer of a letter in your Journal of Sa
day last, puts the following questions:—

1. "Does the by-law prohibiting the use of the
Dr. by non-graduate Licentiates of the London Co
of Physicians extend also to its non-graduate Fel
and Members?"

2. "Are the Licentiates of the London College,
the Licentiates of the Edinburgh and Dublin Coll
of Physicians, entitled to the rank and title of P
cian?"

In reply to these questions, I beg leave to state:-

1. That, when the by-law in question was enacted
College, as an expression of its desire to be consis
passed also the following resolution:

"That the title of Doctor shall not be given in
official document issued from this College, to any
son who is not possessed of the degree of Doct
Medicine, conferred by some body legally authorise
grant it."

From that time the non-graduate Fellows and M
bers have been addressed from the College in ac
ance with this resolution; and the by-laws relati
Fellows and Members are now being revised by a
mittee, by whom the entire question will be consid

2. The Licentiates of the London College are, eq
with the Licentiates of the Edinburgh and Dublin
leges, physicians; but no physician, as such, can
perly be said to have "rank or title"; no claim to
being recognised by authorities treating of preced
except as founded on the possession of an unive
degree.

I may add, in conclusion, for the information of
who are interested in these questions, that the re
tion as to the use of the title Dr. is not of m
origin, as appears from the following extract fr
work published in 1566, entitled *A Detection and Q*
monie of the daily Enormities and Abuses committ
Physic, by John Securis, Physitian.

"That no Phisition do take upon him the nar
anye degree of Schole, as bachelour, maister of Ar
Doctor, or cause and permit any writer or printer
terme him, unless he can approve it to be so in de
any Universite." I am, etc.,

Henry A. Pitman, M.

Registrar of the Royal College of Physi
of London.

March 4th, 1862.

DISEASE OF THE KIDNEY.

Letter from George Johnson, M.D.

Sir,—I beg leave to direct attention to the follo
extract from a review of Dr. Basham's book on *Di*
of the Kidney, which appears in the last number of
Journal:—

"A main object with Dr. Basham has been to
out the importance which, he considers, belongs t
change undergone by the cells found in the disch
from the kidneys in disease. He holds, if we u

l him correctly, that more valuable indications are d from the changes in the epithelial cells of the y, than from the varied characters of the tube- , on which much stress has been laid by Dr. George son."

w, here it would seem to be implied that I have di- d attention only to the tube-casts, and that I attach portance to the changes in the epithelial cells of the y. But surely it cannot have been the intention of r Dr. Basham, or his reviewer, to make a statement, suggest an inference, which would be so much at nce with the facts. In my first paper on Bright's ase, which was read before the Royal Medical and urgical Society in November 1845, and in all my equent communications on the same subject, I have everingly endeavoured to demonstrate that the epi- al cells of the kidney are the seat of the most im- nt and essential changes characteristic of all the s of Bright's disease; and I have taught that the casts and *their contents* afford most valuable aids iagnosis and prognosis, *because they indicate the ition of the epithelial lining of the kidney-tubes.* ve shown, for instance, that even those forms of -cast which contain no cells afford important evi- e as to the state of the epithelium in the tubes which they have escaped. A "small waxy cast" s that the epithelial lining is present, and that no uamation is going on in the tube in which the cast moulded. On the contrary, a "large waxy cast," sharply defined edges, can have been formed only in e which has been denuded of its epithelium. Then, e various morbid changes occurring in the epithe- ells, and discoverable in the urine, I have, at any written enough to prove that I have studied them care, and that my attention has not been confined e casts apart from the cells, as might be supposed y one who read the review of Dr. Basham's book out some knowledge of my labours in this field of ology. In conclusion, I beg to express my satis- on in seeing that the subject of renal diseases, in h I have long felt a deep interest, has been taken y fellow-labourers so able as Dr. Basham, and others have recently written on these diseases. There is , and to spare, for all of us.

I am, etc., GEORGE JOHNSON.

1, Savile Row, March 3rd, 1862.

r. Johnson is correct in supposing that it was not intention of the reviewer of Dr. Basham's book to or suggest that he (Dr. Johnson) had absolutely ected the changes in the epithelial cells of the ey. The sentence which Dr. Johnson has quoted the review is perhaps not clear enough. What was nt amounts to this: that Dr. Basham does not h that diagnostic importance to waxy casts—even ndicative of the state of the epithelium—that Dr. son does. EDITOR.]

MEDICAL CHARGES.

LETTER FROM E. F. HALL, M.D.

R,—I think the junior members of the profession chiefly interested in forming a tariff of charges for medical profession; and it is as such that I venture ffer a few remarks.

have this morning read a leading article on this sub- ; but am extremely sorry to notice a passage which : "A fixed charge for medicine, also, is, therefore, essary." Why compromise the question in this way? y do the thing by halves? and thus allow the bulk he profession hardly to make any alteration at all.

et us, as "Heartburn" says, "'Throw physic to the s,' and become truly gentlemen and professional men." I must, however, disagree with this dyspeptic gentleman, in virtually charging as much for seeing a patient every other day as when seen daily.

I should be inclined to charge 2*s.* 6*d.*, 3*s.* 6*d.*, and 5*s.*, for daily visits, varying according to the position of our patient; 3*s.* 6*d.*, 5*s.*, and 7*s.* 6*d.*, alternate days; and 5*s.*, 7*s.* 6*d.*, and 10*s.*, when only one visit is made during the week.

Now, with regard to medicines being taken without attendance. Surely, if people are ill enough to take medicine, they ought to be ill enough to be seen; and depend upon it, that if patients knew that it cost little or nothing more to be visited, they would themselves wish it. But if not, there is the alternative suggested by our friend "Cardialgia"; namely, that we should charge one guinea, or half-guinea, as the case may be, for the prescription.

I would further suggest that a committee of general practitioners should be formed to thoroughly investigate this subject; and when they have come to some decision upon the point, then to solicit the aid of the general council.

I am, etc.,
EGERTON F. HALL.

Henley-in-Arden, Warwickshire, March 5, 1862.

PUERPERAL SCARLATINA.

LETTER FROM JAMES TAYLOR, ESQ,

SIR,—In the JOURNAL for Feb. 8th, Dr. C. B. Brown narrates nine cases of scarlatina amongst his patients at Queen Charlotte's Lying-in Hospital, all terminating well—a fact of much interest as opposed to the traditional experience of midwifery practitioners. The subjoined case will show that the like happy result is not always to be looked for.

I attended at the birth of her fourth child Mrs. M., aged 40, on the 9th May, 1860. She progressed favourably until the 13th, when violent febrile disturbance manifested itself, becoming gradually intensified, accompanied with a deep red efflorescence of the whole surface, which extended to the mouth and fauces; very great rapidity of pulse, and muttering delirium. On the 17th she died.

That the blood-poison was scarlatina and not puerperal pyæmia, was proved by her children (with the exception of the infant) and all the servants and nurses having, within a few subsequent days, suffered from more or less fever, rash, and sore-throat.

I am, etc., JAMES TAYLOR.

Stokes Croft, Bristol, February 13th, 1862.

CAMBRIDGE UNIVERSITY. The regulations lately proposed by the Board of Medical Studies, and submitted for adoption by the Council of the Senate, for medical and surgical degrees, have been confirmed, except as regarded the sixteenth section, affecting the degree of Master in Surgery. This provided that the candidate for the degree should keep one act in the public schools after passing the examinations, the professor of anatomy or his deputy, and one at least of the two additional examiners, presiding. The candidate to read a thesis, composed in English by himself, on some subject approved by the professor and examiner; the professor and examiner presiding to bring forward arguments or objections in English for the candidate to answer, and to examine him in English *vivâ voce*, as well on questions connected with his thesis as on other subjects in the faculty of a more general nature; the exercise being made to continue at least one hour. The section was rejected by 21 non-placets against 11 placets.

Medical News.

Apothecaries' Hall. On February 27th, the following licentiates were admitted:—

Arnott, James W., York Street, Portman Square
Blackburn, John, Barnsley, Yorkshire
Drinkwater, James Pratchett, Llangollen
Forbes, William, Paddington
Hensman, Frank Henry, Kimbolton
Major, George Aylwin, Guy's Hospital
Stephenson, William, Hull Bridge, Beverley
Weekes, William Hampton Carlile, Hurstpierpoint

APPOINTMENTS.

Drysdale, Charles R., M.D., appointed Honorary Physician to the Farringdon General Dispensary and Lying-in Charity, in the room of W. H. Stone, M.B., M.R.C.P., resigned.

*Hillier, Thomas, M.D., appointed Physician to the Department for Skin Diseases at University College Hospital.

Jewison, Christopher, jun., Esq., Surgeon, appointed deputy Coroner for the Liberty of the Honour of Pontefract.

Royal Army. The following appointments have been made:—

Dempster, Surgeon-Major J. C., M.D., 57th Foot, to be Staff-Surgeon-Major, *vice* W. A. Mackinnon.

Mackinnon, Staff-Surgeon W. A., to be Surgeon 57th Foot, *vice* J. C. Dempster, M.D.

Mathison, Assistant-Surgeon J. G. L., 67th Foot, to be Staff-Assistant-Surgeon, *vice* St. John Stanley.

Royal Artillery. The following transfers have been ordered:—

Grant, Assistant-Surgeon G. A., from the 9th to the 14th Brigade.
Lewer, Assistant-Surgeon A., from the 9th to the 14th Brigade.
Milne, Assistant-Surgeon G. D., M.D., from the 14th to the 9th Brigade.
Rogers, Assist.-Surgeon J. J. C., from the 6th to the 15th Brigade.
Tanner, Assistant-Surgeon W., from the 14th to the 9th Brigade.

Royal Navy. The following appointments have been made:—

Bremner, Jno. T. U., M.D., Surgeon (additional), to the *Britannia*.
Clarke, William H., Esq., Assistant-Surgeon, to the *Cambridge*.
Gilbert, Robert H. T., Esq., Acting-Assist.-Surgeon, to the *Styx*.
McGahan, Thomas, Esq., Surgeon, to the *Styx*.
Nathan, Henry F., Esq., Assistant-Surgeon, to the *Cambridge*.
Seccombe, Thomas, Esq., Surgeon, to the *Cambridge*.

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Moger, R. G., Esq., to be Surgeon 2nd Administrative Battalion Middlesex R.V.
Smith, J. W. F., Esq., to be Assistant-Surgeon 3rd Forfarshire A.V.
Stephenson, J., M.D., to be Surgeon 1st Norfolk A.V.

To be Honorary Assistant-Surgeons:—

Brown, P., M.D., 9th Durham R.V.
Cran, J., M.D., 1st Banffshire A.V.
Gould, W. G., Esq., 70th Lancashire R.V.

MARRIAGE.

Vise, Edward, Esq., Surgeon, Holbeach, to Christiana, fourth daughter of F. A. Harrisson, Esq., of the same place, on February 27th.

DEATHS.

Cane. On March 2nd, at New Hillingdon, Uxbridge, aged 42, Harriet Jane, widow of the late W. H. Cane, M.D.

Richardson. On February 20th, Mary Anne, wife of Daniel Richardson, Esq., Surgeon, of Brighton.

White, Thomas, Esq., Deputy Inspector-General of Hospitals, at Cheltenham, aged 52, on February 21.

Purulent Ophthalmia. It is stated in the German journals that 4798 soldiers of the Prussian army are at present laid up with purulent ophthalmia.

M. Meniere, has just died in Paris of pneumonia. He was well known as the director of the Paris Institution for the Deaf and Dumb, and had been a valuable contributor to the advancement of medical and chirurgical knowledge.

Vacancies. The following appointments are vaca —House-surgeon to the Bolton Infirmary and I pensary; house-surgeon to the Staffordshire Gen Infirmary; house-surgeon to the Northampton Gen Lunatic Asylum; resident medical officer to the Pu Dispensary, Carey Street, Lincoln's Inn Fields, by resignation of Mr. A. J. Harrison; surgeon to Deptford District of the Royal Kent Dispensary, by resignation of Mr. R. N. Mitchell; physician to Royal Infirmary, Bristol, by the resignation of Dr. Budd; medical officer of the Markyate Street Distric the Luton Union, by the death of Mr. Richard Steve and medical officer for the Harbury District of Southam Union, Warwickshire.

Royal College of Surgeons on England. fessor Gulliver concludes the first portion of his co of lectures on the "Blood," this day (Saturday). new and amended regulations of the Council respec the education and examination of candidates for diploma of member, may now be obtained at the coll On and after the 1st of January next, Latin will be n compulsory in the preliminary literary examinatio the diploma of membership; and in compliance the recommendations of the General Council of Me Education and Registration, all candidates will be quired to produce satisfactory evidence of the place period of their birth.

Royal Medical and Chirurgical Society. The nual general meeting of this Society was held or 1st inst. The following gentlemen were elected off for 1862-63:—*President:* Benjamin G. Babington, M F.R.S. *Vice-Presidents:* William Sharpey, M.D., F. Thomas Hodgkin, M.D.; Sir J. Ranald Martin, F.R.S.; William Bowman, F.R.S. *Treasurers:* Th A. Barker, M.D.; Charles Hawkins. *Secretaries:* ward H. Sieveking, M.D.; Charles H. Moore. *Lib ans:* Andrew W. Barclay, M.D.; George D. Pol *Other Members of Council:* Henry W. Fuller, M George Johnson, M.D.; William O. Markham, M Henry A. Pitman, M.D.; William Wegg, M.D.; Jol Bostock; Mitchell Henry; Barnard W. Holt; Jackson; Richard Partridge, F.R.S.

Lunacy Regulation Bill. The clause in this B the Lord Chancellor relating to medical evidence the limit of the inquiry is as follows: "No eviden to anything done or said by such person (the al lunatic), or as to his demeanour or state of mi any time more than two years before the date c commission shall be receivable, nor shall the opini conclusion of any medical practitioner be admissi proof of the insanity of such person, unless in e case the judge or master shall, under the special ci stances of the case, otherwise direct. The allege natic is to be examined before the taking of the evi is commenced, and at the close of the proceeding less the judge shall otherwise direct; and if so mined in private, he will be entitled, if he choose, also examined in public."

Suicide of a Medical Student. Mr. F. T aged 21, a medical student, last week committed s by taking prussic acid at the house of Dr. Blet whose pupil he was. The unfortunate man, it shown, had been incoherent for some days before. became low spirited through not having passed h amination. Dr. Bletchley said that the decease lately, when he came from the hospital, been in low spirits, which was attributed to his non-succ his late examination. Mr. Graham Bennett, a m student, of No. 6, Finsbury Circus, was then calle said that he knew the deceased intimately. H heard him express a fear that he would not pass h amination. He believed that the dread of failu affected his mind. Mr. Taylor, the father, sa er to the coroner, that the deceased did not like his ssion, and had expressed a desire to go to sea. some further evidence had been heard, the jury re- d a verdict of "Temporary Insanity".

. Thomas's Hospital. The inquiries into the tion of a site for this important building were re- d by the grand council of the hospital to a sub-com- e, consisting of the treasurer, the almoner, William Esq., M.P.; the chairman of the Surrey magistrates, Johnson; Mr. Vaughan, and Mr. Edgington, to exa- and report. The result of their inquiries is stated that 47 sites were offered; 15 of them were exa- d by the special commissioner, and reported upon e surveyor, and 5 of these 14 are left for special ideration. Should any decision be come to, it will to be reported to the governors of the hospital, and l be especially discussed at a meeting of the whole to be summoned for that purpose.

edical Officers of the Indian Army. In the se of Commons last week, Mr. Bazley asked the etary of State for India when his promise to place medical officers of her Majesty's Indian army upon rfect footing of equality with the medical officers of Majesty's British army would be carried into effect; also inquired the reason why medical officers of her esty's Indian army have been so long deprived of mission, substantive pay, furlough pay, and retiring ions, according to their relative rank, but which had granted to the medical officers of the British army, at home and in the colonies, ever since the 1st day ctober, 1858. Sir C. Wood replied that both classes ficers had been put as nearly on a position of equa- as the circumstances would allow, and that it was ossible to go further with the matter until they had ived information from India, for which the Home ernment had called.

Board of Guardians. An inquest was lately held outh Wingfield, touching the death of a child, three s of age. On January 10th, the child sustained re burns; and Mr. Spencer, the Union Surgeon, of eton, who found that the only hope of saving the l's life was to administer stimulants. He accord- y ordered it half-a-pint of wine and two pounds of , to be made into tea, and it was supplied; but on case being reported to the Belper Board of Guar- s, they declined to reimburse the overseer. Before decision of the board had been made known, the rseer had issued three other orders for similar relief, the board agreed ultimately to pay them; but they cted their clerk, Mr. George Pym, to write to Mr. ncer, the surgeon, remonstrating with him on the ropriety of allowing wine to a child so young. The lt was that the orders for wine and beef were dis- inued, and the child lingered on for about two ks, when it gradually grew weak from excessive dis- ges, and died. The coroner dwelt with much hasis on the conduct of the parties concerned: first, regarded the discontinuance of the orders by the geon; then as to the neglect of John Bacon, the eving officer, in not having made a personal investi- on of the case; and, lastly, upon the impropriety of Belper Board of Guardians in refusing to obey the ers of their medical officer. The verdict of the jury —"That the child had died from the burns." (*Shef- l Independent.*)

eath of Dr. Andrew Reed. The Reverend Dr. d, whose death has been lately announced, owed his brity to his efforts to relieve, or rather to prevent the erings of the young, the unprotected, and the infirm. a long time the want of an asylum for orphans had n severely felt, but no steps were taken to remedy it il Dr. Reed, in 1820, founded the London Orphan lum at Clapton, and thereby not only rescued many poor children from a life of poverty and vice, but turned them into honest and respectable citizens. His next work of benevolence was a similar asylum for infant orphans at Wanstead. This, in 1847, was followed by the establishment of an asylum for fatherless children at Reedham, near Croydon, where children of all ages were admitted. Having on his travels abroad been forcibly struck by the condition of those afflicted with idiotcy, he, on his return to this country, never rested until he had aroused public charity in their favour. Hence arose the Institution for Idiots at Colchester, and the Earlswood Asylum at Croydon. But the comprehensive benevolence of Dr. Reed was shown not more by the number of the institutions he founded than by the different conditions of persons for whom his forethought was exercised. Of all classes of the poor, few are more to be pitied than those whom our large hospitals are compelled to reject as "incurables," and who, in the great majority of cases, have no resource beyond the workhouse. For these poor creatures, Dr. Reed established the Hospital for Incurables, the demand upon which has been so great that it is now proposed to erect a second hospital for similar purposes at Coulsden.

The Guernsey Militia Surgeons. The *Army and Navy Gazette* gives the following account of the grievances inflicted by ignorance and tyranny:—"The grievances complained of are, that in April 1860, General Slade summarily appointed 'John Ozanne, Esq., M.D.' (a gentleman who had never done one day's duty in the militia), to the rank of staff-surgeon, thus placing him over the heads, not only of the assistant-surgeons, but, according to the existing constitution of the Medical Department of the Militia (as defined in the General Militia Order of October 15th, 1844), over the heads of the regimental surgeons also; the said John Ozanne, Esq., M.D., being an avowed exclusive professor of homœopathy—a system unrecognised either in the Royal Army, Navy, or Militia of Great Britain; and, moreover, although a foreign graduate in medicine, being possessed of no British medical or surgical diploma whatever; the whole being at variance with the rules and customs of the service. After having in vain endeavoured to obtain redress, the whole of the medical officers, staff and regimental, tendered the resignation of their commissions. After a delay of nine months, the resignations of the staff were accepted by order of the Home Secretary; but those of the regimental officers (the most aggrieved) were refused, and they were ordered to resume their duties; Dr. Ozanne being retained in the *Army List* as head and sole representative of the medical staff of the Guernsey Militia. It must be remembered that the services of these officers, when on duty, is perfectly gratuitous; and, most of them having large private practices, the performance of their duties is accompanied with great inconvenience, and serious loss both of time and money." It is satisfactory to note that the military press condemns the proceeding.

Death of Mr. James Robinson. It is with great regret we record the death of this estimable member of the dental profession, so well known as the founder of the National Dental Hospital, and by his earnest endeavour to raise the character of dentists. Mr. Robinson, who carried on an extensive practice in Gower Street, Bedford Square, had a country residence at Kenton, near Harrow, which he visited weekly; and it was at the latter place, on Tuesday last, the 4th inst., where he died under the following melancholy circumstances. He had just parted from a friend on Sunday evening, and, walking through his grounds, a small branch attracted his attention. Having a knife in his hand, he attempted to cut it off; but the instrument slipped, and made a very small wound over the femoral artery. He did not bleed at the moment; but, soon after retiring to bed, he lost a large quantity of blood; and, notwithstanding the kind and unremitting attentions of his old and attached friends, Messrs. T. Carr Jackson, Harris, and Wotton, who sat up with him, and subsequently of Dr. Bridgwater and Mr. Hancock, he never rallied from the severe shock he had received, but quietly expired on the morning of the 4th. Mr. Robinson's name is intimately connected with the early history of anæsthetic agents, he having been the first to employ them in this country in dentistry. He was the author of one of the best works on dental surgery, and at the time of his death was engaged in the preparation of a more elaborate one on the same subject. He was also the author of some valuable contributions to the pages of the *London Dental Review* and American journals. He leaves a widow and large circle of friends to deplore his loss.

Varieties.

American Doctors. In Philadelphia are educated a large proportion of American medical practitioners, and many eminent physicians, surgeons, and medical authors reside in the city, adding to the already great repute of its medical schools and colleges. The Pennsylvania Hospital, also, affords admirable teaching in clinical medicine and surgery, and contains, moreover, an anatomical museum and a good library. There are two medical publishing houses in the city, and several medical journals, some of which are highly thought of by English medical men. The profession in the United States is worthy the confidence and esteem of its followers in England. Go where we will, in the civilised world, one finds those who practise the noble art of preventing and healing disease much the same. Differences in climate and country and race may have much to do with the different phases of character in various countries, but medical men are always found denying themselves, investigating science, preferring honour to gain. The minister of religion may in one country have to do with superstitious, in another with sceptical people; the lawyer may here find litigious, there peaceable clients; but the medical man has always to do with the *patient*, the suffering one. While the minister and the lawyer have to do with men, the physician has to grapple with disease. This gives him a fixity of purpose, and the very fact that he is constantly endeavouring to give relief, keeps his heart open and his memory green. (*The United States and Canada.*)

The Last Days of a Physician. "About two years ago there was in our or some other city a famous doctor, into whose consulting-rooms crowds came daily, so that they might be healed. Now this doctor had a suspicion that there was something vitally wrong with himself; and he went to consult another famous physician at Dublin, or, it may be, at Edinburgh. And he of Edinburgh punched his comrade's sides; and listened at his heart and lungs; and felt his pulse, I suppose; and looked at his tongue; and, when he had done, Doctor London said to Doctor Edinburgh, 'Doctor, how long have I to live?' And Doctor Edinburgh said to Doctor London, 'Doctor, you may last a year.' Then Doctor London came home, knowing that what Dr. Edinburgh said was true. And he made up his accounts, with man and heaven, I trust. And he visited his patients as usual. And he went about healing, and cheering, and soothing, and doctoring; and thousands of sick people were benefited by him. And he said not a word to his family at home; but lived amongst them cheerful and tender, and calm and loving; though he knew the night was at hand, when he should see them and work no
more. And it was winter time, and they came and
him that some man at a distance—very sick, but
rich—wanted him; and, though Doctor London k
that he was himself at death's door, he went to the
man; for he knew the large fee would be good for
children after him. And he died; and his family n
knew until he was gone that he had been long awar
the inevitable doom." (*Cornhill Magazine.*)

Duties of the Apothecary. The following advic
apothecaries by Bullein, an interesting and sagaci
London practitioner of the sixteenth century, comme
itself, in some particulars, to the attention of the
dispensers of our time: The Apoticarye. 1.
fyrst serve God, foresee the end, be clenly, pity
poore. 2. Must not be suborned for money to
mankynde. 3. His place of dwelling and shop t
clenly to please the sences withal. 4. His garden
be at hand, with plenty of herbes, seedes, and ro
5. To sow, set, plant, gather, preserve, and kepe t
in due tyme. 6. To read Dioscorides, to know the
tures of plants and herbes. 7. To invent medicine
choose by coloure, taste, odour, figure, etc. 8. To
his morters, stilles, pottes, filters, glasses, boxes, cl
and sweete. 9. To have charcoles at hand, to make
coctions, syrups, etc. 10. To kepe his cleane ware cl
and cast away the baggage. 11. To have two place
his shop—one most cleane for the phisik, and a
place for the chirurgie stuff. 12. That he neithe
crease nor diminish the phisician's bill (*i. e.* pres
tion), and kepe it for his own discharge. 13. Tha
neither buie nor sel rotten drugges. 14. That he pe
often his wares, that they corrupt not. 15. That he
not in *quid pro quo* (*i. e. use one ingredient in the*
of another when dispensing a physician's prescript
without advysement. 16. That he maie open wel a
for to help of pleuresy. 17. That he medle only in hi
cation. 18. That he delyte to reede Nicolous Myrep
Valerius Cordus, Johannes Placaton, the Lubik,
19. That he doe remember his office is only to b
phisician's cooke. 20. That he use true measure
waight. 21. To remember his end, and the judg
of God: and thus I do commend him to God, if h
not covetous or crafty, seeking his own lucre be
other men's help, succour, and comfort."

Paraffin or Coal Oils. In purchasing these
nothing should be taken for granted. They shoul
carefully tested, and their liability to explode fully in
tigated. The simplest and most satisfactory test of s
is to place the oil in an open dish in a water bath,
heat it up to 130° to 140° Fahr. If, when elevate
this temperature, on applying a match it does not ig
it may be pronounced very safe. If it ignites but sl
or sluggishly it is safe. But any oil that lights qui
in an open dish, at a temperature of below 130° F
may be considered as dangerous. We have seen
the vapour of which ignited with a smart puff or ex
sion at 60° Fahr., on holding a lighted match more
one inch above its surface. This was dangerous in
highest degree, and the vendor of such a compo
should be held to strict accountability for any acci
occurring from its being burnt in lamps. The exte
use of these oil-lamps among the working classe
duces us to call especial attention to this very si
test. To those who may not be provided with a the
meter to measure the temperature, the following si
rule may be adopted:—Pour into a basin a pint of
ing water, and allow it to cool for five minutes, then
some of the paraffin oil into a teaspoon, and ha
floated the bulb of the spoon on the hot-water, lea
at rest for a few minutes; then hold a lighted mat
little above the spirit, if it ignites quickly it is dange
if not at all, or very slowly, the paraffin may be
without fear of accident. A metallic fountain or re
voir should always be avoided in using any of t

;arbon oils. To show the vast difference of the oils
ı sale as paraffin oils in this country, Dr. R. Angus
, of Manchester, has lately found that oil made by
oung, the inventor, and his partners, from coal, and
ave really the only right to call their oil paraffin,
ɔt ignite in an open vessel at 154° Fahr.; while a
e of American rock oil, sold as paraffin, exploded
mperature of 46° Fahr. (*Mining Journal*).

'ERATION DAYS AT THE HOSPITALS.

Y.......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.

AY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

;SDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.

DAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.

:....... Westminster Ophthalmic, 1·30 P.M.

)AY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

ETINGS OF SOCIETIES DURING THE NEXT WEEK.

Y. Geographical, 8.30 P.M.—Medical, 8.30 P.M.

AY. Royal Medical and Chirurgical, 8.30 P.M.: Dr. E. Bal-
ard. "On the Tactile Sensibility of the Hand": Dr. Aldis,
Additional Experiments on the Poisonous Effects of Coal
}as."—Civil Engineers, 8 P.M.—Zoological, 9 P.M.—Syro-
'gyptian, 7.30 P.M.—Junior Medical, 8 P.M.: Annual Meeting,
Xing's College.

;SDAY. Society of Arts, 8 P.M.—Graphic, 8 P.M.—Microsco-
)ical, 8 P.M.—North London Medical, 8 P.M.—Literary Fund,
! P.M., Anniversary.—Royal Society of Literature, 8.30 P.M.—
Archæological Association, 8.30 P.M.

DAY. Royal, 8.30 P.M.—Harveian, 8 P.M.—Antiquaries, 8.30
'.M.—Philological, 8 P.M.

:. Astronomical, 8 P.M.—Royal Institution, 8 P.M.

]LATION STATISTICS AND METEOROLOGY OF LONDON—MARCH 1, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
ng week....................	Boys .. 965 Girls.. 940	1905	1322
age of corresponding weeks 1852-61		1986	1397

ster:
ıest (Wed.) 30.185; lowest (Sat.) 29.806; mean, 29.995
ɔmeter:
ıest in sun—extremes (Sat.) 66 degs.; (Th.) 44 degs.
ıade—highest (Sun.) 52.5 degrees; lowest (Sat.) 32.2 degs.
ı—37.4 degrees; difference from mean of 43 yrs.—2.2 degs.
ʒe—during week, 20.3 degrees; mean daily, 7 degrees.
ıumidity of air (*saturation*=100), 85.
lirection of wind, E.—Rain in inches, 0.00.

TO CORRESPONDENTS.

ll letters and communications for the JOURNAL, *to be addressed the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

:SPONDENTS, who wish notice to be taken of their communica-
s, should authenticate them with their names—of course not
essarily for publication.

:ALS WANTED.—Several members, who have joined the Asso-
ion during the past year, are desirous of having their volumes
ıplete for the year 1861; but this has been prevented by many
he earlier numbers being out of print. The publisher will
:efore be greatly obliged, if gentlemen who do not bind their
rnal, or desire to keep it, will kindly forward him the num-
s contained in the first volume for 1861 (January to June).

C.—5, Cavendish Square.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, March 1862.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL; Mr. E. B. VISE; Mr. F. W. COOPER; Dr. ROUTH; Mr. T. P. PICK; Mr. A. B. STEELE; Dr. SALTER; Mr. AUGUSTIN PRICHARD; Mr. T. M. STONE; Mr. J. J. HADLEY; Dr. H. MARSHALL; Dr. R. H. TAYLOR; Mr. W. M. CLARKE; J. H. C.; Dr. E. T. HALL; Dr. WM. HITCHMAN; Mr. R. S. CROSS; Dr. GEORGE JOHNSON; and Mr. R. TIPPETTS.

BOOKS RECEIVED.

1. An Etiological Nosology of Diseases of the Skin. By Thomas Laycock, M.D. Edinburgh: 1862.
2. On the Principles of a Practical Science of Mind. A Reply to a Criticism. By Thomas Laycock, M.D. Edinburgh: 1862.
3. Homœopathy as practised in Manchester: Contrasted with its Alleged Principles. By William Roberts, B.A., M.D.Lond. London: 1862.
4. Twenty-fourth Annual Report of the Suffolk Lunatic Asylum.

ADVERTISEMENTS.

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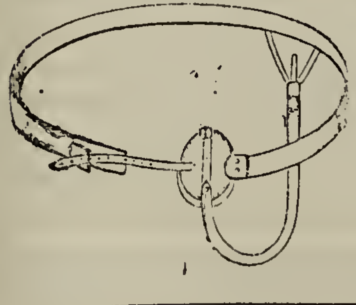

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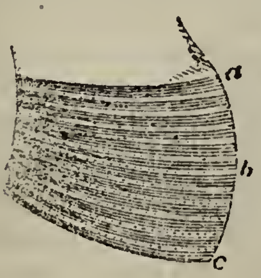

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(Signed) "JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

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Professor of Surgery at University College
Surgeon to the Hospital.

From W. FERGUSSON, Esq.,
Professor of Surgery at King's College, and Surgeon to the Hos
16, George Street, Hanover Square, Oct. 14th, 18

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Notes of a Clinical Lecture

ON

ECOVERY FROM PYÆMIA.

DELIVERED AT ST. GEORGE'S HOSPITAL.

BY

PRESCOTT HEWETT, Esq.,

SURGEON TO THE HOSPITAL.

Grosvenor Ward, bed No. 9, is a lad, aged 16, who
s admitted into the hospital on December 4th,
61, with a large hard swelling on the middle of
e front part of the right thigh. This swelling,
eply situated and ill-defined, was exquisitely pain-
—so much so, that he could hardly bear it to be
iched; and the skin covering it was of a slightly
ldish colour. Besides this swelling, there was a
itlow of the right middle finger, the top of which,
y much swollen and painful, was of a dark pur-
sh colour, with foul suppuration oozing out of
eral ulcerated openings; and the joint between
e last two phalanges was extensively diseased.
e boy looked ill; he had an anxious sunken coun-
ance; the general colour of the skin was remark-
e for its leaden hue; and there were symptoms of
tative fever. The history was that the whitlow
l, without any apparent cause, made its appear-
e three weeks previously: it was very painful,
l he felt very ill, but was able to go about his work
hat of a page; then, at the end of a fortnight,
hout any injury or strain, he suddenly felt great
n in the thigh; was obliged to take to his bed;
t night had a violent rigor; and the following
found that the thigh had taken to swelling.
tters had gone on thus for a week, with recur-
ce of the rigors, when he was brought to the hos-
l. He had always enjoyed good health, lived
l, in a healthy part of the town, and took plenty
xercise.

he diagnosis was obvious: it was from pyæmia
t the boy was suffering. But what was the
gnosis? With the secondary mischief centred in
thigh, and with all the internal organs healthy,
might, I told you, fairly hope that the case,
ough of a very dangerous nature, would ulti-
ely do well. In a few days, deep-seated fluc-
tion became evident in the centre of the swelling,
ch gradually became more and more defined.
parts were laid open as soon as possible, and a
e quantity of foul matter, mixed with clots of
d, was let out. Free suppuration continued for
ral days; the general symptoms soon began to
d, and the finger put on a much healthier
ect. From this time, the improvement steadily
inued; the mischief in the thigh has subsided,
the wound is all but healed; there is no longer
suppuration about the finger, and soft ankylosis
already taken place in the diseased joint. The
generally has assumed a healthier aspect, and
countenance has become bright and cheerful.
boy is now sitting up, and will shortly be dis-
ged from the hospital. As to the treatment,
has been of the simplest kind—good and gener-
diet, with a fair proportion of stimulants; bark
acid when the appetite began to fail; and poultices to the thigh. This was all that was called for, and this was all that was done.

In this lad, the secondary mischief was confined to the external parts; and whenever this is the case, there is a fair chance of recovery, notwithstanding the formidable nature of the complaint. And of several cases of this kind which have fallen under my notice, I will now give you a short account.

A young cavalry officer, strong, very active, and apparently in excellent health, whilst under my care for gonorrhœa, was suddenly seized with what is commonly called gonorrhœal rheumatism. Several joints became involved, and for some time matters went on much as is usual in such cases; but then came rigors, with symptoms of a low, typhoid character. Shortly afterwards, the body was covered with a crop of pustules; several small abscesses formed in various parts of the trunk and limbs; and suppuration took place in and around the left sterno-clavicular articulation; the matter was let out. Subsequently, the right hip put on all the characters of deep-seated suppuration, and the joint became so exquisitely painful, that the slightest vibration, even from a person walking inadvertently across the room, caused the patient to shriek. Extreme emaciation followed; and, notwithstanding all means and appliances (a water-bed he could not bear), the skin gave way in several places—in fact, wherever pressure occurred; first, over the sacrum, largely exposing the bone; then over the left trochanter, over the ischiatic tuberosities, and subsequently over each of the more prominent spinous processes of the vertebræ, as his position in bed was, from time to time, varied. For weeks, this patient struggled between life and death; then he began to rally; the fluid about the right hip gradually disappeared; and he ultimately got well, but with ankylosis of this joint. Several years have elapsed, during which he has enjoyed most excellent health; and has been able to do good service with his regiment, both in the Crimea and in India.

A few months after the occurrence of this case, I was asked to see a young lady for a supposed affection of the left hip; and, on inquiring into the history of the case, I found that she had lately returned from Italy, where she had been suffering from what was thought to be a low fever, with suppuration about the gums. The case turned out to be one of pyæmia; a large abscess was forming in the neighbourhood of the hip-joint, and two other abscesses were forming in other parts of the body. The matter was let out of these various abscesses as soon as possible; and after a long and very painful illness, this patient got perfectly well; and, to my knowledge, has remained so for several years past.

I put a couple of threads, as setons, into a large nævus a little below the right nipple, in a child aged 17 months, who was in good health. In a few days, the threads were withdrawn, as they were giving rise to suppuration; and when all suppurative tendency had passed off, two more threads were introduced. Suppuration of the nævus again followed; the threads were removed at once; but the child became feverish, lost all appetite, and, in two or three days, the left thigh began to swell, and became very painful. At first, the swelling was general; but, subsequently, it became more marked towards the inner part of the thigh, and here a large abscess soon formed; this was opened, and upwards of half a pint of matter was let out. Ultimately, the child got quite well; and when seen some time afterwards, it was in good health, and the nævus was rapidly diminishing.

Two threads were passed, as setons, through a large nævus of the face in a healthy child. The setons were kept in for a few days, with the effect of producing induration of the lower part of the swelling; they were then removed, as slight suppuration was observed around the little wounds. Subsequently, symptoms of irritative fever made their appearance; and shortly afterwards, the parts about the right shoulder became swollen and painful; redness of the skin followed; and a large abscess formed immediately below the clavicle, and over the left side of the chest. Half a pint of matter was let out; the abscess discharged freely for a few days; it then gradually closed; and the child recovered. When last seen, some time afterwards, it was in good health, and the nævus was diminishing.

I removed a tumour from the left groin of an apparently healthy young woman. The operation was, in the course of a few days, followed by symptoms of pyæmia; abscesses formed in various parts of the body, and especially one large one in the right leg; the matter was let out as soon as possible; but for weeks she lay in a most critical state. She gradually rallied, however; and for several years past, during which I have seen her from time to time, she has been in excellent health.

In the preceding cases, the secondary mischief was confined to the limbs, or to the surface of the trunk; but pyæmia may be recovered from, even when the internal organs are more or less seriously implicated; and of this the following cases afford ample proof.

I was sent for to see a gentlemn who was living in the country, and who was supposed to be suffering from an acute affection of the ankle-joints, accompanied by chest-symptoms. He had led a somewhat irregular life, had of late been out of health, and had recently suffered from suppuration in one of the tonsils. The parts around the ankles were extensively inflamed, and matter was evidently about to form; lobular pneumonia existed in several places in the left lung; and the general symptoms were of a typhoid character. In a few days, a quantity of matter, which proved to be superficial to the joints, was let out from the lower part of both legs; the lobular pneumonia gradually subsided; and the patient ultimately recovered. I saw him some months afterwards in town; he was then in excellent health—in fact, in better health than he had been for some time; his breathing was perfect; and he was able to take long walks without fatigue.

A young lady had measles, and discharge from the left ear followed. She was up and about, when she was seized one day with a violent rigor; and then came symptoms of a low, typhoid character. I saw her four or five days after the ushering in of those symptoms. The skin was then of a dusky hue throughout; the typhoid symptoms well marked; and there had been a second rigor the day previous; the discharge from the ear had stopped from the first; there was no pain in the head, and no pain nor swelling about the ear or neighbouring parts; but there was tenderness upon pressure along the course of the left internal jugular vein; and some
slight swelling with pain over and around the l
sterno-clavicular articulation. The swelling i
creased, and in a few days a large abscess forme
the matter was speedily let out; then came lobu
pneumonia of the left lung; intense pain on t
inner side of the left knee, with some puffiness
the joint itself; similar appearances followed abo
the corresponding ankle-joint; and, finally,
enormous abscess formed in the neighbourhood
the left hip-joint; this was deeply situated; but,
soon as practicable, the matter was let out b
free incision. From this time, the symptoms be
to mend; the lung-affection subsided gradual
and so, too, did the pain and swelling about the k
and ankle-joints. After a lingering illness of m
weeks, the restoration to health was perfect;
so it has remained for upwards of a year and a h

A stout-built, healthy young man was admi
into St. George's Hospital, with a severe injur
the hand, for which I amputated the forearm sho
afterwards. Everything went on well for a
days; then came symptoms of pyæmia, with su
ficial abscesses; followed by cough, urgent dysp
and evident mischief about the chest. For sev
days, the case appeared hopeless; but one day, a
coughing, he suddenly brought up a quantit
matter, and from this time he began to rally,
ultimately recovered.

A man pricked his finger in making a *post mo*
examination; a small abscess followed; the ma
was let out; and the wound healed in a few
Then came an abscess in the arm-pit, which
opened; and shortly afterwards typhoid sympt
of a very severe character, which were accompa
by cough and urgent dyspnœa. For days thi
tient lay perfectly unconscious, and appar
dying; but one day, after coughing, he sudd
brought up a large quantity of fœtid matter;
this time his symptoms began to mend, and he
a good recovery. It is upwards of three years
all this happened, and the man is now in good he
and as well up to his work as he ever was.

Such, then, is a brief outline of the cases
covery from pyæmia which have fallen unde
notice—ten in all; out of which the purulen
fection was in six confined to the outer parts
in four, it showed itself in the lungs as well
the outer parts; in two, in the shape of lo
pneumonia, and in two, in that of large absc
which burst.

Pyæmia occurs for the most part in hospital
tice; but it occurs also, and that more frequ
I think, than is usually supposed, in private
tice; and in the country, as well as in large
Of cases occurring in private practice, I have
thirteen—with gonorrhœa, one; with suppu
about the gums, one; with suppuration in the
one; with suppuration in the ear, one; with su
tion about the shoulder, one; with a whitlow
with carbuncle, two; after typhoid fever, two
operations, three, in two of which the operati
very trifling. In all these cases, the patients
easy circumstances; four lived in the country
the others in healthy and well drained pa
town.

As for pyæmia in hospital practice, that,
happy to say, is now much less frequent in the
of St. George's Hospital than it used to be. I
for the last two or three years, our wards hav

arkably free from this the bane of surgery. And
this improvement, there is no doubt that we are
nly indebted to our convalescent wards, the large,
-aired rooms which have lately been built at the
of the hospital. These convalescent wards I con-
r to be of the utmost use, not only to the pa-
ts who are thus enabled, in all weathers, to get
of their own wards ; but also to the patients who
still be obliged to remain in bed. The general
l is relieved of a certain number of patients
ng a great part of the day, and both sets of pa-
ts thus have a purer atmosphere to breathe.

the general treatment of purulent infection,
main features are that the strength should be
up in every way, and the nervous irritability
red. Rum and milk in the early morning, strong
al broth from time to time, and stimulants, wine
randy, according to circumstances ; an opiate at
t, and sometimes during the day : such are the
dies which I have found answer best in puru-
infection. I cannot say that I have found me-
es, save opiates, to be of any use in this terrible
se. I have seen all and every kind of medicine
tried, and the patients have died ; and I have
even bad cases—cases in which the internal or-
have been seriously implicated—get well under
treatment which I have just mentioned. The
nt must be carefully nursed, and the stimulants
upport given at stated intervals, and in quanti-
neasured according to circumstances.

d locally, the abscesses should, as a general
be opened as soon as possible ; but in dealing
joints, this rule requires some caution, for in
ice you will, now and then, meet with cases in
there may be great pain, and swelling, and
redness of the skin, on the side of, or around,
oint, with marked effusion in the joint itself,
yet all these symptoms may subside ; the fluid
pears, and the joint is, in the course of time,
or less completely restored. I have seen this
ee or four instances about the knee, in which
remained stiffness and even contraction for a
but in the course of a few months the joint
s supple as ever, and has remained so.

OOD EXAMPLE. The practice of salting the streets
v York after every snow storm, to hasten the melt-
the snow, is now forbidden by law. While it was
sed, the streets were not only ankle deep with
but this water was rendered intensely cold by the
re of salt. Great injury resulted to the hoofs which
ed on these streets, many losing their horses as a
of the constant exposure. Children attending
blic schools were very liable to have their shoes
ted with this brine, and severe colds were the con-
ce. As a sanitary measure, this action of the
on Council is worthy of all imitation. (*American*
Times).

IDES. In the year ending September, 1861, 103
of violent deaths were entered on the Scottish
rs as cases of suicide ; giving the proportion of
cides in every million of the population. For
d the last return of suicides seems to be for
nd in that year the ascertained suicides were in
portion of 57 in every million of the population.
den, from 1806 to 1830, the average annual num-
suicides was in the proportion of 41 suicides in
nillion of the population. In Prussia, in 1841, the
s seem to have been in proportion of 109 in every
of the population.

Original Communications.

REPORT ON VACCINATION AS PRACTISED AT THE LIVERPOOL STATION OF THE NATIONAL VACCINE ESTABLISHMENT.

By A. B. STEELE, Esq., Surgeon to the Blue Coat Hospital, and to the Ladies' Charity; Member of the National Vaccine Establishment; and Teacher of Vaccination appointed by the Privy Council.

[*Read before the Liverpool Medical Institution.*]

[*Concluded from page 253.*]

The station selected in Liverpool was the Vaccine Institution connected with the Ladies' Charity, originally established by the late Mr. Park about fifty years ago, and which has been kept up in a state of efficiency ever since.

Gratuitous vaccination is here afforded to the children of those women only who have received the aid of the charity, who are ineligible for relief a second time if they fail to bring their children to the institution to be vaccinated within three months after birth. About 1000 vaccinations are performed annually. A register is kept, showing the precise result and the source from which the lymph is taken in each individual case. About 400 charges of lymph on ivory points are forwarded to the National Establishment in London every week. The vaccinating days are Mondays and Fridays. The remarks which follow must be considered, for the most part, to apply to the practice adopted on Mondays, that being the day to which my observations are principally directed.

The mode of vaccinating differs somewhat from that commonly adopted, and is in accordance with the recommendation of Mr. Marson. The following is the plan of proceeding: The arm to be operated upon is firmly grasped by the left hand of the operator, so as to make the skin tense; then, the lancet being already well charged, with the right hand, the lymph is introduced by a valvular incision from above downwards; so managed that the fluid may gravitate into the wound. Five such incisions, about half an inch apart, arranged in the form of the five of diamonds, are made without recharging the lancet, which must be very sharp, as failure, more or less complete, is sure to result when the lancet used is not in good order. No importance is attached to the amount of bleeding, which, even when considerable, does not interfere with the success of the operation.

One advantage of this method is that, when carefully and successfully performed, it gives more uniform and characteristic results than any other plan. Each puncture produces a separate perfect vesicle; the five constitute a miniature eruption of *vaccinia discreta*, more strictly typical and more clearly exhibiting the normal course of the vesicles through the several stages of development, than when the lymph is introduced by "scratching," or by several minute punctures in close proximity, so that two or more vesicles are blended together, producing a confluent form of eruption, which, to a certain extent, destroys the characteristic appearance of the vesicles.

It is not for a moment contended that the particular manner of operating just described affords a greater degree of protection than any of the numerous other methods which have, from time to time, been recommended and adopted. Much latitude may well be allowed in this respect, provided the all-important object be kept in view; namely, that in every case a sufficient number of perfect vaccine vesicles are produced, which shall afford conclusive evidence of having passed through the normal course of development, and which shall leave behind them well defined typical cicatrices. The particular mode of introducing the lymph must, in a great measure, be left to the taste and discretion of the operator.

One circumstance in connexion with this part of our subject cannot be too strongly impressed upon the minds of all who are engaged in vaccination; namely, that imperfect vaccination, so far as the individual subjected to it is concerned, is an evil which cannot be entirely remedied. If a child be vaccinated in such a manner as to give rise to an abortive form of vesicle, which does not go through its course of development, not only is the individual left in an unprotected state as regards small-pox, but the system is rendered insusceptible to the influence of the vaccine virus; so that, for a considerable period at least, any subsequent attempt at vaccination fails to give satisfactory results.

The five punctures made in our mode of vaccinating are intended to ensure the development of not less than four vesicles, that being the smallest number which, as a general rule, may be considered to afford full protection against small-pox. I would direct your attention to the following statistical evidence of the different degrees in which persons vaccinated in different ways will be safe against death by small-pox, if they happen afterwards to contract it; founded on information given to the medical officer of the Privy Council, by Mr. Marson, surgeon of the Small-Pox Hospital, as the result of his observations made during twenty-five years in nearly six thousand cases of post-vaccinal small-pox. It appears to me so clear and so conclusive as to be deserving of the more serious consideration of all vaccinators.

Patients admitted with Small-pox.

	Deaths per cent.
Stated to have been vaccinated, but having no cicatrix	21¾
Having one vaccine cicatrix*	7½
Having two vaccine cicatrices†	4⅛
Having three vaccine cicatrices	1¾
Having four or more vaccine cicatrices	¾
Unvaccinated patients	35½

In the selection of the sources of lymph, extreme caution is observed, taking it from those cases only which are typical, and which possess all the characteristics of normal eight day vesicles; rejecting those, on the one hand, which are retarded, being small, and giving no indication of the commencement even of an areola, and even more cautiously avoiding those, on the other hand, in which the areola is unduly developed, or which present irritable appearance, or the slightest indication of having run an unduly rapid course. "Rubbed arms", as they are called, are also invariably rejected as sources of supply, even though one or more vesicles may have escaped injury. It has been shown by Mr. Marson that this "rubbing", in almost every instance, is due to some source of irritation in the system of the child, very frequently an herpetic or other cutaneous eruption so slight as to have escaped notice; in others, it is attributable to derangement of the secretions or excretions. The vesicles under these unfavourable states of the system assume an irritable itching condition, which induces the rubbing. The lymph taken from such arms has been found to propagate similarly irritable vesicles, or in other respects has failed to pass through its course satisfactorily.

The lymph used at this station, as stated on a former occasion, was originally obtained from Jenner, and has been uninterruptedly employed ever since, and still possesses all its original infective power; thus confirming the statement of the National Vaccine Board, that "vaccine lymph does not lose any of its prophylactic power by a continued transit through successive subjects, and that it is a fallacy to predicate the necessity of resorting to the original source of the cow for a renewed supply."

The opposite opinion, namely, that vaccine lymph mus naturally and inevitably become deteriorated by lapse o time, has, nevertheless, many supporters; and probabl owes its origin to what, at first sight, appears to favou that view. Lymph direct from the cow is very energetic in its action on the human system; this intensit gradually decreasing for several successive remove from its original source. This intense action, howeve is simply the effect of transplanting the disease fro brutes to the human subject; and the subsequent decrease in its activity is not progressive, but ceases afte a few removes, when the disease has become, as it wer humanised; it then assumes a definite and typical form from which there seems to be no further tendency to d viate, so long as surrounding circumstances are favou able to its proper development.

Other diseases, such as syphilis and small-pox itsel lose none of their activity or infective power in succe sive transmissions through many subjects; and it probable that vaccinia is no exception to this la As an illustration of this point, the following circumstance is, perhaps, worth recording. Quite recently, obtained from Mr. Ceely of Aylesbury some lym which he had taken from the cow six years ago, a which, he assured me, had lost none of its activity; th lymph I used side by side with some from the old sto from the Liverpool Vaccine Institution, which cannot less than fifty years old; and I could detect no appre able difference between them in reference to the activi of their infective power.

One thing is certain, and has been illustrated he and at other stations, and it is this, when lymph appe to be losing its activity, careful observation will alm invariably trace the failure to some preventible cau and the same lymph, by judicious management, may gradually restored to its original efficiency. The vacci fluid is very subtle, easily influenced by many appare trivial circumstances, and requires nice and delic management to preserve it from detorioration.

Observations at this institution fully bear out the most unvarying testimony of experienced vaccinat as to the utter groundlessness of the idea so preval amongst the non-professional portion of the public, a occasionally, although rarely, entertained by medi men, as to the alleged transmission of scrofulous, syp litic, and other constitutional taint, by means of vacc ation. Of all the objections which have been ur against vaccination, and by which its extension has b obstructed and opposed, not one, perhaps, has ha more powerful effect than this notion that other disea can be, and frequently have been, introduced into system by the inoculation of vaccine lymph. The lowing extract from a local newspaper is a specime the popular opinion on this point. It is part of speech of a member of the Board of Guardians, who entrusted with the arrangements for providing for pu vaccination.

"I believe," says this learned guardian, "vaccinat as it is at present performed, to be nothing more th mockery, a delusion, and a snare. Twenty unfortu infants may be inoculated from one unhealthy child, what is the result? In place of a preventive aga small-pox, frightful skin diseases are engendered, wh several cases within my own knowledge, have ren- red the child hideous for months, incurable, or only red at the expense of life itself."

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* Among cases in which the one cicatrix was *well marked*, the death-rate was 4¼. Among cases in which it was *badly marked*, the death-rate was 12.

† Among cases in which the two cicatrices were well marked, the death-rate was 2¾. Among cases in which they were badly marked, in 7¼.

It is only a short time since we read with grief and tonishment, statements made in the House of Com- ons by a member of our own profession, denouncing e discovery of the immortal Jenner in terms as illogi- l, unscientific, and as superstitiously prejudiced, as ose of the Poor-law guardian just quoted. I have ason to know that amongst the profession in this town ere are some who, although fully appreciating the lue and importance of vaccination, and whose opinions e entitled to every consideration, nevertheless, are not together satisfied upon this point; nor should we, I ink, be surprised to find this to be the case, as it ust be admitted that appearances often favour the ea. Most medical men, especially those who prac- se extensively amongst the poorer classes, will remem- r instances in which patients are brought to them ffering from various diseases supposed to be produced "bad matter." This notion, erroneous as I believe it be, frequently proves a source of much annoyance d anxiety to a conscientious medical attendant; while, the same time, it is injurious to the cause of vaccin- ion, by lessening the confidence of the public in its fety. It is, therefore, highly desirable to remove, if ssible, any doubt or misgiving which intelligent prac- tioners may entertain upon the subject. It would be possible, in the limits of this paper, to give even a ndensed account of the conclusive evidence which ex- riment and investigation have brought to bear upon is disputed point. I would earnestly recommend ose interested in the question to peruse carefully the teresting and important statements given by Mr. mon in his report on this particular branch of the bject; it is there fully and dispassionately discussed, d, to my mind, as satisfactorily disposed of as can be pected in any case upon which negative evidence alone n be brought to bear.

I may, perhaps, be permitted briefly to state one con- usion to which Mr. Simon arrives; namely, that lymph ken from a true Jennerian vesicle at the proper period its development is incapable of producing any other sease except cow-pock; and this fact, says Mr. Simon, sts upon "one simple mass of evidence, which, to my ind, seems conclusive. It has been proved, on a large ale, that vaccine lymph taken from persons actually ffering from small-pox conveys to those who are vac- nated with it no other than the vaccine infection." *Blue Book*, p. 68.) In reference to scrofula and most in diseases, it is well known that, even when for ex- eriment their specific discharges and other products re deliberately inoculated on the healthy, they are ab- olutely incommunicable by contagion; and it is incon- eivable that the vaccine lymph, even if it could include ese products, would alter the essential condition of eir nature. As to those diseases whose specific pro- ucts are infectious, the question arises whether the onstitutional existence of such diseases can qualify the ontents without modifying the characteristic develop- ent of a true Jennerian vesicle; and this question has een conclusively answered in the negative by experi- ent on an extended scale. He sums up his volumin- us statements by observing, "Obviously, then, one, at east, of two conclusions is inevitable. Either it is the ase that, even with reprehensible carelessness as to the ource of lymph, vaccination (so long as, in any sense f the word, it is vaccination) cannot be the means of ommunicating any second infection; or else it is the ase that, in the world of vaccinators, care is almost uni- ersally taken to exclude that possibility of danger."

The mode of preserving lymph adopted here is almost xclusively by charging ivory points and carefully dry- ng them. In this state, it is probable that vaccine ymph will retain its infective power as long as in any of the various methods which have been suggested. It has, as is well known, been successfully practised for many years by the National Vaccine Establishment, and distributed to all parts of the world. It is very convenient for transmission; and is well adapted for the purpose wherever a large supply is required, and where it becomes, in consequence, an object to economise the lymph, and the time occupied in obtaining it. A larger number of effective charges can be taken from a given number of vesicles by means of the ivory points than in any other way.

The very prevalent custom of preserving lymph between two small squares of glass is attended with this serious objection that, as the lymph is thus kept in a moist state, it is, like all organic fluids, extremely liable to undergo decomposition, and then, instead of producing a vaccine vesicle, it is liable to be followed by the injurious effects of a putrid secretion. Fatal instances of this unfortunate result have been met with by Mr. Marson. The same objection applies even more strongly to the plan of keeping lymph upon the glass tongue of the stoppered bottles used for the purpose. In warm weather, a few hours will sometimes suffice to cause the decomposition of the lymph; and the variable and uncertain period during which it remains unchanged, only adds to the danger. With the hermetically sealed glass tubes of Dr. Husband, it is possible that the fluid may retain its properties for a much longer period; but with them there is a certain risk, especially if, by oversight, the tube should not be perfectly closed. In the dry state, as on the ivory points, the lymph may lose its power of infecting by lapse of time, and cause disappointment; but the risk of mischief from putrescence or decomposition appears to be altogether avoided, which is, undoubtedly, the greater evil of the two.

INTRACTABLE CASE OF NEURALGIA CURED BY OXYGEN.

By John Hooper, M.D., M.R.C.P., Hoddesdon, Herts.

I read with much attention and satisfaction Dr. Birch's excellent paper on Oxygen as a Therapeutic Agent; giving the great experience he has had in the treatment of cases with this remedy. Moreover, I am convinced that nothing contributes so much to the improvement of health generally, to the augmentation of the power of enduring mental and physical exertion, as removing to such localities as are deemed healthy; viz., abounding in oxygen. It hence appears an *argumentum ad judicium* that, by inhaling a larger amount of oxygen, especially upon a graduated scale, in proportion to the capability of the patient to bear it, many diseases might be cured, which are at present considered incurable. We have heard much lately of the brain-power being sustained and improved by alcoholic stimulants; but will not this be attained more efficiently by inhaling atmospheric air, exuberant in oxygen? What enabled Sir Francis Head to endure such an amount of exertion in his gallop across the Pampas, South America? What caused such exhilaration of spirits, and such an amount of endurance without fatigue? Clearly, the advantage of breathing an atmosphere free from contamination, abounding in oxygen. It has been observed by the celebrated Liebig, that vital power is dependent upon the mutual action of oxygen and the elements of food.

About twenty-five years ago, I had an opportunity of witnessing the successful effect of inhaling oxygen in a case of asthma.

J—— L——, aged 55, had for many years been a martyr to asthma before this attack, under which he was then labouring in the year 1835-36, when it was attended with extreme danger. In one of the morning paroxysms, he was thought by all around him to be dying. It appeared to me impossible that he could rally: his death was a question of moments. As a *dernier ressort*, I determined to try oxygen. The means of making it were at hand. The end of a glass retort was applied to his mouth, through which undiluted oxygen was passing. He had not the power at first to enclose it with his lips. The effect was wonderful, and quickly manifest, in increased mobility of the ribs; fuller inspiration; disappearance of the lividity of the cheeks; and, lastly, in his seizing the end of the retort; and in the avidity with which he inhaled when possessing the voluntary power. Indeed, fearing he would have too much, I was obliged to pull it away. He soon became convalescent, and is still alive.

I am not fond of new-fangled remedies; but Dr. Birch has demonstrated to the medical public in very forcible and convincing language, that the administration of oxygen is an invaluable means of contending with disease especially of an intractable character. I therefore resolved to call on Mr. Barth of Piccadilly, who is the inventor and manufacturer of the pneumatic apparatus. He very politely gave me all the information required. I forthwith ordered one to be made for me. This instrument has been in use about two years; it answers exceedingly well. I have several cases to communicate; but the triumphant and rapid effect of oxygen was so manifest in this most trying case, that I am induced to give it the first publicity.

Feb. 1860. I was requested by Mr. Horley, surgeon, of this place, to see Wm. R——, aged 40, who had been five months under his care, suffering from severe pain in his right foot. The pain during the early period of his attendance never left the patient; it was accompanied with aggravated paroxysms; the whole foot was exceedingly hot. Cold saturnine lotions afforded some relief if constantly applied. Mr. Horley gave him quinine and narcotics, with only partial relief, while under his care. He considered it a most unsatisfactory case. I examined the foot carefully; it was now quite cold, and rather blue; he was no longer troubled with the excessive heat of the part. The pain was very intense—extending over the whole sole of the foot to the toes, and on the sides over the instep, following the course of the tibial nerve from the internal ankle, through the notch in the os calcis to the division of this nerve, and along the internal and external plantar branches. He had always pain, attended by frequent excruciating paroxysms; the slightest pressure on movement of the foot so augmented his sufferings that he groaned, and occasionally screamed from the intolerable agony. The pulse was natural; the bowels were regular. The feet were very flat, with scarcely any arch; therefore the plantar nerves were little protected from pressure. It had been a portion of his duty to carry heavy weights on his shoulders for several weeks anterior to this attack, which he considered to be the probable cause. I ordered a blister of the size of a shilling to be applied over the part where the tibial nerve bifurcates, and to remain on twenty-four hours; the epidermis was to be removed, and a powder, consisting of a grain of acetate of morphia and three grains of compound tragacanth powder, to be sprinkled over the denuded surface night and morning. A quarter of a grain of extract of belladonna was ordered to be given three times daily, the dose to be increased every seventh day until he could take one grain three times a day. Thinking there might be some irritation of the medulla oblongata, I ordered a blister to be applied to the nape of the neck, and the discharge to be kept up for three weeks. Under this plan, the tenderness became less, and the paroxysmal pain more tolerable from day to day, until he was perfectly free.

April 2nd. He was quite well; and for ten or twelve days had been able to walk about seeking employment.

April 22nd. I was informed he was almost as bad as ever, in consequence of having walked several miles one day.

About May 1st, he was admitted into University Co lege Hospital, London, where he remained about sev weeks. Numerous external and internal applianc were used experimentally, to afford relief, with vari consequences. Among them were two or three applic tions of blisters to the instep. Great attention was pa to his diet and general health, under which treatme he became somewhat better; and the physician und whose care he had been expressed his sorrow that could do no more for him, and said it would be well return to the country. He would provide him wi medicine, which he could continue to take on reachi home. He did return, and I again saw him after a fe days. Although the intervals of ease were longer, t paroxysms were very severe. He continued the rem dies ordered by the hospital physician until Octob 30th, when I heard he was much worse—indeed, suff ing as much as when first under my care in Februa He obtained admittance into St. Thomas's Hospit about November 15th, where he continued six weel Numerous blisters were applied to the sole of the fo without affording relief; the reapplications were co tinued nearly the whole time he was there. Oth plans were adopted, equally unavailing. He left cidedly worse than when he entered.

Jan. 20th, 1861. I was requested to see him. was in a most lamentable state; the pain was excru ating in the extreme. He said that, ever since t blisters healed, the skin had felt tight like a bandag which aggravated the pain. There was no cessation his sufferings. He pointed to a spot over the intern plantar nerve, and thought there was something whi pricked him, and wished me to cut it out. I examin carefully, and could not discover the presence of a foreign body. He could not bear the foot in a pend lous position; he was obliged to creep up stairs to bed on his hands and knees, but the effort to do aggravated the pain so much that he screamed lo enough to be heard far from his cottage. His ago was beyond description. I have been in the professi forty-seven years, and never knew any one endure much pain. Unless there was some remedy, he mu have sunk. For the purpose of relaxing the skin a relieving pain, I ordered a strong lotion of belladon covered with oiled skin; this was continued a wh week; it was then removed. The feeling of a banda no longer existed. I ordered two leeches to be appli to the part in most pain; this gave him so much ea that he repeated the application several times. Stro anodyne doses were administered twice or thrice daily.

Feb. 1st. The poor fellow's sufferings were so e treme that he was disheartened and inconsolable. now determined to try the effect of inhaling oxyge This appeared to be one of those cases in which Birch would have tried the therapeutic agency of th element; viz., "diseases otherwise incurable, eminent dangerous, or very intractable." His pulse was sma and weak; he had no appetite; very little sleep; he w very pale, and exceedingly attenuated. The urine w clear.

Feb. 4th. By means of Barth's apparatus for pou able oxygen gas, the oxygen was administered in th proportion of one part of oxygen to eight of atmospher air. After inhaling two gallons in five inspirations, intervals of five and ten minutes, his pulse becam fuller and stronger; his spirits were improved; he ha less pain. After the first inspiration, the blood beg to mantle his cheeks.

Feb. 5th. After yesterday's inhalation, he had litt pain until bedtime; but during the night and followi morning the pain had been very severe. The uri was greater in quantity, very turbid, loaded with urat and phosphates.

'eb. 6th. He had been almost free from pain. The
ie was turbid; his pulse was stronger; the appetite
improved.
'eb. 7th. He could bear pressure on the affected
t; had no pricking sensation; he was almost free
n pain.
'eb. 8th, 9th, 10th. Oxygen was used daily since the
. He had been free from pain. The health had
n daily improving, and the appetite was excellent.
'eb. 26th. Since the 10th, oxygen had only been
d every other day. He was perfectly well.
'eb. 7th, 1862. Wm. R—— has been quite free from
ailment since February 1861; and during the larger
tion of the time he has been able to follow his usual
ation as a labourer.

SE OF MAMMARY CANCER: REMOVAL: RELAPSES.

By Francis Troup, Esq., Auchtermuchty, Fife.

)UT the middle of December, 1858, I was requested
ee H. A., aged 45, unmarried. Sixteen months pre-
ısly, when washing herself, she noticed that the left
ple was retracted; and, on handling the breast, felt
ard and heavy. This did not disturb her till twelve
ıths afterwards, when the skin of the areola began
ılcerate, and thereafter, the whole breast to become
seat of frequent lancinating pains. A medical man
then consulted; and poulticing with the bruised
res and stalks of *Stellaria media* was recommended.
ulceration spread, and the darting pains increased,
pite this treatment; and when I saw the diseased
mma for the first time, it presented the following
earances.
Vithin a circle of two inches diameter—the centre of
ch was the much retracted nipple—the skin of the
breast was excavated by a chain of small ulcera-
ıs, with hard and everted edges, surfaces discharging
ı pus, and bleeding from the slightest touch. The
iphery of the ulcerations was surrounded by swollen
purplish-red integument; and, externally still, for
ther half inch, the skin, particularly on the upper
ect of the mamma, was firmly adherent to the parts
ow. The whole gland was hard and stony, not
bbed, and could be freely moved over the pectoral
scle. In the axilla, a cluster of similarly hard and
bile glands could easily be felt. The patient, a per-
of lively disposition and great moral courage, had
little of the green-yellow complexion of malignant
ease. She menstruated regularly; her pulse was
id; and her appetite had only lately begun to fail.
ere was no history of ancestral cancer or consump-
ı; both parents had lived to very old age; and one
er had died of typhus.
The patient was anxious to be rid of the disease, and
lingly accepted all risks, immediate and future. Ac-
dingly, assisted by Dr. John Lyell of Newburgh and
son, on December 29th, 1858, I operated. Incisions,
ming a broad oval and traced in sound skin, were
de round the diseased mass, and the dissection was
ried down to the digitations of the pectoralis, a part
which was cut away, as it was incorporated with the
nour, and the disease thus cleanly removed. Many
ssels sprang; but were merely closed by torsion. The
ps, with a great deal of straining at their sternal half,
re approximated by seven silver wire sutures. Adapta-
n was perfect, save at the three most sternal sutures;
ere the incisions met only where the stitches were
d. The axillary glands were then dissected out. A
d of skin was pinched up, as in herniotomy, the knife
n through it, and the indurated glands hooked up
th a tenaculum, and, chiefly by tearing, removed. In
ur weeks the whole incisions had closed.

The parts removed weighed one pound. When cut into, the tumour was crisp and resistent. The cut surfaces in the neighbourhood of the nipple were veined with radiating white-blue bands: elsewhere they were yellowish, and flecked here and there with arborescent deeper yellow streaks. The first section disclosed three or four cavities of the size of peas, filled with semifluid glistening matter, which the microscope shewed to consist of exceedingly numerous crystals of cholesterine, molecules, oil-globules, and brown-black granule cells and masses. The solid matter composing the yellow streaks could be picked out in nodules; these, when crushed and examined, consisted of free nuclei, fatty cancer-cells, free fat, granule-cells, and more rare cholesterine-crystals. Hence, probably the cavities seen on section were originally the site of nodules of the yellowish matter—the so-called reticulum—whose cell-elements, having undergone fatty degeneration and disintegrated, so left the cavities. The surfaces of all the sections made soon bedewed themselves with a dirty white fluid, which consisted of granule-masses, oil-globules, and cells, round, oval, oblong, and caudate, with nuclei, varying in number from one to five; the more spherical cells almost invariably only containing one, which then nearly filled the envelope. Save on the pectoral aspect of the tumour, sections made with Valentin's knife shewed little trace of filaments; but in that quarter they were numerous, interlacing confusedly among the cell-elements, or forming band-like trabeculæ, the interstices of which were stuffed with largely nucleated round and oval cells. Sections of the axillary glands shewed the same absence of fibres and more common fusiform and caudate cells, including secondary ones; no reticulum nor cavities. On removing the areolar tissue and fibres of the pectoralis from the under aspect of tumour, its surface was seen to be bossed with cysts tensely filled, so that the fluid contents squirted out on puncture. These cysts were as large as a hazel-nut, or as small as a pea. The fluid in every one opened was amber-coloured, and slightly glutinous: that of the smaller ones contained no cell-forms, but was finely molecular—the molecules being soluble in ether; that of the larger presented, first, abundance of very finely granular, or homogeneous and transparent, uninucleated, round, and cylindrical cells, varying in size from 3-7000ths to 12-7000ths of an inch; and also, aggregated patches of cylinder cells in single stratum. Acetic acid caused some precipitation or coagulation in the interior of the isolated cells; for they became darker and coarsely granular under its action. The walls of the cysts were composed exteriorly of connective tissue, with numerous spiral and anastomosing fibres of various degrees of fineness, interpenetrating it; internally, of cylindrical epithelium in single layer; the aggregated patches of cells seen floating in the fluid contents of the larger cysts being, doubtless, detached portions of this lining.

For more than a year, the patient remained free from disease, but at last it returned in the arm-pit. The lump there was, in February 1860, of the size of a small egg. As her sufferings were severe, she wished again to be operated on; and this time, I enucleated the tumour by M. Maisonneuve's plan of circular cauterisation. The base of the swelling was circumscribed by seven or eight punctures with a bistoury, and when the knife was withdrawn, a like number of flat conical arrows, made of Canquoin's paste, were pushed into the openings so made. In a few hours, the mass thus isolated was dead; and in ten days had sloughed out, leaving a healthy sore, which rapidly filled up, and I had again the satisfaction of seeing my patient free from pain. But in five or six months, the old induration was again begun; and now, December 23rd, 1861, the axilla is one large open ulcer. As yet, the mammary cicatrix is sound (three years after operation); but at its sternal extremity there is a suspicious looking tubercle, the size of a split-pea, which I doubt not is cancerous.

My case will not favourably contrast with that of Mr. Haynes Walton, related in the JOURNAL of December 14, 1861. Possibly, the disease had not been thoroughly eradicated from the axilla in the first operation; more possibly, at forty-five years, the formative processes, whether physiological or pathological, can more easily and in shorter time evolve tissues, healthy or morbid, that at sixty-four.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

LITHOTOMY BY ALLARTON'S MEDIAN OPERATION.

By AUGUSTIN PRICHARD, Esq., Clifton, Bristol.

[*Read Nov. 28th,* 1861.]

J. S., aged 35 years, was admitted under my care into the Bristol Royal Infirmary, on the 8th of last October, suffering severely from disease of the urinary organs. Two years before his admission, he had met with an accident, and had fallen across a joist, producing some extravasation of blood and other serious symptoms. For the relief of this injury, he underwent some surgical operation, at the hands, I believe, of our late associate Mr. Godfrey; and a catheter was kept for some days in his bladder, being withdrawn covered with phosphates. He was subsequently under the care of one of my colleagues at the infirmary, and left, being relieved from the urgency of his symptoms, but without the discovery of the nature of his disease. Upon admission as my patient, he seemed to be suffering excessive pain, being much emaciated, with hectic and constant dribbling away of his urine, with intense burning pain in the region of the bladder. He was a man with a very dissatisfied, complaining way; and, having undergone much surgical treatment, was very *au fait* with his technical expressions, telling me that he had "ulcerations in his urinary passages", and "inflammation of the neck of his bladder".

I ordered him some tragacanth mixture with alkali, to relieve some of the irritability of his bladder; and an opiate at night; and for some days took but little notice of him. He appeared, however, to suffer so severely, that it was necessary to investigate his case more completely; and I therefore passed a sound, which slipped into his bladder with the greatest ease, and came directly upon a stone. I judged from this fact that the stone was large.

The operation was performed on the 18th of October, the patient being under chloroform, and held up, after the introduction of the sound, by the lithotomy-straps which I have before described, and which answer their purpose admirably in any case requiring full exposure of the perinæum. I made a small external cut, opened the urethra, and passed the probe and then the finger easily into the bladder; and, after two or three trials, in consequence of the forceps slipping, I withdrew, without any particular difficulty, a regular oval calculus, weighing *three ounces and forty-nine grains*, and measuring two inches and five-eighths in length; in width, one inch and three-quarters; and in thickness, an inch and three-eighths. (Fig. 1.) It was composed of phosphates and lithic acid. There was very trifling hæmorrhage; and, upon talking to him in the ward when he recovered from the chloroform, he had no idea that any operation had been performed, and was very much astonished when I showed him the stone.

From this time he had no trouble for more than a fortnight; and, although all the urine came through the wound until the sixteenth day, *he soon obtained th* *power of retaining it in the bladder*, and thus the be was kept in a comfortable state. On the 3rd of Novem ber, the urine began to flow through the urethra, an the next day all came the right way; but he was seize with acute orchitis of the left side; and, as soon as thi yielded to treatment, the other testicle became inflame and retarded his recovery.

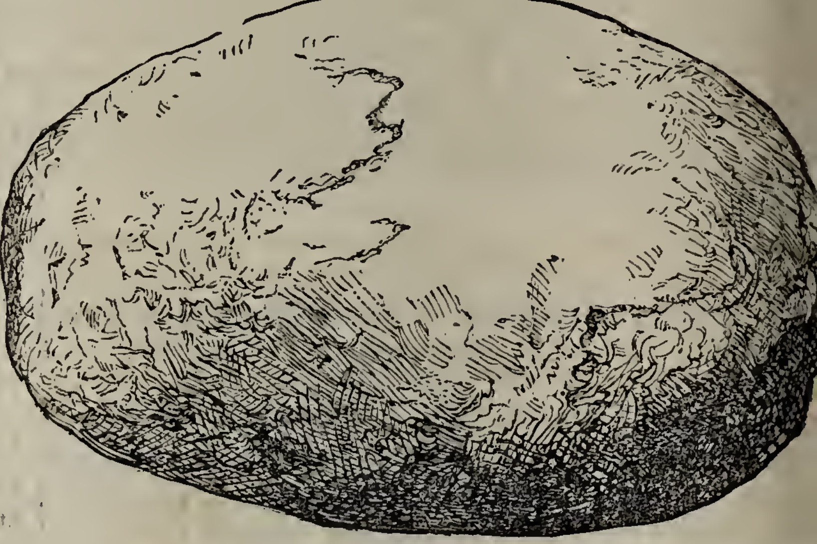

Fig. 1.

He went out very much improved in condition ar general health; and, in fact, I should have reported hi quite cured five weeks after the operation, had he n said, on the day when he went out, that some dro of urine passed *per anum* when he passed urine. I ha no other evidence that his rectum had been in any wa damaged; and he told me that this symptom, which l had noticed since he got up, was daily decreasing.

Before making any comments upon the operation, will have the pleasure of narrating three other succes ful cases not yet recorded, the reports of which hav been kindly sent to me. The operator was my frien and namesake, Mr. H. L. Prichard, of Taibach, Gl morganshire, one of those numerous iron districts South Wales, where so much energetic and skilful su gery is needed and practised. The cases, which I gi very nearly in his own words, will speak for then selves.

CASE I. D. H., aged 15. The operation was pe formed June 10th, 1859; and the bladder was reache without difficulty by the median section, as recommend by Mr. Allarton; and the stone, although its smalle diameter was nearly *two inches*, and its weight mo than *two ounces and a half*, was slowly but easily e tracted. (Fig. 2.) The hæmorrhage was very slight, ar

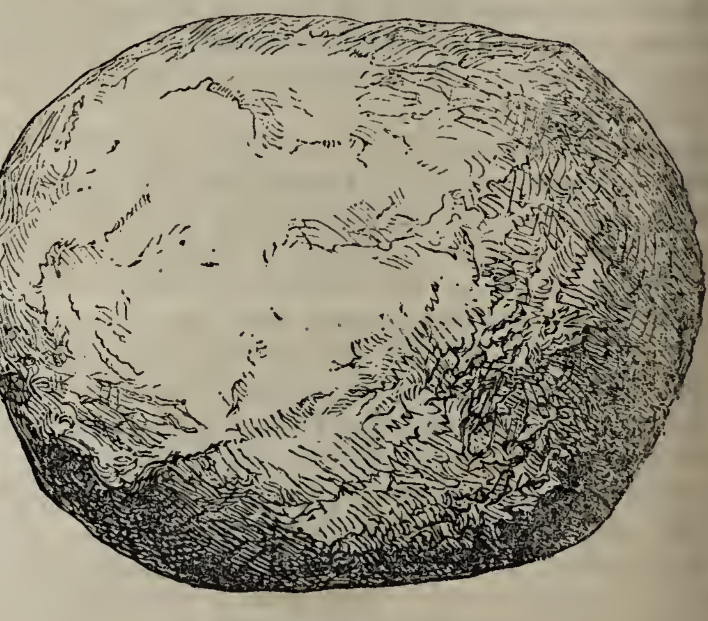

Fig. 2.

the case gave no trouble until the fifth day, when vomi ing and purging came on and kept the man very low for week, after which he rapidly recovered. He retain

urine, and passed it by the natural way in three
s; and, at the end of seven weeks, the wound had
ely healed.

ASE II. J.W., aged 27. In this case, Mr. H. L. Prichard
crushed a stone three years previously; but, after
operations, the bladder became so irritable that the
eeding could not be repeated. The patient went to St.
holomew's, where Mr. Paget performed the lateral
ation, and extracted three large fragments. At the
nning of this year, Mr. Prichard saw him again,
found that he had a stone close to the neck of the
der, and that he had never been free from inconve-
ce since the last operation; and that, evidently, a
l fragment had remained behind, the nucleus of
resh formation.

e was operated on in last June; and, while strug-
; and striving under the influence of chloroform, he
d down an extensive prolapsus ani, which delayed
operation; but, when once the staff was struck, it
rapidly completed, and a singularly shaped stone
removed in two portions. (Fig. 3.) The bladder
ared to be completely lined with calcareous matter.
recovery was more tardy, for calculous matter was
antly being thrown off, and the wound took three
hs to heal; but the man has now returned to his
having, however, a strong disposition to the forma-
of stone. Five years previously, Mr. H. L. Prichard
ted on his father by the lateral method.

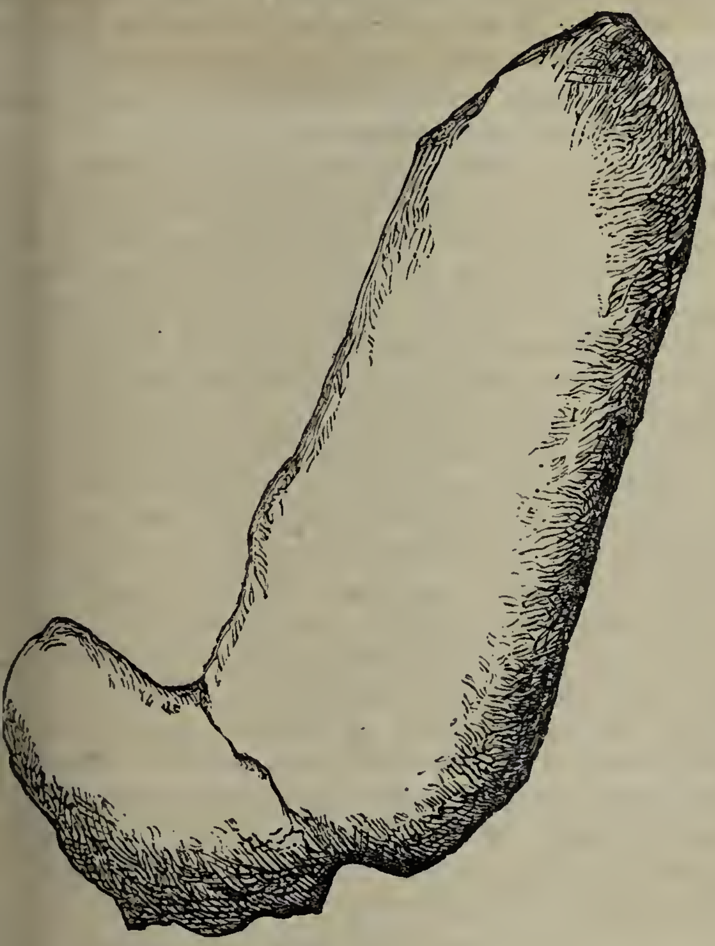

Fig. 3.

SE III. C. E., aged 7. This boy was operated on
r. H. L. Prichard, on the 2nd of January, 1860, by the
an section. There was no sort of difficulty in
ing the stone after the staff was struck; but a pro-
s ani here also occasioned some delay. The stone
removed in two portions, and weighed two drachms
ut six grains. (Fig. 4.)

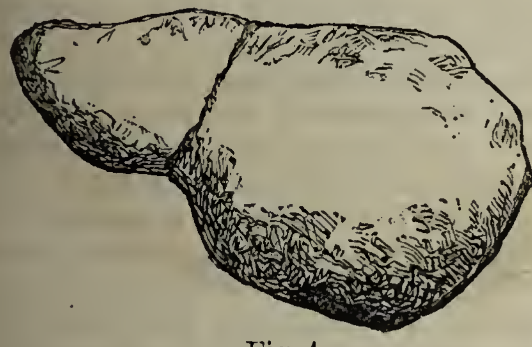

Fig. 4.

Five days after the operation, the boy was found sitting up at dinner with the family; and it was with difficulty that he could be kept in bed after the first twenty-four hours. The wound had completely healed in three weeks.

Taking these very successful cases as my text, I will make some remarks upon Allarton's operation, as it may be called; for, however much writers may ignore its origin, and call it a revival of an old operation, yet, as it is now performed, the credit of it is due solely and entirely to Mr. Allarton.

With myself and my colleagues at the Bristol Royal Infirmary it has superseded the lateral operation, and I do not understand why it has gained ground so slowly in London. I can hardly think that it is merely from the accident of its provincial origin, although it is as difficult for a medical or surgical discovery to flow upwards towards the metropolis, as for the fashion of a lady's dress from America to be adopted as confidently as if it came from Paris.

At a meeting of the London Pathological Society last month, Mr. Henry Thompson brought forward a fatal case operated on by Mr. Cadge of Norwich, where the stone weighed an ounce and a half, and the bladder was in a diseased state; and Mr. Thompson is reported to have said that the operation had the credit of being more liable to be followed by urinary infiltration *under* the prostate, than the lateral. This certainly is not the fact; and Mr. Cadge's case seems to have been one unfortunately complicated with enlarged prostate and diseased bladder.

Mr. Erichsen, who holds a deservedly high position as a teacher of surgery in one of the largest London schools, in his lectures makes a comparison of the two methods; and his summing up, which on the whole is in favour of the median operation, in my opinion ought to be much more so, and for the following reasons. In common with many other surgeons of the metropolitan hospitals, he says that it is not adapted for large stones, which idea is disposed of by such cases as that which I have brought forward. He does not consider it useful in children, where the success of the lateral operation is always great; but he altogether ignores the important fact that, after median lithotomy, the little patient can hold his urine, if not from the date of the operation, at any rate very shortly afterwards; and that the recoveries in children are so rapid, that they have frequently been found running about in two or three days—a thing unheard of where the lateral operation has been performed, and where deeper structures have been concerned. The prostate in a young boy is so small and insignificant an organ, that there is nothing to cut through in the lateral operation, and the neck of the bladder will stretch almost indefinitely at this age. Mr. Erichsen further advises, in some cases, the operation of lithotrity, and the removal of the fragments by the median section; thus completely admitting the greater safety of the incision. I think, on the contrary, that in suitable cases the right plan would be to make the section first, and crush the stone afterwards with the screw-forceps or short lithotrite through the wound, if it could not be withdrawn by the forceps. And, lastly, Mr. Erichsen objects that there is no space to remove a large stone by Allarton's operation, because the cut is made so much in the anterior half of the perinæum, so that there is but little space for the necessary manipulations between the rami of the ossa pubis. This argument seems to me also quite untenable; for in the lateral operation, if the stone is dragged forward, it will be stopped by the bones in like manner; and it is always necessary, especially with large stones, to depress the handles of the forceps at this stage, and the calculus will come out; and the same result would follow the same manœuvre after the median section, for the tissues behind are very soft and yielding.

Mr. Syme of Edinburgh, in his book lately published, called *Clinical Surgery*, simply says that the lateral operation is the best, and that the various proposals for its improvement are so many steps in the wrong direction. I think that it is not unfair to infer that Mr. Syme has never tried Allarton's method of lithotomy, perhaps because the lateral method has been sufficiently successful in his hands.

In the case of the proposed improvement, all operators have found more facility in removing the stone than they anticipated beforehand from the smallness of the section.* Moreover, in the lateral operation, when the prostate has been properly divided, supposing it to be of a natural size, it is quite impossible that stones weighing six ounces, or even two ounces (as in the six successful cases with which Mr. Syme begins his chapter on Lithotomy), can be removed by the forceps without considerable stretching of the aperture, even by Mr. Syme himself; and, if this is so, it is reduced simply to a question of the degree of stretching to which the tissues of the prostate gland itself and the neck of the bladder may be safely exposed.

And, lastly, to conclude my paper, which has grown far beyond what I intended, I must mention that, two days ago, I received a letter from Mr. Allarton, with some interesting statements, which I will quote almost in his own words. He is printing his second edition of *Lithotomy Simplified*, under the title of *Modern Median Lithotomy*; and I hope that we shall soon see it published. It appears that he has only collected about 152 cases altogether, of which 16 occurred in Alexandria, under the care of Dr. Ogilvie; and he gives the following interesting table of 137 cases, in which all particulars have been satisfactorily recorded.

Age. Years, including	No. of Cases.	Deaths.	Average.
1½ to 10	57	2	1 in 28½
11 to 20	16	1	1 in 16
21 to 30	10	None	
31 to 40	6	None	
41 to 50	6	2	1 in 3
51 to 60	13	1	1 in 13
61 to 70	24	7	1 in 3½
71 to 80	5	None	
	137	13	1 in 10½

Besides 15 cases and 1 death reported from Alexandria, where no ages are given.

The numbers may be objected to, as being scarcely sufficient for very full comparison, and perhaps it is so; but there certainly appears a wonderful success in the case of adults. In London, the deaths among adults on whom lateral lithotomy has been performed are said by many writers to equal the recoveries, and the great majority of old persons subjected to the same ordeal also succumb; while the general average of deaths at all ages is one to five or six cases of recovery. Mr. Allarton, who supplies me with these facts, adds that, as far as the collected cases go, the ratio of mortality is 50 per cent. less than in the lateral operation.

Taking the 72 cases of twenty years of age and under, we shall have a mortality of 1 in 24; while in the 63 cases from twenty-one to eighty, it is 1 in 6¼; the latter number being less than the total mortality from the lateral operation, taking all ages into the calculation.

I think that these facts are very striking, and to me they are convincing; and I do not see that any argument can be brought against them, except the smallness of the number.

I am conscious that I shall have appeared, in t
course of this paper, a strong partisan of the new ope
tion, and this I confess myself to be; and I would l
all who have an opportunity of doing so to give i
trial, for it has not as yet had a fair chance of bei
adopted generally, and I believe it to be *essentiall*
safe operation.

SHROPSHIRE SCIENTIFIC BRANCH.

ON THE MEDICAL ACT, 1858.

By William W. Morris, Esq., Clun, Shropshire.

[*Read January* 18*th*, 1861.]

I have been induced to draw your attention to
Medical Act of 1858, in consequence of what most of
consider a misconstruction put upon its meaning
objects by some members of our own profession.

On the very threshold of this subject, the quest
which first arrests our notice is:—What was inten
by the passing of the Medical Act? Most assuredly
answer will be: The suppression of practice by ignor
pretenders; the more easy enabling of the public
ascertain, by reference to the Register, who are, and
are not, qualified practitioners.

The more indirect objects which it was evide
meant to attain were not merely the greater legitin
pecuniary emolument of the genuine practitioner,
the elevation of the entire class, both in educati
status and public esteem; as well as, to the public,
only the advantages thereby accruing, but a degre
protection from robbery by rapacious quacks, and f
malpraxis by vulgar impostors; so that at least, if pe
would be imposed upon and cheated, not only of mo
but of health, and even life, they should do so with t
eyes open. No one, surely, will say that its princ
object was to set individual members of our profes
by the ears, or to make each one of us a judge (at
rate, *coram publico*), of the comparative value of th
spective qualifications of his professional brethren.

It is undoubtedly true that those who have taken
illiberal and narrow view of the Act, have some s
show of excuse in the ambiguous wording of some c
clauses; but this is indeed a shallow, sandy founda
to depend upon, or on which to build up a threat of
secuting a legally qualified brother practitioner. I
phraseology is too much like the oracular

> "Aio te, Æacida, Romanos vincere posse,"

the result would, in the main, depend upon the
parative abilities of the solicitors respectively for
prosecution and defence, and not necessarily on the
merits of the case. Under such circumstances, "Prud
would be the better part of valour."

But, if doubt were felt as to the true meaning of
celebrated 40th clause, the marginal note should,
would think, set this at rest, for the short synopsi
explanation is merely "Penalty for falsely preten
to be a registered person;" so that at least, those
are registered are not implicated, and ought to
been unmolested as far as this clause is concerned
it had been intended to prevent a physician calling
self a surgeon also, or a surgeon calling himself a
sician also, the marginal note would probably have s
this. It may be thought that one who has p
medical examinations only has no right to call hi
surgeon; but what is the precise meaning of the
"surgeon." In the time of my apprenticeship such
sometimes distinguished as "surgeons," or "pure
geons"—who had nothing to do with medicine or
ailments that could not generally be relieved or cur
operation or external application. By the public,
ever, the term has been for a long period conventio
used to denote a general practitioner, and recomm
itself for that purpose by its brevity. Some may say t

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* Our Secretary, Dr. Marshall, tells us that he has seen Mr. Syme perform the median operation; which makes it, in my opinion, all the more remarkable that he should so decidedly reject it.

'al practitioner ought to pass both surgical and
:al examinations: granted; but if one who has
d a medical ought also to pass a surgical, ought not
vho has passed a surgical only to pass also a medi-
xamination? Yet who has heard of any mere
C.S. being prosecuted by a local registration asso-
n? And why have "simple L.S.A."s been selected,
they have actually been the individuals, and not
imple M.R.C.S.s, who have complied with the law
e land: for the Apothecaries' Society of London
wed a legal qualification, while the College of
eons did not: the Hall prosecuted those who dis-
ed and charged for medicine without a license, when
ollege was powerless to restrain the practice of
ry without a diploma. If Licentiates of the Hall
ld be proceeded against, so at least should Mem-
of the College: for the former (the license), has
rally been considered a nobler prize than the latter,
gh less high-sounding perhaps, and required not
a more prolonged curriculum, but an acquaintance
a greater variety of subjects. These possibly
le distinctions, however, appear to have been ignored
e passing of the Medical Act Amendment Act of
19th, 1859, in which the fourth, or title column of
dule D, was repealed. The legislature thus em-
ically (and very properly I think, under the circum-
es), removed a stumbling-block which would
ably have been a very fertile cause of offence and
rd, and it would have been well if local registration
ties had followed in the same peaceful path.

would, perhaps, have been better if the Act had been
decidedly non-retrospective, by the substitution of
use to that effect in favour of all those practising, at
ime the Act was passed, either medicine or surgery,
possessing any qualification included in Schedule A,
the 46th clause, which empowers the Medical
ncil to do so. Now, the Medical Council were asked
ke this step in certain cases, but they positively re-
l, stating (why, I cannot see), that it was out of
power. It would have been only just, and accord-
o precedent, thus to favour existing practitioners,
ast if otherwise they were to be prosecuted. Nearly
cts of Parliament *have* been made more or less
retrospective. It was not to be expected with so many
ing examining bodies in various parts of the kingdom,
iring such varied curricula, and so many other con-
ns, that individuals under all sorts of local and per-
l circumstanees should have passed precisely similar
ninations, or even otherwise than, in many cases,
ly different ones. Much argument however, would
be thrown away on this point, seeing that the present
ical Act is not only crude, vague, and unsatisfactory,
has already been pretty generally pronounced worse
a mere dead letter—even positively pernicious. It
caused dissensions which will never (in many cases),
econciled, and been productive of injuries to indi-
als which are irremediable, for we all know there
some wounds which never heal; and it has very
ously given a greater encouragement than ever, by
tion, to quackery.

his, then, may not be an inappropriate place to in-
e into the desiderata of future medical legislation
the question can on no account be allowed to rest
re it is. Imprimis, the assimilation and equalisation
urricula and examinations, as much as possible, is
oubtedly very desirable. Either delegates from the
erent existing bodies should form more or less cen-
examining boards, or the curricula and examinations
uld be precisely similar at all the existing boards,
their titles, and therefore also those conferred by
ir diplomas, should be the same. In the former
, the Colleges, or Royal Colleges of Surgeons of
gland, Scotland and Ireland, and their members
pectively; and in the latter, the Colleges, or Royal
leges of Surgeons of London, Edinburgh, Glasgow,
Aberdeen, Dublin etc., and their members respectively: the term "surgeon" here including practitioner in medicine and midwifery—for the sister sciences should, without doubt, go hand in-hand. All general practitioners should be examined, previously to practising, in all these subjects; and thus, the conventional term, "surgeon" would still exist, and imply in reality what it is generally supposed to do. Those who chose subsequently to devote themselves exclusively to medicine, surgery, midwifery, or any of their specialities, would be at liberty to do so.

Before commencing a professional curriculum, all intending students should be required to show a certain amount of proficiency in general or preliminary education, as by passing a matriculation examination at some university of the United Kingdom. And those who became consulting practitioners, either in one department or the other, should be obliged to obtain a degree either in medicine or surgery, as the case may be, from one of the universities, and to have been in practice under a general practitioner's diploma for a sufficient term of years previous to taking that degree.

With regard to the prosecution of illegal practitioners, this should be undertaken by the local associations, under the sanction of the Medical Council; or, better still, by the Medical Council itself. In all cases those who are now practising with legal qualifications should, by a special clause in the new Act, be left unmolested, for it is clearly impossible for them to recall the past, and to go again through a course of study of a different nature from that already accomplished, as though they had their time over again. In order to be able to prosecute, it is evident that any new Act should make it penal to *practise* without qualification, and not merely to do so for gain, or to assume a title.

If quackery is to be discouraged, we must not preface or even adulterate our proceedings with the pulling of each other to pieces, but must unite hand and heart in the struggle, and we shall then, by opposing a firm front to the enemy, be more likely to obtain victory.

Any future Act should be as simple as conveniently possible; let it be clothed in plain, intelligible English, and let it not attempt too much at once. It should, however, be at least a step in the right direction; experience will then dictate at the proper time any further amendment that may be required.

Such, gentlemen, are some of the ideas on this question held by a very humble individual. The subject is undoubtedly one of great importance, admitting of much variety of opinion, and of almost endless discussion as to matters of detail, but if we can be brought to agree on those points of the greatest moment which would form a general basis of action, the details may safely and properly be left for further consideration.

A Physician should be Learned beyond his Profession. Physicians in the present day should justify the appreciation of Sir Thomas More, who found in the physicians of his time men of unsurpassed intelligence out of the immediate sphere of their profession. He that knew nothing out of his profession, and is redolent of the shop, may be readily conceived to have but an imperfect knowledge of even that. Science consists not in our profession, in experience alone. The old fogy, who rides still upon his rawboned horse along hard roads, and mounted upon a porcupine saddle, clad in cob-web breeches, while he could go easily on his journey's end upon a railroad, and yet prates of his experience, is then no representative of the science of our profession. The younger and enterprising are the great sources of intelligence with us; panoplied in science and ardent in the pursuit of knowledge, they give birth to the useful and practicable. (*Dr. McPhail's Address.*)

Reviews and Notices.

AN INQUIRY INTO THE MEDICINAL VALUE OF THE EXCRETA OF REPTILES IN PHTHISIS AND SOME OTHER DISEASES. By JOHN HASTINGS, M.D. Pp. 103. London: 1862.

THE contents of these 103 pages are, the author tells us, given prematurely to the world; and in this wise. He was charged before the College of Physicians with having administered simple water as a new remedy; but of this he was unanimously acquitted by the censors. He was led, however, during the censorial inquiry, into explanations of the nature of his new remedies; and he goes on to say:

> “As the action of these agents is so instantaneous in allaying pain and irritation, I had no alternative but at once to give the profession the results I had arrived at.”

The logical sequence is not clear in this; for the pain-alleviating action of the remedy could scarcely have been altered by the inquiry before the College. Here, however, comes the public announcement of the discovery, which is reptiles' excreta—the article to be obtained at the Zoological Gardens; at Jamrack and Rice's, wholesale reptile-dealers, Ratcliffe Highway; and at some other reptile-merchants' houses in Liverpool.

In 1854, Dr. HASTINGS tells us, he gave “an account of the medical value of 548 different agents employed by me in the local treatment of hooping-cough”. Since then he has “unceasingly pursued the inquiry”, and thought he had “exhausted every substance within my reach which the vegetable and mineral world afforded”. Dissatisfied, however, with labours which would have sorely tried the faculties of many scores of ordinary men, our author, with the craving spirit of an *excelsior*, was satisfied that there were yet greater things in store for the physician who, like himself, had the courage to seek.

> “To the physician the Almighty has said, as he has said to all, ‘Seek, and ye shall find’; but the history of medical science only too faithfully testifies how unwillingly the physician has answered to the summons.”

To this reproach cast at the lot of us, Dr. Hastings himself, as we have seen, is not obnoxious. He has sought; and he has again found, in reptiles' excrements, a cure for phthisis and many other ailments. How he arrived at this triumphant conclusion, through what experimental stages he passed, what “various animals” or “animal products” he tried on suffering humanity before he fell upon this true one, “it would be foreign to his purpose to detail”.

Impure urate of ammonia, then—reptiles' excrements—the one-two-hundredth of a grain in water, taken internally and rubbed in externally, is the remedy “so instantaneous in allaying pain and irritation”.

It is disappointing to find that Dr. Hastings does not pretend to state that, when a person has large cavities in his lungs, is wasted to a skeleton, and every organ of his body impaired, this excrement will restore him to health, and, like sewage-matter well applied, create new life and beauty. He will not say all this of his remedy. Let us, however, be thankful; the doctor is convinced that, if you catch the disease early enough, you can by the aid of ejecta realise a cure.

> “I only seek to prove that this is the most powe auxiliary in resisting the ravages of consumption t we have yet discovered.”

Need we wonder why that pythoness which brooding over her hundred eggs should be an obj of such intense interest to *Punch* and all the wor This progeny of snakes will, for the first time in history of the world, belie their character, and bri healing instead of curses unto man, if the docto views be good. The idea suggests a new Laocoo group—the Æsculapian serpents strangling gigantic fiend Phthisis Pulmonalis.

But, joking apart, has a living doctor really cau the precious elixir which Sir Bulwer Lytton can find—the art of defying death—of scotching phthisical serpent gnawing its way through breast of man? Alas! we fear not yet. This d tor, unfortunately, gives his cases—his *exempla* prove his thesis; and we must, indeed, annou them as such to be lamentable failures as support of his proposition. They may please the *popu qui vult decipi*, but are sadly below the level of t satisfactory proof which severe medicine now quires. We verily believe, and we say it most c scientiously, that if Dr. Hastings had rubbed one-two-hundredth of a grain of cheese-parings, had administered one-two-hundredth of a grain chaff, and had treated his patients in other respe the same as he doubtless treated them, he wo have obtained equally satisfactory results. W for example, can give much credence to the sta ment that one-two-hundredth of a grain of reptil excreta—impure urate of ammonia—cured phth or hooping-cough, rubbed in externally? We s pect that every one of us, except Dr. Hastings the aforesaid *populus*, will believe that the frict —the cutaneous excitation—and the careful sugg tions in the way of diet, etc., which so skilled a p sician as Dr. Hastings would assuredly make to patient, as *adjuvantia* to be attended to, had so thing to do with any beneficial changes wh occurred *after* these reptiles' excrements, in doses one-two-hundredth of a grain, had been rubbed i the chest. Our author is, we must say, in t matter, as oblivious of the distinction between *p hoc* and *propter hoc* as any veritable homœopa By another fact he also prejudices his case or remedy. He gets too much out of it. He not o cures incurable disease (as we call phthisis), b curable diseases also—shingles, hooping-cough, zema, leucorrhœa, menorrhagia, scrofula, acne, rh matism and gout, asthma, bronchitis, and catarr This remedy hits them all hard. Such, at least, the conclusions drawn by the doctor. Doctors, ho ever, differ; and the conclusion we draw from t premises is, that they are quite devoid of satisfact proof that reptiles' excrements are of value in a one of the diseases in which Dr. Hastings admin tered them.

We think the author would have acted more wis and usefully if he had stuck to his first intenti and had “not published this little volume until had completed my investigation into the nature the agents now for the first time brought under t notice of the profession”. We suspect that, wh he *has* “completed his investigation”, he will tell t viper's dung is not, after all, "that sovereign'st iedy for an inward wound" which he now deems The serpent was ever a deceiver, and belongs to poet and toxicologist rather than to the theraitical physician.

MŒOPATHY AS PRACTISED IN MANCHESTER, CONTRASTED WITH ITS ALLEGED PRINCIPLES. By W. ROBERTS, B.A., M.D. Manchester: 1862. Pp. 84.

E have much pleasure in recommending this little *chure* to our readers, either for their own perusal that of their intelligent lay friends. Dr. ROBERTS itiously addresses himself to the exposure of what s come under his observation in Manchester only, ough with an evident belief, in which we coincide, it much the same state of affairs will be found to ist elsewhere. If the inhabitants of Cottonopolis ssess but a tithe of the practical common sense which they usually obtain credit, we fancy that s *exposé* must prove the *coup de grâce* to the sysn of medical delusion which has, we understand, en so greatly patronised by them. Henceforth, ien the globule trade is pressed upon their notice, recommend them to refer the urgent vendors to essrs. Cobden and Milner Gibson to be dealt with, iile the Spurious Trades Marks Bill is under coneration. If one of the results of the scarcity of tton should be to equalise a little more the prortions of wit and wealth among some of our Lanshire Hahnemannic dupes, it will at last be someing for our transatlantic cousins to point to as a sult, however small, from their formidable prerations.

There was a time when it was not unbecoming men of high standing in the profession to say mething in disproof of the fallacies of homœothy. We know them to be sheer delusions or mething worse; but, once for all, there was no rm in giving our reasons. That time, however, is w past, and nothing remains consistently with lf-respect but to preserve the contemptuous silence commended by Sir B. Brodie. Another phase has w come about; and there is still one task that can worthily undertaken by one occupying the prossional status of Dr. Roberts—not any longer to scuss wild and insane theories, but to *prove*, as ost of us have surmised, that the delusion exists longer, even in the minds of the so-called homœothic practitioners, though its appearance may be pt alive by many of them purely as a successful ick of trade—we had almost said, as a means of taining money under false pretences. This he has ne beyond the reach of cavil.

We have not space here to enter into his details; it his plan has been simply to gather from every ailable source the prescriptions of homœopathists, id to lithograph the originals for the edification of hom it may concern. The result is, that out of xty-seven prescriptions, taken without the slightest lection, and written by several practitioners, only ght were infinitesimal in their dose. "Of these ght, four were given alternately with other medines in full dose, and the remaining four were on o papers; so that out of the entire number, *only o patients* were treated by infinitesimal doses lely!" Satisfactory reasons are also given for the elief that these figures rather underrate than otherise the frequency of large doses.

Let it not be supposed, however, that all this was plain and above-board. Thirteen only of the sixty-seven prescriptions were honestly legible in the ordinary form; but the way in which appearances are kept up is by the adoption of certain signs, A and B, totally unknown in the works publicly circulated, but understood by the chemists; and by means of which doses of active tinctures, stronger than our ordinary officinal ones, can be prescribed "under the rose". For full details of this "dodge", we must refer to Dr. Roberts himself.

Not content with proving the abandonment o infinitesimals, the facts regarding the law of "similia" are investigated in a similar manner and with equal success.

Among other items, the writer has proved the exhibition in palpable dose of arsenic in ague and psoriasis; of iodide of potassium in strumous swellings, secondary eruptions, and syphilitic nodes; of nitrate of silver in nervous disorders; belladonna in whooping-cough; ergot in inertia uteri; cod-liver oil in phthisis; morphia in diarrhœa and peritonitis; castor oil, croton oil, and colocynth, in constipation; oil of male fern in tænia; quinine as a tonic; emetics in croup; unguentum sulphuris in scabies; calomel and morphia in ovarian tumour; laudanum in flooding; iron as a tonic; ferri et quinæ citras in debility; camphor in diarrhœa and cholera.

After such samples of homœopathic treatment, well may the author pronounce the whole affair to have become "*vox et prœterea nihil*"; and well may he express an opinion, that to have condoned such a "trick of trade" by professional intercourse, "though it would have check-mated some who now grow fat on public credulity; and would have also given to the profession a transient reputation for liberality; yet it would have been neither an honest nor a dignified course."

Much credit is due to the author for the trouble he has bestowed on so unsavory a subject; and if we have any fault to find with him, it is that he has so carefully repressed the indignation so naturally following the inferences from the facts he has given us.

ON TEETHING OF INFANTS; ITS PREVALENT ERRORS, NEGLECTS, AND DANGERS; their Influence on the Health, and as Causes of Death in Children; including the Dangers of Teething Powders, Soothing Powders, Soothing Syrups, etc. Illustrated by Cases. By HENRY HANKS, Licentiate of the Royal College of Physicians of Edinburgh (by Exam.), etc. Pp. 124. London: 1862.

MR. HANKS has written this book for the instruction of the "medical and general public". On the part of the medical public we will say this only; that we do not believe the present generation of practitioners, however much they may have to learn, to be so stupidly ignorant as to habitually commit the error which Mr. Hanks denounces—that of ascribing each and all of the ailments of early childhood to the influence of dentition. If, then, the author of this work had written it for medical men only, he would have performed at least an act of supererogation—one of little or no merit.

Among the general public, however, there is certainly a great amount of ignorance on the bearings of the physiological and pathological processes which take place in children; and Mr. Hanks seems to have had presented to him at least his full share of instances of such ignorance and its mischievous effects. His accumulated experience in this line has at last roused him to come forward in print, and to do battle with certain child-destroying notions that, originating probably in our own profession in its past days, have, even after having been exploded from medical science, been pertinaciously retained by the public. The object of his attack, then, is the idea that all and each of the disorders to which infants are subject during the period of the first dentition are to be attributed to that physiological function. He meets, we learn, constantly in his practice with cases of infantile ailments in which medical aid has been frightfully neglected, the mothers having the idea that it is "*only the teeth*"; and that, as the disease (diarrhœa, skin-eruption, or whatever else it may be) is the result of teething, therefore said disease will cease when the teething-process is completed. *Sublatâ causâ, tollitur effectus.* What is perhaps still worse, however, is the practical application which is popularly made of this false reasoning, in the shape of the administration of various well-known nostrums, the ostensible object of which is to relieve the sufferings caused, or supposed to be caused, by the evolution of the teeth. Every medical man must know at what a horrible rate the system of physicking infants with Godfrey's cordial, Dalby's carminative, etc., is still carried on. Against all this error Mr. Hanks cries out with the voice of warning and denunciation.

Mr. Hanks has written earnestly, and with the best intention; and we hope he may have his reward in the good produced by his book. As we have already intimated, it is a book more for the public than for the medical profession; and, regarding it in this light, we cannot conclude without expressing our satisfaction at finding that Mr. Hanks has most carefully avoided giving any information which may be laid hold of by mothers and nurses as a guide to amateur physicking.

British Medical Journal.

SATURDAY, MARCH 15TH, 1862.

MEDICAL WITNESSES.

If language were not given to medical men to conceal their thoughts, it is far too often used by them to obscure their meaning; and this too at a time when they have no opportunity of removing the obscurity.

We have had occasion lately to call the attention of our readers to the difficulties under which medical men labour when they appear in the witness-box. We endeavoured to show that one fruitful source of annoyance to the witness, and of obstruction to the investigation of truth, is to be found in the crooked ways and means which gentlemen of the bar adopt to puzzle those whom they are appointed to examine. Medical skill is a coy and a very jealous mistress.
She will not be conciliated by any flattery that do
not place her above all her rivals. You may que
tion every part of a lawyer's character except th
which relates to his honesty; but you must not a
proach the doctor's professional skill unless yo
mean to take no exception to its excellence. La
yers well know this to be one of our weak point
and accordingly, when they get us under a cros
fire, they feel a pleasure in exposing us to the rid
cule of a censorious and hostile public by uncove
ing the nakedness of our dogmatism. Yet if we ma
be allowed for one moment to hold the friendly mi
ror up to our neighbours, there are passages in t
forensic life equally ludicrous to the audience, an
far more surrounded by danger to the actor. Whe
counsel address the jury in reply, we are sure
hear that either too much or too little has been sa
on the other side. Thus, in the late lunacy ca
which has occupied so much of public attention, t
learned counsel for the defence urged that t
paucity of evidence produced by the petitione
must be regarded as proof of the meagreness
their cause; while, on the petitioners' behalf, it w
argued that the pleaders on the opposite side, w
were instructed to use unwarrantable abuse of the
adversaries, plainly showed in what a "desperate a
hopeless condition" their case must be which r
quired to be supported by such means. The hollo
ness of these rhetorical artifices is apparent to eve
one. No juryman with a grain of sense could f
to see that each would have said the same of t
other if they had changed places; and that neith
advocate approached the real merits of the case,
the solution of its difficulties, which, after all, rest
on the preponderance of the medical testimon
This indifference to the ascertainment of trut
which is partly the result of our barristers habit
ally using plausible arguments, and partly of the
resting content with some of the stereotyped ru
of rhetoric, is an error fraught with much danger
the conscience of the man who is always calli
"evil good and good evil."

It is proverbial that medical men make bad w
nesses; and we must confess that this would still
the case, even if all advocates, like Sir Matthe
Hale, took pains to discover nothing but the tru
by keeping their witnesses free from the entang
ment of irretrievable contradiction. The root of t
perplexity lies deeper than the surface, and must,
believe, be sought for in a loose habit of observati
Almost every fact we observe, or symptom that
notice, is a compound effect of sensation and inf
ence, and the validity of our decisions mainly d
pends upon the accuracy with which we weigh o
inferences, and the care we take to keep oursel
within the bounds of probability. We listen to t
beating of a heart supposed to be diseased; and
hearing a particular sound, we infer the nature a

tion of the diseased structure, partly from the racter of the sound and partly from the examin- n of other signs with which we have previously ome acquainted. The object we have had in v; namely, to understand the nature of the lesion; been revealed to our minds from the considera- i of several separate facts; and our conclusions ecting that object may be relied on in propor- i as our perceptions have been clear and our de- tions unbiassed and accurate. All legitimate in- ences, then, are amenable to the laws of induction; l if we could always confine ourselves to these hout affirming anything in our descriptions which not warranted by the limits of our knowledge, might escape the impertinent interference of the yer, and do the state essential service.

Nine times out of ten our professional brethren nnot, in the witness-box, leave a simple narra- e alone. The incomprehensible laws of organic e are dragged before the public, and treated with much familiarity as the commonest occurrence in r every day practice. Some theory or hypothesis generally involved in statements that were ginally meant to be plain matters of fact; and a sitive knowledge is set forth, and attempted to be intained, on questions the most abstruse and ubtful. We ridicule the globulistic dictum, *simi- similibus curantur*, as untenable and absurd; yet me of us are bold enough to assert a theory, upon ich the stimulating plan of treatment is adapted all congestions, with as much obstinacy as the under of the celebrated Brunonian system, and ith as much wisdom as the author of the *Fallacies the Faculty*. We have no wish to clip the wings what has been called "the scientific imagina- on"; but we charge those who possess the gift to ke care that they cultivate it within the bounda- es of sound reasoning. For the purposes of close servation, and of definite description in our art, mething more is required than a mere ability to llect, compare, and register phenomena; the mind the physician must have laid up for itself the eneral principles of medical science, and the par- cular elements on which those principles are based. oreover, the success of his professional career will epend, in great measure, on the activity of his per- eptive faculties when he comes to apply his ac- uired knowledge. That practical virtue, which our atients call "experience," is a compound habit of emory and attention; and he knows best how to se it who, however much he may commit himself to peculation at the bedside, takes care never to confound is cautiously observed facts with any conjectural ypothesis when he is sitting quietly in his closet, or s giving evidence on oath before a jury.

One word on the language commonly employed by medical men to express their meaning. It would be well if we could always speak what we have to say in plain English; instead of calling on our hearers to listen to the lofty and ornamented phraseology of science. Although we cannot quite agree with Sir John Coleridge, who on one occasion scolded a medical witness for using the word "tumefaction" instead of the word "swelling" (for the two terms may have denoted two different appearances of the same thing to the witness), yet we should be glad to hear, in a language so rich in synonymes as the English, a more frequent sound of the pure Saxon tongue. It may frequently be necessary, even at the risk of offending the taste, to introduce scientific terms, the *voces artis*, in our ordinary descriptions, since there are many anatomical and other names for which we have no equivalent in English. Against this we have nothing to say; our object here is simply to warn our readers against encouraging in common conversation the use of fine words. No other vulgarity, not even an affected style of dress, is so sure at once to give our best patients an unfavourable impression of our education, and to bring discredit on us as a body. No other peculiarity is so sure to attract the notice of counsel when they find us in the witness-box, and consequently to expose us to the mortification of being laughed at.

There is yet to be considered briefly the one great cause which, in our judgment, lies at the bottom of the educational and professional defects we are speaking of; we mean the evident decadence of classical erudition in our schools and seats of learning. Medicine for the last fifty years has been gradually drifting away from its old attachments to classical scholarship; and in this respect, it has suffered, perhaps, more than any other profession. The future physician is no longer attracted to the universities of Italy and Germany; nor, indeed, to those of Oxford and Cambridge, for the sake of the special training these academies afford. A mighty tide in favour of physical education has set in; and in proportion as proficiency in the principles of natural science has increased among students, the ambition to attain a high literary qualification has fallen off. A profound modern thinker has said: "The learning of its medical profession is a foot in the tripod of a country's erudition." You cannot remove or injure this foot without endangering the whole superstructure of liberal education. We may continue to cram our boys with the facts of so-called natural philosophy, and to show them how to cultivate their senses for the work of physical diagnosis; but if we neglect, in their early teaching, the *literæ humaniores* which embrace the only fit preparation of the young mind for so broad and difficult a study as medicine; not only will they fall short of holding their own, and of vindicating their position in the battle of life; but the literary eminence which the country at large enjoys will lose one of its pillars, and will probably be compelled, in the next generation, to accept a place among the nations in which letters have declined. Let the preliminary instruction of medical men consist, almost exclusively, in an objective cultivation of ancient scholarship, and we have no fear for our professional brethren, either when they draw their conclusions at the bedside, or when they have to give the result of those conclusions in a court of law.

THE INOCULABILITY OF SECONDARY SYPHILIS.

M. Cullerier, who for so many years maintained the non-inoculability of secondary syphilis, now, like M. Ricord, admits the fact:—

> "Now," he says, "that the question is decided, and the passions which it excited are quieted, we ask, with surprise, how could it have ever given rise to so much controversy? The answer is to be found in the want of precision shown by the contagionists in their development of the subject. All, in fact, which they told us was: secondary symptoms are contagious; here are experiments; here are observations; behold and believe! But they did not, as they should have done, tell us what form of secondary syphilis was thus communicable. M. Langlebert, in 1856, seized upon the fact that secondary syphilis is transmitted in the form of a chancre. He showed that syphilis, primary or secondary, always commences with a chancre. If (we may argue) secondary syphilitic lesions are contagious, they are so evidently because they contain within them the venereal virus; and this virus, from whatever source it is taken, is always of one and the same nature. Consequently, communicated to a healthy person, it should produce the series of accidents proper to syphilis, commencing with the chancre which is its first manifestation. This pathogenic law, laid down first by M. Langlebert, has been further illustrated by many observers, by M. Rollet, by M. Fournier, and others. M. Galligo of Florence, in 1860, inoculated himself with matter taken from mucous tubercle, and a chancre appeared on the spot seventeen days afterwards. M. Viennois has also developed the experiments of his master, M. Rollet. His thesis contains an useful summary of most of the observations and experiments relating to the transmission of syphilis; and these works appear to me to have established, by observation and experiment, the fact so long controverted, of the contagiousness of the secondary lesions of syphilis."

As regards the alleged contagiousness of the blood of syphilitic patients, which has been accepted on such very insufficient grounds, and other like questions, M. Cullerier adds:—

> "These questions are surrounded with difficulties; and no better proof could be given than that of the forty-six children of Rivolta. How can we discuss such facts, when the doctors who have witnessed them cannot agree about them? My own experience utterly fails in their interpretation. During twelve years which I passed in the Lourcine, I confess that I performed a great number of vaccinations, taking the vaccine from the arms of children affected with constitutional syphilis, and passing it into the arms of healthy children; but I never have had to lament once the smallest accident in the latter; and I may add that I never took the smallest precaution in performing the operation.

The importance of the fact of the communicability of secondary syphilis is evident enough. As M. Cullerier says, what was formerly denied by himself a M. Ricord; viz., that an infant affected with muc tubercle in the mouth can produce a chancre in t breast of the nurse who feeds it, is now an accept fact. They did not arrive earlier at a knowledge the fact, because they always refused to practise oculation of the venereal virus on an unaffected su ject. The secondary virus, in their experiments, li the vaccine virus, was without effect, because it w only inserted into the bodies of those who were ready constitutionally affected with the virus.

THE LORD CHANCELLOR AND HIS LUNAC BILL.

Medical evidence has again afforded the House Lords nuts for cracking. Really, there is somethi senile, as well as pitiable, in the jokes cut by Lord Chancellor and my Lord Shaftesbury on t evidence of "mad doctors," as they call them. T Lord Chancellor must know very well that he is playing a straightforward game in this. Can an thing be more unjust, for example, than that a m in his position should pick up isolated sayings out we know not what book on Lunacy, and then, becau of their apparent weakness, cast a slur upon medic evidence *en masse?* Hear his lordship:—

> "I shall quote from a book of great authority; and think your lordships will see that to commit an issue this kind to be determined by the testimony of men i fluenced by such considerations is a great mistake and great cause of injustice. The writer in question, a m of great experience and eminence, says: 'A princip characteristic of some patients is a peculiar want harmony in the expression of the features; in others, fixed expression of some intense emotion, and a twitc ing of the orbicularis or other facial muscles is not u common.' That, my lords, is a fearful announcement f those who are afflicted with a nervous peculiarit [*Laughter.*] 'In a great many cases of chronic mani the hair becomes harsh and bristly.' [*Laughter.*] would recommend all persons to lay in a stock of M cassar oil, to avoid the danger here pointed out. [*Co tinued laughter.*] 'The skin of the scalp becomes loos and medical men should never omit to examine the ear and if they discover a shrivelled ear it tells an unden able tale of profound mental disease. 'Altogether, th effect of mania, and, indeed, of all forms of insanity, to stamp upon the patient a remarkable degree of ugl ness. [*Laughter.*] That is a very dreadful announc ment for plain men; but let not the ugly man hope t escape the conclusion by clothing his face with a smi of good-nature; because nothing 'is a surer proof insanity than a pleasing smile always present.' [*Laug ter.*] Now, my lords, are these trifling rules to be a lowed to prevail upon inquiries of such moment."

Can any arguing be more grossly and manifestl unjust and puerile? Then, again, Lord Shaftesbur has his jokes, and creates "laughter." His lord ship was strongly of opinion that a lady whose stat of mind was being investigated was of sound mind contrary to the opinion of the doctors. A medica man of great eminence took him aside and told hin the lady must be insane, "because she subscribed to the conversion of the Jews." The probability ; the eminent doctor was cutting a joke at my hich he could not appreciate ; or, at all events, ore than probable that the tale would bear a ifferent construction if told by the chief actor lf. Happily, however, these noble jesters do ive it all their own way. There are other d lords who take a totally opposed view to ; and when the Lunacy Bill comes on for a reading, we shall probably find the Lord Chan- has considerably to modify his views. One however, we may well draw from his jesting, and ;, the views of the public on the value of me- evidence. How comes it reduced to so low an ite ?

ST. THOMAS'S HOSPITAL.

eaders may remember that, in discussing the fu- site of St. Thomas's Hospital, we have con- y insisted on one main principle; viz., that in lection all considerations should be subservient one main and grand object of the charity— ost perfect and effectual relief of the sick. This ple has, we are glad to find, been recognised e authorities of the hospital. Moreover, we more than once suggested that, as a datum for considering the matter, a table should be pub- showing the districts to which the patients in ospital belonged. Such a table has been issued; is incomplete, for it gives only the number of its belonging to the south of the Thames. out pretending to analyse the table, such as it would say of it, that it proves conclusively we have maintained: that the largest portion e patients do not come from the immediate ty of the hospital ; and that, therefore, it may nestly removed into the suburbs of London, till be as accessible as ever to the majority of the nts who now enter its walls. The plea, there- for erecting the hospital within the Borough ct—within the circle of smoky air, and London rs, and sunless atmosphere—utterly fails. The s seems to be ignorant of the fact that there is a place as Guy's Hospital, with over five hun- beds—a sufficient provision, one would think, ll the accidents and urgencies of the vicinity.

THE WEEK.

GRIFFIN, the energetic prosecutor of the rights e Poor-law medical officers, has issued a circular e effect that the Select Committee of the House of mons on Poor Relief will not probably resume sittings until after Easter. In the meantime, alls upon the profession, and upon the Poor-law ical officers in particular, to enable him to say that he "represents the opinions of a vast body of the profession," should he again be asked this question by the committee. To enable him to do so, Mr. Griffin asks "each medical man who approves, *in the main*, of the evidence already furnished by me, should send me his subscription ; if two-thirds of the officers will do this, it will be an unmistakable answer." It is manifest, that to carry on this struggle funds are necessary. It is, indeed, too much to expect Mr. Griffin to fight the battle, and pay the expense of it likewise. This very appeal costs £13 : 15. Mr. Griffin, therefore, and most reasonably, asks that those who approve of his labours should help him according to their means. "Even the poorest might contribute thirty postage stamps; whilst those better provided with this world's goods might send me five, ten, or twenty shillings, according to their means." We sincerely hope that Mr. Griffin's appeal, at this crisis of the question, may meet with its suitable answer.

COULD any greater proof be given of what may be effected in the saving of human life by a wise sanitary discipline than the following facts, stated in Parliament by Sir G. C. Lewis :—

> "I will read for the committee some statistical returns, which I believe to be authentic, and which will show a marked improvement as regards the rate of mortality in the army. The returns are taken for two periods for an average of six years—1830-36 and 1859-60, giving the number per thousand. The annual mortality of the household cavalry from 1830 to 1836 was at the rate of 14 per 1000; in the latter period it was only 5 per 1000. In other cavalry it was at the first period 15 per 1000; in the latter only 6 per 1000. Royal Artillery, 15 per 1000 in the first period; in the latter only 7 per 1000. Foot Guards, 21 per 1000 in the former period; and only 9 in the latter. The Infantry of the Line, 17 per 1000 in the former period; and only 8 per 1000 in the latter. The returns for the colonies, of all forces, for the same periods, showed that for the former, namely, from 1830 to 1836, the mortality at Gibralter was 22 per 1000; but in the latter period only 9. Malta showed a diminution from 18 to 14 per 1000; Ionian Islands, from 27 to 9 per 1000; Bermuda, 35 to 11 per 1000; Canada, 20 to 10 per 1000; Jamaica, from 128 to 17; Ceylon, from 74 to 27. These are great results, and they are owing to the changes made in the sanitary condition of the army."

DURING 1860 and 1861, M. Civiale has operated in 120 cases of stone, in 115 men and 5 women. 88 were cases of lithotrity ; of which 3 died and 79 were cured. 17 patients were lithotomised ; of whom 8 were cured, 2 recovered with fistulæ, and 7 died. 15 cases were not operated upon ; of these, 6 died, and 9 remained alive.

There is an *Universal Society of Ophthalmology*. Each year it changes its seat of action from one to another of the great scientific centres of Europe. Eleven such centres of action have already been chosen ; viz., Berlin, Brussels, Leipzig, London, Munich, Paris, Prague, Turin, Utrecht, Vienna, Zurich.

Each centre has its Committee. The London Committee is composed of Messrs. Bowman, Critchett, Streatfeild, and White Cooper. This year the meeting takes place in Paris, between September 30th and October 3rd.

M. Briquet, in the *Gazette des Hôpitaux*, gives a striking case of fatal embolia. A young woman, aged 27, for many years affected with varicose veins of the left leg. Twice she had suffered from phlebitis. In the beginning of November, she was again attacked with exterior inflammation of the saphena vein. She was received into La Charité, and progressed favourably until Dec. 8th, when she was suddenly seized with an indescribable sense of distress, which made her cry out in fear. The persons who ran to her found her extremely pale, and quite altered in appearance. She felt a deep pain the chest, the arms were violently agitated, and there was great dyspnœa. She cried out that she was being stifled. The pulse was thready, the heart's beat very tumultuous, but without abnormal sounds. She died in about twenty minutes. At the autopsy, the external saphenous vein was filled with a blackish hard clot, more or less adherent to the red walls of the vein. The clot ended suddenly at the groin, where the saphenous passes into the femoral vein. The iliac vein and vena cava were free. The heart and its cavities were healthy; but the pulmonary artery was filled with a clot, which was doubled up, and filled the artery at the point where it divides into its two branches. The clot was quite unattached; it was fifteen *centimetres* (about five inches) long, quite cylindrical, and about one *centimetre* (about one-third of an inch) in diameter. Its calibre answered to that of the internal iliac vein. It was reddish, very consistent, hard, and composed of coagulated fibrine. The lungs were pale, and almost exsanguineous; but otherwise perfectly healthy. There can be no doubt that in this case the clot was separated from that in the femoral vein, and carried along with the venous blood through the right auricle and ventricle, and arrested in the pulmonary artery.

The Archæological Society of Waes, at the suggestion of Dr. Van Raemdonck, are taking into consideration the propriety of erecting a bust in memory of the famous anatomist Philippe Verheyen, who was born at Verrebroech, and who, from the position of a simple shepherd, raised himself to the rank of Rector Magnificus of the University of Louvain, about the end of the seventeenth century.

M. Montagne, the botanist, replaces M. Geoffroy St. Hilaire in the Academy of Medicine.

M. Kühne asserts, and M. Bernard backs his opinion, that the extremities of the nerves of muscles penetrate the muscular fibre. The neurilemma, however, does not so penetrate, but only the essential parts of the nervous cord, viz., its cylindrical But there is no fusion between the muscular nervous elements—merely contact. The fact been observed by M. Kühne in all classes of mals.

Dr. Hermann, who has had great experien the treatment of syphilis, has peculiar ideas con ing the nature and treatment of the disease. "S lis", he tells us in the *Wien. Medicin. Wochen.* "is a local disease. It is accurately limite forms which stand in immediate organic conn with the original disease, and have a local ch ter." He knows of no such thing as a general s litic poisoning of the blood, and affirms that al forms which have been hitherto traced to a syph crasis of the blood, and considered as constituti do not belong simply to syphilis, but are disti to be traced to chronic mercurialisation—to th mixture of mercury with the blood. There is one single cause of syphilis—syphilitic conta and he maintains that uncomplicated syphilis, all its forms, is a completely curable disease. syphilis is not followed by any relapse. It req only local treatment. Mercury and iodine ar the remedies for it. Iodine is only a remedy the mercurialisation, and so indirectly for the s lis. Such are the views which Dr. Hermann learnt from his experience. During the last years he has had under his hands in the W Hospital some two thousand syphilitic patients, have most of them been treated without mer In three hundred of these cases, which present exquisite forms so-called constitutional syphilis clearest proof was obtained that they belonged t class of mercurialised diseases. In all the cases which came immediately under his care, was not one single case in which the constitut syphilis was developed.

M. Chalvert, writing of the insalubrity of Fr hospitals, says, *inter alia:* "The charpie and d ent materials used in dressing wounds, etc., are too long in the wards. They absorb gaseous nations. By an unfortunate coincidence, also supply of charpie is generally kept by the si the *lieux d'aisances* (we cannot say water-clo I have seen", he writes, "the same bag conta charpie for a month's consumption actually ke the very *lieux* where all fœtid and morbid and matters from the ward were deposited. More the apparatus, etc., which have been used in d ing, and soaked in pus, etc., are often left al morning in the wards. Compresses, pads, etc all massed together, and become a focus of emanations. The washing often of the linen in poultices, etc., is very defective. Splints, a are not cleaned and washed, and often give putrid odour in the room where they are kept."

ogress of Medical Science.

ussusception in Children. At the conclusion of
borate paper, founded on the records of fifty cases
ussusception in children, Dr. J. Lewis Smith, of
ork, gives the following aphorisms:—
imple intussusception is common in the jejunum
eum of infants, but intussusception sufficiently
to constitute disease, or to be attended by symp-
very rarely, perhaps never, occurs at this age in
all intestines (the small intestines constituting
terior, as well as the interior of the mass). In
en above the age of one or two years, intussuscep-
f a grave and fatal nature does occur, though
in the small intestines. 2. With a few exceptions,
at of the grave form of intussusception, or the so-
inflammatory, is the first part of the large intes-
3. There is no symptom which will enable us to
uish, with certainty, intussusception in the small
ne, from that of the colon. The main difference
s to be severe pain, and more constitutional dis-
ce, less tenesmus, and less abdominal distension.
m an analysis of 47 cases of intussusception,
ch the ages are given, it appears that the period of
st frequency of this affection is between the third
xth month, the maximum number being at the
month, and there are more cases under the age
year, than between that age and the age of twelve.
es reported show an excess of male children
d over female in the proportion of two to one.
der the age of one year, intussusception begins,
st cases, suddenly, in a state of perfect health.
onally, the attack is preceded by diarrhœa or con-
on, or the two alternately, or by dysentery. Above
e of one year, there is usually, not always, pre-
disorder of the bowels. 7. Worms are rarely the
of intussusception, but, in a few instances, it seems
produced by the irritation of lumbrici or ascarides.
s disease, in children, with a few exceptions, com-
s either with the inversion and prolapse of the
end of the ileum through the ileocæcal valve, or
he invagination of the caput coli in the colon. The
ed intestine, gradually descending towards the
, draws after it the successive divisions of the
the veins of the mesentery, or meso-colon, are
essed; circulation is arrested, causing intense con-
of the capillaries, which, in the infant, commonly
ay, and occasionally in older children. In rare
which are usually protracted to several weeks,
estine remains pervious, and circulation is not
cted. Occasionally, the whole invaginated mass
ived into the portion of intestine below, forming a
intussusception of great thickness, and neces-
fatal. In a few instances, intussusception begins
ascending, transverse, or descending portions of
lon. There is, at first, no inflammation in the in-
ted mass, but the attrition of its serous surfaces
causes local peritonitis; general peritonitis does not
The containing or external portion of the inva-
n becomes much pressed together or puckered.
arely, the large bloodvessels of the abdomen are
essed by the invagination or by the cicatrisation
follows the process of sloughing, producing se-
results. 9. The symptoms are pain—sudden,
, and at first paroxysmal, but finally more or less
nt; vomiting, constipation, or, rarely, diarrhœa;
motions of blood in infants, and occasionally in
children; tenesmus; sometimes convulsions; after
days, a quick pulse, abdominal distension and
ness, and a haggard and anxious countenance.
he location and even shape of the tumour can
be determined by external examination, and a probable, but not precise, idea of its location can be formed by noticing the resistance offered to injections. 11. Cases in which the intestine is strangulated are fatal within eight days. If the intestine continue pervious, and its circulation unobstructed, the child may live for many weeks, if he do not recover. An early death is often from convulsions. 12. In infants, the proportionate number of fatal cases is larger than in older children, on account of their greater feebleness, and of the complete and almost immediate strangulation of the intestine, as shown by the bursting of its capillaries. I know of no favourable case of intussusception under the age of one year, while, between the ages of two and twelve, more than one-third of the cases reported in the medical journals recovered. 13. There are three modes of favourable termination:—first, the reduction of the displaced intestine, with immediate relief; secondly, a gradual subsidence of the symptoms and return to health, the displaced intestine remaining invaginated, but being pervious, becoming atrophied, contracted or agglutinated, so as not to interfere with digestion or the normal action of the bowels; thirdly, sloughing and expulsion of the invaginated mass. The second method is stated on the authority of Rilliet and other European observers. All who recovered in the preceding collection of cases recovered in the third mode, the expulsion of the mass occurring between the sixth and twelfth days, with an average of nine and a half. 14. There are two modes of death: first, by convulsions; secondly, by exhaustion. The latter is the usual mode. 15. The treatment is simple. Purgatives are useless, if not injurious. As early as possible, large injections of water should be used. If these fail to reduce the intestine, air should next be thrown into the rectum by means of a bellows or other contrivance, until the abdomen is greatly distended. If the repeated use of air and water is unsuccessful, we should soon desist from active treatment, and endeavour to sustain the patient's strength till the bowels are reopened by sloughing. Opiates should be given to relieve pain and keep in check the serous inflammation, and, when the abdomen is tender, poultices may be employed; but, further than this, our reliance must be on nutritious diet and stimulation. (*American Journal of Med. Sciences*, Jan. 1862.)

Diabetes Mellitus. Dr. Moore, of Dublin, makes the following clinical remarks on a case of this disease. The experiments of Bernard have shown that the animal organism is capable of forming sugar irrespective of the nature of the ingesta; he found the liver to be this sugar-forming viscus. The final results of Bernard's researches show, that the increased formation of sugar by the liver and its appearance in the blood, is the result of some exciting cause which acts by reflex action, conveying the stimulus to the medulla oblongata, from which it is propagated by the filaments of the sympathetic to the liver, therefore, he attributes the excessive elimination of sugar as due to exalted action of the liver. On the other hand, Dr. Prout has regarded this disease as a dyspepsia. From observations, and from a variety of reasons, he has long been of opinion that the mode in which the gelatinous tissues became effete is by their conversion into two classes of complementary principles, of which urea or its equivalent constitutes one principle, and the saccharine principle in some of its forms the other. To a certain extent, these secondary destructive (catalytic) assimilating changes which the gelatinous tissues undergo, appear to be natural. They only become a source of mischief when they are excessive, or otherwise abnormal or diseased. Dr. Pavy, in connexion with this subject, and on reviewing the results produced in these cases by the influence of food, concludes that in the healthy person the starch and sugar consumed as food are assimilated, and rendered subservient to the requirements of the economy. That in the diabetic there is an absence of this power of assimilation, so that whatever of such food is taken, on account of its not being not properly elaborated, it filters through the system in obedience to the simple laws of physics. That in thus passing through the system, the sugar in such quantities so alters the normal character of the circulating fluid, as to unfit it for duly performing the healthy operations of life, and in this manner occasions the functional disturbances and structural changes that occur in diabetes. Should such an excessive action be due to the liver as M. Bernard conceives, I think pathology would give us some evidence, but that viscus did not betray any special proof of exalted action during life; on the contrary, in the case detailed, the liver was below the normal weight (weighing only forty-two ounces), and its structure generally seemed healthy. Dr. Pavy has recently published some cases, from which he concludes that there is the want of the power of assimilation, the starch and sugar ingested filtering through the system in obedience to the laws of physics generally. This seems very plausible at first sight; but on further inquiry you will see it only goes half-way to account for the excessive sugar production, as we find many cases where the excretion of sugar is greatly in excess of that entering into the composition of the diet used, and therefore we must infer that Dr. Pavy's conclusions are, to say the least of them, imperfect; in fact, he himself adduces a case in which a patient was given four ounces of bread during two days, and yet 1425 grains of sugar were altogether passed. This was more than could have been derived from the bread itself, which weighed 1750 grains, of which weight a considerable portion was due to water. In connexion with this case he remarks, that it would seem that such food in the diabetic not only remains unassimilated, and as it were, filters through the system unappropriated, but gives rise to mischief by its presence, occasioning a production of sugar that would not otherwise take place, Now, these latter observations point to a sugar-producing material inside the body, and seem to me to fall in with Dr. Prout, whose views, for my own part, I am more inclined to indorse than those of the other authorities referred to; viz., that the abnormal catalytic changes of the gelatinous tissues account for the presence of sugar in the urine, the material for disease being within the body. In short, from the close observation of numerous cases, it has been found that the mere excretion of the sugar ingested will fall far short of accounting for the excessive elimination of glucose or urea; and therefore, I think, we must look to the protein constituents for their share of this abnormal sugar production. (*Dublin Medical Press.*)

Deodorising Cod Liver Oil. Cod liver, or castor oil, shaken up with an equal volume of water distilled from off the leaves of the wild cherry tree, in a manner similar to that directed in the *Edinburgh* or *Dublin Pharmacopœia* for cherry laurel water, and left to rest forty-eight hours before separation, acquires, by this simple operation, an extremely sweet perfume, and agreeable taste of almonds; the taste remains as long as the digestion lasts. Oil flavoured in this way, could be taken by many persons who reject it in its natural state. Castor oil is not affected in its purgative action by this process. (*Louisville Med. News.*)

Collateral Cardiac Circulation. M. Beraud describes what he terms the *superior ligament of the pericardium.* Its use is to firmly fix the pericardium and prevent its descent; it also fixes the transverse portion of the aorta, the trachea, and the œsophagus. M. Beraud also describes a collateral circulation in the heart. Differing in this respect from most of the other organs of the body, the heart has hitherto been described as having only a principal circulation. M. Beraud now asserts that, like other organs, it has an
sory one also. He says that, besides the coronar
there are other cardiac veins, which carry the blo
the superior diaphragmatic veins. These vei
accessory to the coronary veins. They are two i
ber: one passing into the aortic plexus, and the
into the plexus of the pulmonary artery. The fi
sents three ramifications, which, proceeding u
from the surface of the heart, unite at the orifice
aorta. This trunk opens into the aortic plexus,
blood is thus conveyed into the left diaphragmat
and thence into the left brachio-cephalic vein.
other collateral cardiac vein accompanies the pul
artery. It rises in the anterior interventricular f
numerous radicles, passes upwards towards and
obliquely the pulmonary artery. At the upper
the pericardium, it traverses this membrane, a
opens into the left diaphragmatic veins, a little
the aortic plexus, and sometimes by a common
Each of these collateral veins has its origin in
ous and large anastomoses with the cardiac veins.
this it appears that the whole of the venous blood
returns from the heart does not return directly i
right auricle.

Reports of Societies.

OBSTETRICAL SOCIETY OF LOND

Wednesday, March 5th, 1862.

W. Tyler Smith, M.D., President, in the C

NOTE ON THE BRONCHO-PNEUMONIA OF LYING-IN

BY ROBT. BARNES, M.D.

The following note was appended to the
memoir on the "Thrombosis and Embolia of
Women," read at the February meeting of the Ob
Society.

The author stated that observation had lon
him familiar with the fact that lying-in wome
liable to a peculiar form of broncho-pneumonia.
been generally considered that the pulmonary sy
which arise during childbed were the consequenc
violent straining attending the expulsive stage of
and of "taking cold." To him this explanat
far from sufficient. As in typhoid fever, so in p
fever, the lungs were apt to be involved. In
case the cause was similar. It was observed
marked characteristic of typhoid fever was the
alkalinity of the blood. The urine he had fre
found highly ammoniacal on voiding. A simil
dition commonly marked the blood in puerpera
On one occasion the author observed that, the
being partially paralysed, and the urine conse
retained in the intervals of being drawn by the
three times a day, the urine decomposed so ra
the bladder as to evolve large quantities of amn
gas, which escaped in a gurgling stream when
theter was introduced. These circumstances, wit
which need not be enumerated, indicated a dys
the blood, which must produce certain irritatin
throughout the body. The diarrhœa of puerper
and the diarrhœa which frequently happens in
apart from overt fever, were the simple effect
irritation of the intestinal mucous membrane
septic or other offending matter circulating
blood. Peritonitis arose in the same way.
panying this diarrhœa, or apart from it, we mig
broncho-pneumonia. This, in like manner, was
the effect of the irritation of the bronchial
membrane or parenchyma of the lungs by th
offending matter. In some of these cases the

patient had possessed an odour distinctly re- ig that of the foul lochial discharges. It was by aplication of this form of pneumonic irritation author accounted for the fatal acceleration of s after labour. This form of broncho-pneumonia tinct from that which immediately resulted from y embolia.

Ballard believed all authorities admitted that ion of pus or putrilage from the unhealed inter- rface of the uterus was a principal cause of ral disorder, by producing coagulation and in- of the blood in the surrounding veins. It was nerally known that irritation of the mammæ ed uterine contractions. Now he was under a conviction that the mammary irritation which d from the efforts to obtain milk from the breasts the first two or three days after delivery pro- that disturbance of the uterus which gave rise absorption of pus, and thus to the formation of lots in the neighbouring veins. According to n experience, no milk was secreted until a period ty-eight hours after delivery; and in all cases no means had been employed to obtain it before nd even after the development of the secretion, ex- irritation of the breasts had been avoided, there en a complete immunity from puerperal disorders the mildest kind; and in all instances of puer- lisorder which had come under his notice, one or f these precautions had been omitted. He knew was the general teaching that the child should to the breast immediately after delivery; and as ther encourages than forbids an assiduous appli- of it afterwards, he was of opinion that a modi- n of that practice, and a more general recognition dependence of puerperal disorder on mammary on would tend much to the prevention of these ers.

Tanner observed that Mr. Ballard's views were rtling, that he thought it would be better for him body them in a paper for the Society, so that they be fully and fairly discussed.

Barnes said that what he meant by the term ulation of the blood in the living vessels," was the diate causes; and he alluded to the theories of rdson, who held that the fluidity of the blood was rved by ammonia, and of others. The question of nbosis and embolia was a large one; it belonged to al pathology even more than to obstetrics. He not, therefore, conveniently do more than give a al illustration of the subject in its bearing upon eral pathology. That the etiology of thrombosis of other forms of puerperal disease was one de- ig of special study, all would admit; it might also lmitted that one source of puerperal mischief arose the infection of the blood by the foul matters re- l or formed in the uterus after labour; but he was repared to hear the doctrine just advanced, that nfection was promoted by applying the child to reast. The constant aim of the obstetric practi- r was to aid the expulsion of offensive matters by ulating the uterus to contract. Not only in the eral state, but at other times, excitation of the ts was one of the most efficient means of pro- ig this effect. By it hæmorrhage was restrained; which if retained might putrefy, were expelled; thus the patient was secured against the very dan- which placing the child to the breast early was sed of promoting. Surely if this theory were true, peral diseases would be more frequent. In the rnity Charity last year upwards of 4,000 women delivered; not one died of puerperal fever; yet ad no doubt that the practice of applying the child e breast very soon after labour was very generally ued.

Correspondence.

THE ANONYMOUS IN JOURNALISM.

Letter from Thomas Radford, M.D.

Sir,—At the commencement of this letter, I beg to assure you, as the worthy and esteemed editor of the British Medical Journal, that I am satisfied the members of our Association, and, indeed, of the profession in general, need not fear you will allow, at least so far as you have the power to prevent, the malignant remarks of any correspondent to injure any person whatsoever. But, although assured of this, I am still unconvinced by your elaborate and well written article, that "anonymous journalism" is not fraught with great evils. You ask, if I can mention "one single instance in which its right uses have been perverted?" I have no hesitation in affirmatively answering the question; it is, however, needless for me, at this time, to bring retrospective evidence to prove what I consider such a dangerous practice to be intrusted without guarantee into the hands of all men. I do not ignore, but, on the contrary, I have no difficulty in admitting, that we have a responsible editor, and that "literary stiletto-desperadoism is, in the British Medical Journal", under its present management, "a thing impossible"; and so long as an editor feels it to be his duty to be sure of his facts, and acts with the greatest caution and judgment, and also feels personally responsible for comments made by the freedom of language of an anonymous pen. Yet I cannot allow that this kind of writing is either justifiable or safe in the hands of all editors; and I am led to believe that you entertain the same opinion.

In the recent trial for libel, Wells *v.* Webber, fully reported in the *Medical Times and Gazette* (Feb. 15, 1862, page 163), Dr. Alexander Henry, sub-editor of the British Medical Journal, stated that you (much to your honour) refused to insert the libellous remarks in your pages; but another editor, not governed by the same professional rules, hesitated not to give publicity to a document which reflected on the character of Mr. Wells, whose reputation was unsullied. In your comments on this action for libel, you say: "The conduct of the journal which originally published the libel, and thus occasioned all this scandal, deserves unqualified condemnation, etc." (Feb. 15, 1862, page 176.)

Every member of the profession will, doubtless, unhesitatingly and gratefully acknowledge the unflinching attitude you assumed and maintained, in the war waged against those who disgracefully associated themselves in consultation with homœopathists; but your successful efforts to expose this pandering to quackery do not justify anonymous letter-writing. You made the case your own. You fought well, and stood alone, victoriously responsible to those against whom you made the charge. I penned a short letter at that time, which you kindly inserted, in which I condemned as cowardly, anonymous letters on the subject.

You say one of the greatest curbs over professional immorality represented by the medical press would be done away with, if my idea were put into practice; but I confess I cannot agree with you in these remarks. If a man were compelled to give his name, his moral and social position would be raised, if his cause were good; and the benefits accruing to the profession, or to society in general, would be quite as great, if not greater, because the information came open and unmasked.

It is no excuse for a man to betray his neighbour, because he cannot afford to come into open antagonism with him—in fact, it is unjustifiable to make a secret attack. The morality of our profession must be at a low ebb, and I grant it is so amongst some of the members of it, to require to be checked by the chance of an anonymous exposure. This practice is admitted in the detective department of the police; stratagems of all kinds are here employed to bring offenders to justice; but, even here, this is only permitted to detect, not to condemn. The accuser is brought face to face for proof; and so it ought to be in professional trials.

It is a question with me, whether the man who anonymously writes against a professional brother is not as guilty of an infringement on a moral code of rules, as he who has committed a breach of professional etiquette; and I cannot help saying that, in a large majority of such cases, I think the charge is prompted by personal feelings, rather than to maintain the honour and dignity of our profession.

The usual and recognised mode of sending a card of address to an editor as an accompaniment to any document or letter which contains charges of a moral, social, or professional character, ought not be accepted as a sufficient guarantee to warrant their insertion in the pages of a journal. Men influenced by the worst passions may employ agents—men of straw, having no legal responsibilities—pupils or students, who have neither social nor professional status—to do their dirty work; a card is sent, and deemed sufficient evidence of the truth and validity of the information, and, therefore, it is admitted. If the charge proves libellous, and the name of the writer is demanded; sometimes it is readily, and at other times reluctantly, given up; and then, when known, it may happen the party is not worth "powder and shot." This is not an overdrawn picture; it is a fact.

Again, charges not libellous, but eminently calculated to injure the feelings of a man, may be anonymously made. They may be true, or otherwise; under either case, is it the practice for an editor to give up the name of the writer, if required?

If anonymous letters continued to be sanctioned, every facility ought to be afforded for an accused party to clear himself; and if the name of the party making the charge is demanded, it ought to be immediately given.

Your correspondent Mr. Dayman has quite mistaken my object. My desire is to place the editor in a more honourable and justifiable position; not to curtail his power to comment on any question brought before him; but only that the document or letter sent to him should be authenticated by the real name of the writer. I cannot construe the meaning of Sydney Smith as favouring "anonymous writing when great moral evils are to be exposed." He truly advocates licentiousness of the press; he says, "The licentiousness of the press consists in doing the thing boldly, etc." To me it appears the opposite of boldness to anonymously reflect on the moral, social, or professional character of any person; it is cowardly, mean, unmanly, and despicable. But I am sure you will never pen, nor ever suffer your pages to contain any article, that bears "a contempt of the just restraints of the law, morality, and decorum."

"Law is the god of wise men; licentiousness is the god of fools." I am, etc.,

Thomas Radford.

Higher Broughton, Manchester, March 3, 1862.

ANONYMOUS CORRESPONDENCE.

Sir,—Some correspondence has lately appeared in the Journal with regard to your admitting letters, either anonymous or not, commenting on the conduct of members of the profession. Now, I think it is quite clear, as Dr. Radford says, "that it is legitimately correct for the editor of the Journal to bring before the entire body of members any case in which a breach of professional etiquette has been committed;" and then he goes on to add a proviso and advice to you. It is to this
plan of commentary on your proceedings as editor
one member the Association, that I wish to take excep
No doubt Dr. Radford's position in the profession is
that you or any other member of the profession w
be inclined to listen to him; but I hold that you ca
carry on the very laborious and responsible office
have undertaken if you are constantly to be subje
to these interferences from individual members of
Association. If the general body of the Association
that you have not conducted the Journal in a sati
tory manner, and that the general interest of the A
ciation has been damaged by your management,
proper and legitimate mode of action would be to
a vote of want of confidence in you at the annual
ing. If, sir, you receive any more letters of advi
should advise you to keep them within your own br
or it will assuredly give rise to a correspondence,
variety of opinions sure to be expressed in which
lead to injury of the Journal and Association.

With regard to the question of all communica
bearing the writers' names, I disagree with Dr. Rad
I think, if there were more of the anonymous in me
journals generally, it would tend to an improved
of communication. I fear now much that is comm
cated to medical journals with the writers' *names*
addresses is meant to reach other than professional
and that journals are made use of as means of ad
tising the writers to the public. If a case or cases
communicated to the profession only, where is the
cessity of being so particular as to the address of
writer? where the necessity of reprinting their com
nications, and extensively advertising and circula
them among the public?

One word on the advertising of medical works.
has now reached a stage never before approached. W
after week, month after month, and year after y
books are advertised in the *Times*. The cost of ad
tising alone would never be covered by any sale of
works. The smaller the price, the larger the numbe
advertisements. If the book is a good one, it never
quires this lavish mode of advertising; if it is a bad
the less said about it the better. The plan now adop
of advertising bits out of reviews in commendatio
the author or his work, is only equalled by Morriso
Blondin. We never see any *adverse* review adverti
I trust the principal offenders against professional
rality in this manner will take this hint, or I shal
prepared to send you a number of authors' names,
the number of times their books have been adverti
within the last few years. In many cases, it would
much honester to advertise at once, "Dr. —— cu
—— at his house daily from 9 to 12."

I am yours still Anonymous

March 1862.

GRATUITOUS MEDICAL SERVICES.

Sir,—Will you allow me to reply to the letter wh
appeared in the Journal of last week from Dr. Barc
in advocacy of gratuitous medical services?

The great fallacy which seems to pervade Dr. B
clay's letter throughout, and to render the whole of
argument irrelevant, is the assumption that to ma
provision for the destitute sick is the duty of the medi
profession, instead of being the business of the comm
nity. If it be thought requisite to form new ecclesia
tical districts, or obtain additional ministerial streng
in the densely populated parts of the country, do
anyone ever expect this to be done entirely or chiefly
the expense of the clerical profession? On the co
trary, no bishop will consecrate a church, unless
endowment for the maintenance of the incumbent
previously made. Even in the much less urgent matt
of secular education, who thinks of requiring that p

l teachers are to gratuitously give their services oor; that, after teaching in the day those who oose to pay them, they shall open their schools gain at night for the benefit of those who cannot not remunerate them? Why, then, should the then be thrown on medical men?

ese things—food, spiritual and secular teaching, l aid—it is the duty, not of individuals or profes- ut of the community at large, to provide for the estitute. By the community itself, through its deli- collective voice—the law. This responsibility is knowledged, and provision is made to fulfil it. Dr. says "the Poor Law has provided that no case ss need be without medical assistance, or food, or ecessaries." Yet his whole letter is based on the tion that, except for the *gratuitous* services of l men, no such assistance could be got by the te.

the provision made by the state is not more and that habits of providence are not more en- ed among the poorer classes, are to a great extent by the way in which medical men thrust them- forward to work gratuitously.

gratuitous advice given at hospitals, is a very indrance to the increase of the numbers, or the eration of the Poor Law medical officers; and deters persons from joining sick clubs.

Barclay's assertion that the payment of the medi- en employed to attend the destitute is utterly , is contradicted by the fact that in France are so paid at hospitals; and that, in this y, the Poor Law officers are paid; for it must membered that in this country our great hos- are private charities, not public institutions. he quality of the advice so rendered, I would say e Poor Law medical officers are certainly equal to erage of general practitioners throughout the m; and there can be no reason given why better ould be provided free of cost for the poor than the e of the ratepayers can themselves obtain. No xpects that the "working clergy" should all be rs of Divinity, or that every chaplain of a union ouse should be a first-rate theologian: average s required and obtained.

Dr. Barclay's last argument, that *gratuitous* al service should be undertaken in order "to gain ience, to learn tact, to acquire dexterity in opera- —that is, to fulfil the precept "*Fiat experimentum pore vili*"—may be given the simple reply, that pre- the same advantages would be gained by service was *not gratuitous*, as it is in case of union medi- icers, many of whom have quite as large a range actice as most hospital surgeons. I am acquainted one gentleman now, who has charge of a workhouse tal containing over one hundred and fifty patients. ct, every one of Dr. Barclay's reasons in favour tuitous hospital practice would be equally appli- to prove that the Poor Law service should also be itous.

rofess no sympathy with the so called "laudable endence" of those who do not choose to apply to arish on which they have a claim, but throw selves unhesitatingly on the private charities ich they have no title.

aring in mind that it is avowedly the duty of the to provide for the destitute sick, and that when Barclay proffers his gratuitous services he gives , not to the poor patient, who cannot pay, but to ation, which both can and ought, I think he may to himself the opening paragraph of his letter, me most emphatically condemn the system of volun- ng and giving advice gratuitously to those who were to pay." The motives which prompt such conduct will ear analysis; and the practice is most degrading e science of medicine, most unjust and injurious to the profession, and usually of little service to the public."

Of course, I throughout write, not of the cases occasionally occurring to every medical man, in which he may think fit not to demand a full, or any fee for his services; but to the avowed taking, and even begging for unpaid hospital appointments, and the systematic giving advice gratis at the physician's home; neither of which do I believe to be usually done from merely benevolent motives. I am, etc., DELTA.

March 3rd, 1862.

[We warmly recommend the serious perusal of this excellent letter to our readers. EDITOR.]

UNQUALIFIED PRACTICE.

SIR,—Will any of your correspondents give me information how to proceed in the following case?

A man has been practising in this neighbourhood for many years without any qualification whatever, and, I believe, without even any medical education. Being well situated in an agricultural district, and with scarcely any opponent, he has carried on an extensive practice. He has also the appointment of medical attendent to two sick clubs—one a "Foresters' Court", the other an ordinary benefit society.

Now, the points on which I seek information are these:

1. What proceedings must I take to prevent his practising in future?
2. Will the fact of his holding the appointments mentioned (contrary to the thirty-sixth article of the Medical Act) be of itself sufficient to insure a conviction?
3. What witnesses should I require?

If any member of the Association who may have instituted proceedings against an illegal practitioner will assist me in the matter, I shall feel obliged.

I am, etc., A MEMBER.

March 10th, 1862.

MEDICAL CHARGES.

LETTER FROM FREDERICK J. BROWN, M.D.

SIR,—By the 31st clause of the Medical Act, registered medical practitioners may recover reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by them to their patients. By this regulation the judges decide, from time to time, upon the remuneration due to medical practitioners; and medical charges will change, in future years, with the changing value of money. If the fees of physicians had been regulated in a similar manner by the judges, there is no doubt but that they would be at the present time double or treble the amount that they now are.

The question, therefore, is: Is it wise to tie down the medical practitioner to fixed fees?

If it be answered, that the fee could be changed from time to time by fresh Medical Acts, then the analogy of the physician's fee would not apply. Whatever fee be fixed, the judges will continue to control the charges; for suppose that a bill of £8 be brought into court against a labourer earning 15*s.* a week, the judge will order payment to be made at the rate of 4*s.* to 8*s.* a month. Thus the poor man is protected, so long as he complies with the conditions of the judgment.

My experience amongst the poor gives me the following results. Men earning under £1 weekly can only afford to pay one week's wages annually to a medical practitioner for medical attendance and medicines, exclusive of midwifery and surgery. Men earning under £2 weekly can only afford two weeks' wages.

For the middle classes, fees should be charged; but a limit should be put on the bill where the patient's income does not exceed £200. A fair charge would be 3 per cent: thus a gentleman on £100 a year would not be called upon to pay more than £3 annually, exclusive of midwifery and surgery.

I do not advocate contracts; it is better for both parties to be free. But patients would do well to have an understanding as to the mode of charging. I submit to the profession the following scheme of charges.

(*a*) Working classes under £1 weekly: Bill for medical attendance and medicines (exclusive of midwifery and surgery) not to exceed one week's wages annually.

(*b*) Working classes under £2 weekly: Bill as above not to exceed two weeks' wages annually.

(*c*) Middle classes under £200 *per annum:* Bill as above not to exceed 3 per cent. of income annually.

(*d*) A fee of 5*s*. a visit, with or without supply of medicines, according to agreement with patients.

My counsel is, that medical practitioners should be moderate in their bills. I am, etc.,

FREDERICK J. BROWN.

St. Margaret's Banks, Rochester, March 7th, 1862.

TREATMENT OF HYDROCELE.

LETTER FROM JAMES G. DAVEY, M.R.C.P.

SIR,—In the "Hospital Reports", as contained in your last number of the JOURNAL, there is recorded a "Case of Hydrocele cured after Injections had failed". The patient was treated by Mr. E. Parker Young, house-surgeon to St. Mary's Hospital.

During my residence in Ceylon, from 1844 to 1849, I treated a very large number of patients with hydrocele—in fact, I was scarcely ever without the care of such cases. The fact is to some extent accounted for thus. A native medical practitioner, educated at the government expense at Calcutta, had hydrocele. He had been under the care of several British surgeons; and, although the sac had been injected, yet were their efforts unavailing; the fluid re-collected. Mr. —— applied to me, as probably I was the last medical arrival from home. Finding a difficulty or delay in procuring an elastic bottle, I proceeded at once to draw off the fluid. Having allowed the whole of it to escape with the aid of a small common pewter syringe, I conveyed through the cannula into the tunica vaginalis a few drachms (four or five) of a solution of zinci sulph. (2 grs. to ℥i). Having done so, and covered the cannula with my finger to prevent the escape of the injection, I grasped the scrotum with my disengaged hand, and, kneading it for a minute or two, brought with some force the sol. zinci sulph. in contact with the whole of the interior of the sac of the hydrocele. The finger was now removed, and the fluid injected allowed to escape through the cannula. A moderate amount of inflammation succeeded to the manipulation; my patient was cured.

I think I must have had to treat some scores of cases of hydrocele during my residence in Ceylon, and I know but of one case of the kind in which the foregoing treatment was else than eminently successful. I have had three or four men (natives) of a morning walk into the General Dispensary at Colombo, who, having been operated on as above described, have gone a distance of miles, and that not only with impunity, but with positive advantage.

If you think the foregoing remarks, etc., worthy of note in connexion with the case forwarded you by Mr. Young, you will perhaps allow them space in an early number of the JOURNAL. I am, etc.,

JAMES G. DAVEY.

Northwoods, near Bristol, March 4th, 1862.

THE TITLE OF DOCTOR.

SIR,—I have read in your columns to-day I
man's reply to the inquirer regarding the "ra
title" of physicians. It appears that Dr. Pitman
asserts that Licentiates of the Dublin and Edi
equally with those of the London College of Phy
have no right whatever to the rank and title of
As Dr. Pitman is the Registrar of the London Co
Physicians, he must be allowed to be an authori
such points connected with that institution; but
not admit that he is at least a *correct* authori
subjects connected with all other learned bodies.

May I beg to call Dr. Pitman's attention to th
ing of the diploma granted to Licentiates who ha
examined and approved of by the President a
lows of the King and Queen's College of Physi
Ireland, wherein it is stated that such Licenti
"entitled to the *degree, title,* and *qualification* of
of Medicine"? I think that this sufficiently prov
the Dublin College of Physician is an exceptio
general statement which Dr. Pitman has made.

As I believe that some members of the medi
fession may not be aware of the fact I have just
may I venture to ask you to insert this letter, if
find room, in your valuable JOURNAL, as I thin
right that the erroneous impression conveyed
letter to which I have alluded should be correcte

I am, etc., VER

March 1862.

Medical News.

APOTHECARIES' HALL. On March 3rd and 6
following licentiates were admitted:—

Davies, William, Froodvale, Carmarthenshire
Dustan, John, Jersey
Elias, Daniel, jun., Chorley, Lancashire
Gale, Henry Stanley, Hampstead
Howell, Thomas, Bristol
Long, Charles Frederic, Barham, Kent
Milburne, Thomas Dodd, Dents Hall, Newcastle-on-Ty
Milsome, John Ruddle, St. Bartholomew's Hospital
Summers, Llewellyn John, Ramsey, Isle of Man
Todd, Joseph, Selby, Yorkshire

UNIVERSITY OF DUBLIN: TRINITY COLLEGE. E
ations for the Degree of M.B. and M.D.

Bachelors in Medicine.

Curran, Frederick A.
Irwin, Chamney Graves
Jacob, Archibald Hamilton
Martley, William He
Rutherford, Joseph

Doctors in Medicine.

Fitzpatrick, Thomas
Jacob, Archibald Hamilton
Quinlan, Francis Bo
Wright, Edward Perc

APPOINTMENTS.

WIEHE, G. C., M.D., appointed Inspector-General of Prisons
Bombay Presidency, in the room of Dr. Ogilvie, deceased.

ROYAL NAVY. The following appointments have
made:—

JOHNSTON, William, M.D., Assistant-Surgeon (confirmed),
Desperate.
RICHARDSON, Henry, M.D., Surgeon, to the *Boscawen.*
SWEETNAM, Stephen, Esq., Assistant-Surgeon, to the *Forte.*
THOMAS, David B., Esq., Acting Assistant-Surgeon, to the *D*
WILSON, P. G., Esq., Assistant-Surgeon (additional), to the *V*

VOLUNTEER CORPS. The following appointments
been made (A.V.=Artillery Volunteers; R.V.=
Volunteers):—

DRY, W. H., Esq., to be Surgeon 48th Middlesex R.V.
SPYERS, T. C., Esq., to be Assistant-Surgeon 2nd Kent A.V.
TURNBULL, G. W., Esq., to be Assistant-Surgeon 2nd North
land A.V.
WILLIAMS, J., Esq., to be Assist.-Surgeon 1st Brecknockshir

DEATHS.

On March 8th, at 38, Hill Street, Berkeley Square, Mary,
*C. Blakely Brown, M.D.
Eusebius A., Esq., Surgeon, late of John Street, Bedford
t Ventnor, aged 68, on March 4.
On March 7th, at Downshire Hill, Hampstead, Janet,
of George Morgan, Esq., Surgeon.
nd, William, Esq., Surgeon, at Wrexham, aged 54, on Feb-
24.
r, James, Esq., Surgeon, at 22, Dobson's Terrace, Ken-
n Road, aged 61, on March 6.

Late Mr. Rowland of Wrexham. The following
ion, referring to the death of this gentleman, has
ntered on the minutes of the Council of the Bo-
of Wrexham: "That this Council have heard with
gret of the death of Wm. Rowland, Esq., F.R.C.S.,
the Trustees of the Borough of Wrexham, who
o a member of the first Town Council of Wrex-
nd for some time an Alderman of the Borough;
e the melancholy satisfaction of recording upon
inutes this testimony of our respect for his
y; and we beg to tender to his surviving re-
our condolence for the loss which they, in common
is friends and the public, have sustained by his
The deceased was a consulting surgeon of the
m Infirmary, and a Lieutenant of the Denbigh-
eomanry Cavalry.

ncholy Suicide of a Surgeon. An inquest
d on the 7th inst. in Sunderland on the body of
nry Hodgson Ogle Hay, who was found dead in
gery on Wednesday last. The evidence went to
at the deceased had of late been much troubled
nind, and that whilst in this state he took a large
prussic acid, from the effects of which he died.
ry returned a verdict "That the deceased had
way his life while in a state of temporary men-
ngement." Dr. Hay was a native of Newcastle,
l resided the last fifteen years in Sunderland. He
ood practice, and was very much esteemed by
fessional brethren. He was only 43 years of age,
s left a widow, to whom he was married about two
go, and four children by a former wife.

ical Society of London. The eighty-ninth an-
ry meeting of this society was held at the Albion
, Aldersgate Street, on Saturday last; W. Coul-
sq., President, in the chair. The following were
d to be elected officers and members of council
e ensuing year:—*President*, F. Sibson, M.D.,
Vice-Presidents, James Bird, M.D.; T. Bryant,
H. Lee, Esq.; F. W. Mackenzie, M.D. *Treasurer*,
Rogers-Harrison, Esq. *Librarian*, J. Cockle, M.D.
ries in Ordinary, G. D. Gibb, M.D., and G. Law-
sq. *Secretary for Foreign Correspondence*, T.
on, M.D. *Councillors*, J. Althaus, M.D.; J. Bir-
sq.; W. Coulson, Esq.; A Fisher, Esq.; R. Green-
M.D.; H. Hardinge, M.D; T. Hawksley, M.D.;
Headland, M.D.; A. Henry, M.D.; J. H. Jephson,
J. Love, Esq.; V. de Méric, Esq.; W. R. Rogers,
C. H. F. Routh, M.D.; Hyde Salter, M.D., F.R.S.;
Salter, M.B.; H. Smith, Esq.; J. S. Stocker, M.D.;
mpson, Esq.; J. Townley, Esq. *Orator for* 1863,
Habershon, M.D. The silver medal was awarded
Cockle, the librarian. There was no award of the
gillian gold medal.

-Law Medical Payments.—Mr. Griffin writes:
sitions have been made for paying the medical
on plans differing from the one proposed by the
ation, and laid by me before the Select Committee.
I have carefully considered, and find that although
ay work well in individual cases, they cannot be
d throughout England and Wales. The mode of
nt advocated by me on behalf of the Association
of a fixed salary founded on the number of cases
ed on an average of the last three years, at *not less* than 5s. per case for the first 300 cases, and 2s. per case for all above that number, with mileage in addition, and an allowance of extra medical fees: which is the only equitable mode of payment that can be adopted, as it is remuneration for work actually performed. I am happy to add that the National Association for the Promotion of Social Science have admitted the question of Poor-Law Medical Relief amongst the subjects deserving their consideration."

Presentation. On the 21st February a highly respectable company assembled at Eskbank for the purpose of presenting to Æneas Macaulay, M.D., a testimonial of the respect and esteem in which he he is held by his friends in and around Canonbie. The chairman stated to Dr. Macaulay their object in waiting upon him, and begged his acceptance of a handsome carriage, which it was his pleasing duty, in the name of the committee, to present to him. Mr. Whitelaw congratulated Dr. Macaulay, and said, that, concurring in everything advanced in Dr. Macaulay's favour, he was now called upon to offer "The Doctor" an additional and equally valuable and substantial proof of the manner in which he was esteemed, and his professional services appreciated, by the inhabitants of Canonbie and the surrounding neighbourhood. This testimonial consisted of a gold watch and appendages, a silver tea-service, and a set of silver spoons. The inscription on the watch and tea-service was—"Presented to Æneas Macaulay, Esq., M.D., as a mark of esteem for him, and in appreciation of his valuable services, by his friends in and around Canonbie. 21st Feb., 1862." (*Dumfries Herald.*)

Vital Statistics of 1861. In the year 1861 the births in Great Britain were 802,598, and the deaths 497,624, so that the natural increase was 304,974. This is the largest number of births that ever occurred in any year in Great Britain, but happily not the largest number of deaths. Upon an average 2,200 children were born every day, 91 an hour; and 1,363 persons died daily, or almost one every minute. It is impossible to say how far the natural increase of the population was reduced by migration, because there is no record of the immigration; all that we know is that 91,770 emigrants left the shores of the United Kingdom last year, of whom about 39,000 were of English or Scottish origin. There is in Scotland a rather higher birth-rate, and a lower death-rate than in England, and yet a much lower rate of increase in the population, showing that a much larger proportion of the people emigrate either beyond seas or to other parts of the United Kingdom. The influence of season in the proportion of births was, as usual, quite marked in 1861. The greatest number of births always takes place in the first half of the year; last year the number was greatest of all in the spring quarter—April to June. The return of marriages is not yet complete for England; the largest number are always in the last quarter; in Scotland June and December are the favourite months for matrimony. The returns show, as ever, how much the inhabitant of the town has to contend against agencies hurtful to life, from which his country neighbour is comparatively free; the difference is especially striking in Scotland, where in the town districts 24 persons in every 1,000 died in the year, and only 16 in the country districts—two in the country to three in the town. In Glasgow and Dundee very nearly half the deaths were of children under five; and the children in those towns were literally decimated in the year, for, as nearly as can be ascertained without the detailed census returns, out of all the children under five years of age about one in every ten died. At the Royal Observatory, Greenwich, the mean temperature of the year was 49·4 deg; at the Ordnance Survey Office, Edinburgh, 49 deg. In Scotland the average of 55 stations of the Meteorological Society showed 1,674 hours of sunshine in the year, which would have given for four days in every week eleven hours of sunshine in the summer half of the year, and five in the other half. The highest temperature in England was 89·5 in August, in Scotland 85·5 in June; the lowest in England —1 deg., in Scotland—3·7, both in January. England rather suffered in many parts from want of rain, and the total amount collected at the Royal Observatory was only 20·8 inches; in Scotland generally the average was 45·07 inches, and in some parts the fall was very excessive; at Tyndrum, in Perthshire (with the returns for April deficient), it was of the enormous depth of 134 inches, more than 11 feet—a very deluge. 1861 had its faults, but with the births above the average, and the deaths below it, it ought not to be counted a bad year.

OPERATION DAYS AT THE HOSPITALS.

Monday.......	Royal Free, 2 p.m.—Metropolitan Free, 2 p.m.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 p.m.
Tuesday.	Guy's, 1½ p.m.—Westminster, 2 p.m.
Wednesday...	St. Mary's, 1 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—Royal Orthopædic, 2 p.m.
Thursday.....	St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—London, 1·30 p.m.—Great Northern, 2 p.m.—London Surgical Home, 2 p.m.
Friday.	Westminster Ophthalmic, 1·30 p.m.
Saturday.....	St. Thomas's, 1 p.m.—St. Bartholomew's, 1·30 p.m.—King's College, 1·30 p.m.—Charing Cross, 2 p.m.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Medical, 8.30 p.m.: Mr. Gay, "Intestinal Obstruction by Invagination."—British Architects, 8 p.m.

Tuesday. Civil Engineers, 8 p.m.—Statistical, 8 p.m.—Pathological, 8 p.m.—Ethnological, 8 p.m.

Wednesday. Meteorological, 7 p.m.—Society of Arts, 8 p.m.—Geological, 8 p.m.—London Institution, 7 p.m.

Thursday. Harveian Society of London, 8 p.m.: Dr. Levison, "On Two Cases of Incipient Moral Insanity."—Zoological, 4 p.m.—Royal, 8.30 p.m.—Antiquaries, 8.30 p.m.—Linnæan, 8 p.m.—Chemical, 8 p.m.—Numismatic, 8 p.m.

Friday. Western Medical and Surgical, 8 p.m.—Royal Institution, 8 p.m.

Saturday. Asiatic, 3 p.m.—Royal Botanic, 3.45 p.m.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—March 8, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week........................	Boys ..1016 Girls..1011	2027	1505
Average of corresponding weeks 1852-61		2033	1426

Barometer:
Highest (Wed.) 29.654; lowest (Mon.) 29.134; mean, 29.404

Thermometer:
Highest in sun—extremes (Sat.) 99 degs.; (Sun. & Mon.) 46 degs.
In shade—highest (Sat.) 60.5 degrees; lowest (Tu.) 22.5 degs.
Mean—40.1 degrees; difference from mean of 43 yrs.+0.1 deg.
Range—during week, 38 degrees; mean daily, 14.4 degrees.
Mean humidity of air (*saturation*=100), 81.
Mean direction of wind, S.W.—Rain in inches, 0.26.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

F. C.—The Frenchman is forbidden by law to destroy ra
senic or phosphorus. M. Caussé therefore recommen
emetic for the business; and, to prevent mistakes, he
poison made into the shape of candles. Of the followi
rials, he makes thirty-two candles—one of which will kill
he eats it):—Suet, 786; tartar emetic, 153; euphorbium
cotton, 10 *grammes;* with a pinch of aventurine.

Deaths after Ether Inhalation.—Dr. Kidd has forwar
list of deaths *after*, we cannot say *from*, the inhalation
We do not publish it, because we really think that sta
this kind, in which there is no distinct relation between t
and the effect, beyond that of antecedence and sequenc
tend to complicate than throw light on the subject.

A Caution.—Sir: Through the kindness of some pr
friends in the country, I have recently ascertained that
signing himself "Alfred Needes, of 59, Wilson Street,
Square, Medical Agent," has been undertaking to guaran
invalid patients, paying £100 a year, on their forwardi
registration fee of half-a-guinea, and a percentage on t
stipend. In justice to myself, as well as to the professio
thought it my duty to make inquiries in Wilson Street,
there is no such person as Alfred Needes residing th
house, in fact, being occupied by a small tradesman, wh
letters and parcels to be addressed there on paymen
penny. As I am the only medical agent of the surnar
this person has assumed, my professional reputation ma
suffer, unless some public notice be immediately tak
conduct.

Will you, therefore, oblige me by inserting this comm
in your next number; not only for the purpose of placi
right with those gentlemen who have been the subje
attempts of Mr. Alfred Needes, but as a caution to others
yet be favoured with his future communications.

I am, sir, your most obedient servant,
John Willis Needes, Medical

Medical Transfer and Agency Office, 17, Belgrave Stre
Euston Road, W.C., London, March 12th, 1862.

Erratum.—In the notice of the names of the Committ
Royal Medical and Chirurgical Society on Suspended A
at p. 261 of last week's Journal, the name of Dr. *H*
erroneously printed *Henley*.

Journals Wanted.—Several members, who have joined
ciation during the past year, are desirous of having thei
complete for the year 1861; but this has been prevented
of the earlier numbers being out of print. The publ
therefore be greatly obliged, if gentlemen who do not l
Journal, or desire to keep it, will kindly forward him
bers contained in the first volume for 1861 (January to J

SUBSCRIPTIONS.

The following Laws of the Association will be strictly enfo

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for the subscriptions due for the period during which he h
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Philip H. Williams, M.D., *General Se*

Worcester, March 1862.

COMMUNICATIONS have been received from:—Mr.
Hewett; Dr. W. Wadham; Dr. G. M. Humphry; Dr
Dr. Hooper; Mr. F. Troup; Mr. W. W. Morris; Mr.
Prichard; Dr. J. G. Davey; Dr. Eastlake; Dr. Har
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Dr. Fred. J. Brown; Mr. C. J. Evans; Mr. J. W. Ne
Member; Dr. Tanner; Dr. J. W. Goodwin Mr. J.
and Mr. W. Goodman.

Clinical Observations.

BY

JAMES SYME, Esq.,

ESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH.

-Œsophagotomy for the Removal of a Copper Coin which had remained Three Months in the Gullet.

aged 21, the son of respectable parents in burgh, came over from Sweden to study agri- under the direction of a farmer in the east , While there, in the beginning of November happened to amuse himself by throwing up of copper money and catching it in his But, upon one occasion of doing so, his ing bent very far back, and his mouth widely ed, the coin descended directly into his throat, s swallowed without any effort, or, indeed, usness of the act. He then felt that the foreign d not gone down into the stomach, but was ar- t the lower part of his neck, where it caused asy sensation, and impeded the passage of In these circumstances, he was brought to rgh, and placed under my care.

ing that the coin (whether a penny or half- the patient could not say with certainty) was the reach of forceps, and having a great f the disastrous effects which are apt to be d by attempting to overcome, through for- essure, the resistance depending upon the d consistence of an obstructing body in this n, I resolved to abstain from interference, in c that, the narrow part of the gullet having ssed, descent into the stomach might be gra- ccomplished. From the diminution of un- , and increase in the facility of swallowing ook place during the subsequent fortnight, d as if this expectation had been realised ; herefore, then advised the patient to return

rds the end of February, being informed that ng man still continued to complain, I re- another opportunity of examining him ; and, eing his perfectly healthy aspect, felt so sure age was free, that I did not hesitate to in- a thick flexible bougie, which, greatly to rise, distinctly struck upon some hard sub- pposite the upper end of the sternum. Con- the serious consequences that might attend on of the œsophagus at this part, and the such an occurrence happening at any time, er the long interval which had fortunately in safety since the accident, I had no hesi- n resorting at once to the operation, and s view, gave the patient a private room in ital, where he might have the advantage of attendance.

On the 25th of February, chloroform having been administered so as to produce its full effect, I made an incision from the sternum upwards between the sterno-mastoid and sterno-hyoid muscles, divided the deep fascia, and dissected downwards, until my finger felt the vertebræ in the tracheal side of the carotid artery, just below the crossing of the omo-hyoid. There being then no trace of the foreign body, and as I feared to search for it by exposing the œsophagus lower down, which would have endangered the great blood-vessels at that part, an ivory-ball probang was introduced into the tube, so as to distend and act as a guide for cutting through its coats. Having done this, and withdrawn the instrument, I introduced my finger into the opening, directed it downwards until the piece of money was felt, and then, by means of slightly curved forceps, readily effected its extraction. It looked like one of George the Third's pennies somewhat attenuated in thickness ; but, upon more careful inspection, it proved to be a Swedish coin of the same value. No bad consequence followed the operation. The patient was supplied with milk and beef-tea from time to time, by means of a catheter introduced by the mouth. At the end of a week, he regained the power of swallowing without any discharge from the wound ; and in the course of ten days more, was quite convalescent, without experiencing any inconvenience whatever from the serious jeopardy through which he had passed.

The most interesting and instructive point of this case seems to be the long retention of such a body without causing ulceration of the mucous membrane upon which it rested. When a metallic instrument presses against a surface of this kind, it is certain to produce such an effect, as may be learned from the result of tying a silver catheter too far into the bladder, or keeping a tube permanently introduced through the œsophagus at the narrow part where it lies between the larynx and vertebræ. The absence of ulceration in any such case is, therefore, a proof that no pressure had been sustained ; and hence the explanation of those curious discoveries which are not unfrequently made when a mole-trap looking machine is extracted or discharged from the female pelvis, after remaining there even for many months, through forgetfulness of its having been introduced under the pretext of altering the attitude of an uterus, alleged to be improperly reclining backwards or nodding forwards. But it is evident that, if this contrivance really did overcome resistance, it must cause pressure, and thereby give rise to ulceration ; so that the safety of the means in question, so far as they are safe, depends on their inefficiency, whatever may be said or believed to the contrary by unscrupulous specialists and credulous women.

Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; LECTURER ON PHYSIOLOGY AND PATHOLOGY AT CHARING CROSS HOSPITAL MEDICAL SCHOOL; AND ASSISTANT-PHYSICIAN TO THE HOSPITAL.

LECTURE II.—ON HÆMATURIA.

Difficulty of Diagnosis of Hæmaturia. Immediate Approximative Diagnosis. Cases. Relation of Cutaneous Dropsy to the Diagnosis of Hæmaturia. Prognostic Value of the Disappearance of the Blood. Diagnosis of Pure Hæmaturia from Albuminuria plus Hæmaturia. Special Proclivity of Kidneys to Hæmorrhage. Rationale of the Persistence of Hæmaturia. Case of Blood-Cast of Ureter. Treatment.

GENTLEMEN,—There are two words which are constantly used in your hearing, and with the meaning of which you are doubtless familiar; they both mean the same, and yet not the same; they are *idem et alter:* they both mean the admixture of the elements of the blood and the urine; but the one means blood in the urine, the other urine in the blood,—*hæmaturia*, blood in the urine; *uræmia*, the elements of the urine in the blood. But it is necessary that you should understand something more than the *meaning* of the words, or even the absolute nature of the conditions they indicate; for this knowledge to bear any fruit, or be of any service to you, you must understand their indications, what they imply—their pathological significance.

These two conditions, hæmaturia and uræmia, are often coexistent; the kidney that is the seat of hæmorrhage being often a kidney incapable of eliminating the usual quantity of urine-solids; and, on the other hand, the disorganisation involving loss of secreting power, often involving also such a derangement of the circulation of the organ as gives rise to hæmorrhage. But each often exists alone; we constantly get blood in the urine without there being the slightest evidence of urea in the blood, the functioning power of the kidney not being in any way lost; and, on the other hand, we constantly get uræmia from the imperfect elimination of urine-solids by the kidney, without the slightest trace of blood in the urine. A bleeding kidney may be one doing its work well; and a kidney whose secreting power is utterly gone may be a kidney that has never bled.

To some points in connexion with one of these conditions—*hæmaturia*—I would to-day direct your attention, my remarks being suggested by two cases now in the house, which are instructive in many respects, and whose teaching I would wish to interpret to you.

But first let me tell you that, though the meaning of the word hæmaturia is peculiarly definite, and its existence most easily recognisable, its pathological significance is peculiarly uncertain, and the diagnosis based on it wide and doubtful. Any condition in any part of the urinary (or genital) passages giving rise to the escape of blood may cause hæmaturia; and the presence of blood in the taken *per se*, tells no more than that such a tion somewhere exists. A patient may have culus lodged in the pelvis of his kidney, an maturia may be a principal symptom; a man acute congestion of his kidneys from exposu cold, and straightway hæmaturia appears; a has scarlatina, and a fortnight afterwards passes black with blood; a man falls on his back ac pole, and, the next time he passes urine, it to contain blood; a woman is menstruating, a has temporary hæmaturia; a man has been cat ised, and blood is passed in his urine. Stone bladder, simple ulceration of the mucous mem of the bladder, fungus hæmatodes of the bl malignant disease of the kidneys, are all fr causes of hæmaturia. There is a peculiar an mon idiopathic hæmaturia in children, the evidently coming from the bladder; and th a form of bleeding from the mucous membr the bladder, without any apparent structural in it, not at all uncommon in old men. Hæm is sometimes the principal form of bleeding i of diathetic hæmorrhage. In all these ways, dare say in many more, hæmaturia may occur urine slightly smoky, or black with blood, shown you; and you simply know that it is urine—you know just that, and nothing mo naked-eye inspection of the *pôt de chambre* w take you a step beyond this simple fact.

When I say *not a step*, I am saying perha much; in one or two cases it will, I think, ta just a *step*. I think, for instance, that hæmo from the ultimate structure of the kidneys has a redness such as we see in some other hæmorrhages, as from vesical calculus, for ins and I think, too, that the temporary hæmat menstruation has a distinctive appearance; i simply like urine, *plus* a little fresh blood, an be simulated exactly by mixing a few drops o with urine out of the body; it never has the *ness* of many other hæmaturias. This slight tive information a mere naked-eye inspectio furnish; but, beyond this, I think my obse holds good.

How, then, are we to determine whence th comes? I think there are few cases indee will leave this at all doubtful, after a th sifting of the symptoms, local and genera short of this, without a lengthened examina the case, I think we may at once determine, certain limits, what is the seat of the hæmo We may say at once that the blood does or d come from the ultimate structure of the kidne may say that it does or does not come fr urethra; and we may say that it comes fron part of the urinary tract of mucous membrane the one and above the other; and thus—

If we find blood-casts of the uriniferous tu know that the blood is Malpighian, the hæmo ultimate renal. If a thorough examination urine fail to find any casts, the blood, *if abundant*,* is *probably* not from the ultimate ture of the kidneys.

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* I say "if at all abundant," because if the blood is ve there may be no tube-casts, and yet it may come from pighian capillaries: the reason why casts are not formed b the blood is so small in quantity, and so diluted with the the urine, that it cannot form a firm coagulum.

he blood is passed without any urine, or with-
e act of micturition, it is urethral. If, too, it
ined to the first jet of the stream, it is urethral.
iin, it is confined to the last drop or two, the
et by the ejaculator urinæ, it is probably
al, and situated in the bulb.
he blood is never passed except by an act of
ition, and intermixed with urine, and there is
absence of casts, then it comes from above
ethra, and below the ultimate kidney-struc-
but "further this deponent sayeth not". It
e from the pelvis of the kidney; it may be
he ureter; it may be from the bladder.
can, then, in this simple way, by a look with
icroscope, and one or two plain questions,
t any reference to the general symptoms, re-
ourself to this triple alternative, if I may use
pression: you can tell if it comes from the
, from the recesses of the kidney, or from
ncertain point between the two.
cases of hæmaturia now under our observa-
the hospital are two—one a little boy in the
Vard (bed No. 10), of the name of James
and the other a woman in the Golding Ward
o. 8), a Mrs. Neale, aged 57. I will first
e cases, and then offer my commentary on

I. James Corke, aged 5, a thin, pallid child, has
been delicate, but never unhealthy. He was
ll up to six months ago, when he was seized
at his mother calls gastric fever, which appears
been a feverish attack of an indefinite kind;
week or two jaundice developed itself. There
symptoms of gall-stone; and nothing could be
, anatomically or otherwise, wrong with the liver.
ndice persisted with the utmost obstinacy, with
al accompaniments of white stools and bilious
r three weeks; and nothing did it any good but
urging. Under this, it was several times parti-
ved, and at length entirely yielded, the water
tions regaining their natural appearance and
A day or two, afterwards, however, he com-
of shivering (the weather being at that time par-
cold, with snow and hail), loss of appetite,
, and pains in his limbs, making him cry out if
His mother put him into a warm bath; and
day she noticed that his face, eyelids, legs and
d right arm and hand, were swollen. This
continued to increase for two or three days,
sened, and in a week was gone. In the mean-
e urine became dark, nearly black; and this,
amined, was seen to be due to blood. The
of blood lost must have been great, the urine
metimes quite black, and the child blanched as
morrhage. All sorts of remedies were tried,
effect; and, when he had been bleeding at his
n this way for six weeks, he was admitted into
ital. Up to the time of his admission, the
s as bloody as ever.
admitted, the child was quite anæmic, very
nd weak, with no appetite; but there was no
ropsy about him, and nothing acute in his con-
The quantity of urine passed in twenty-four
s seven ounces.
ild was placed under my care on the 17th (the
his admission); and, since he left on the 22nd, he
under observation in the hospital four or five days.
is time he sensibly improved. The urine increas-
ntity, being on the 18th twelve ounces, and on
sixteen ounces, and of a specific gravity of 1021.
ment prescribed was, confinement to bed; lying
the blankets; ten minims of tincture of sesquichloride of iron, fifteen minims of dilute nitrohydrochloric acid, three times a day; sinapisms to the loins; and a mild but nutritious diet of eggs, milk, and farinaceous material.

There were two things at first doubtful in this case; one was the *seat* of the hæmorrhage, the other its *cause.* From the fact of the child having hurt himself in the perinæum, riding across a chair, the day before the blood appeared in the urine, the mother was disposed to believe that the bleeding came from the urinary passages. There was, however, no pain in that region; nor could any be elicited by the deepest pressure; and there was no frequent micturition, or bladder-symptom of any kind. Tube-casts, however, could not at first be detected; and the blood in the urine was on some occasions redder than I have ever seen it, if from the ultimate kidney-structure. The consideration, however, of the general dropsy, which was ascertained to have existed when the case was fully inquired into, set the question of the situation and nature of the hæmorrhage at rest; and, for two or three days before the child left the hospital, the discovery of blood-casts proved beyond dispute that the hæmorrhage was Malpighian.

But, this being so, what was its cause? Was the embarrassment of the renal circulation, giving rise to the escape of blood from the Malpighian capillaries, due to the irritation produced in the kidneys by the bile which they had been labouring so long to eliminate; or was it due to renal congestion produced in the ordinary way by the retention of the cutaneous excreta in the blood from exposure to cold? The former might be suggested by theoretical considerations, and the time at which the symptoms appeared—after so long an attack of jaundice; but I believe the latter was the true cause, and think the cutaneous dropsy confirmatory of that opinion.

After remaining a week in the hospital, the child left from being home-sick. The improvement commenced in the hospital has continued ever since, and the child may now be said to be convalescent. He has gained flesh, strength, and spirits; and has an insatiable appetite. But, though there are no blood-casts, the faintest trace of smokiness may still be detected in the urine, and isolated blood-cells are still seen in some numbers under the microscope.

There are one or two questions suggested by this case—indeed, broached in the notes I have just read you, on which I would say a few words before relating the next. The first is, the possible production of renal dropsy, or hæmaturia, by jaundice.

We have every reason for believing—in fact, we have as much clinical evidence as possible—that the escape of albumen or blood from the kidneys depends upon capillary obstruction and engorgement, from the presence of some peccant material, it may be gouty, it may be alcoholic, it may be cutaneous, it may be urinous, it may be scarlatinal, which they are endeavouring to eliminate. In acute dropsy after chill, for instance, the blood-contamination depends upon the suppressed action of the skin; and the capillaries of the kidney refuse to connive at the free transit of a blood so contaminate, because the kidneys are the vicarious eliminators of the cutaneous excreta. We have, then, in this case, the normal channel of an excretion stopped, that excretion thrown upon the blood, and the kidneys doing their best to free the blood of it. In jaundice, we have precisely analogous conditions, the only difference being, that while, in the one case, the gland whose excretion is thrown upon the kidneys is the skin, in the other it is the liver. But, while the pathological conditions are analogous, the pathological results are entirely different; for, while the capillaries of the kidneys refuse to grant an unchallenged and free transit to blood charged with cutaneous excreta, and produce, as a result, Malpighian engorgement, serous transudation, or even the escape of blood, they do not ordinarily offer a similar impediment to blood charged with bile. We know, as a clinical fact, that jaundice may exist for years, and the kidneys be for years working off bile, without the production of albuminuria.

The other point is: What is the relation of cutaneous dropsy to the diagnosis of hæmaturia? In a case of doubtful hæmaturia, what light would be thrown on it by finding that sudden and general cutaneous œdema had been an antecedent symptom? It most positively asserts (barring the chance of coincidence) that the hæmorrhage was ultimate renal. Nay more; it would show that the particular cause of the kidney-mischief was suppressed action of the skin. I believe that sudden and general œdema occurs in no other class of cases of albuminuria or hæmaturia; and this I believe from the very *rationale* of acute cutaneous dropsy. It implies that the blood in the vessels of the skin is loaded with something that the skin ought to, and can, eliminate. Of course it is possible, as I have just said, that a coincidence may occur; and that, after the symptoms of acute renal dropsy, some other cause of hæmorrhage may supervene in some part of the urinary passages; but probabilities are always against coincidences, and we shall in any case be justified in giving to such an antecedent symptom its full diagnostic value.

[*To be continued.*]

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

WEST SUFFOLK GENERAL HOSPITAL.

CASE OF ANEURISM OF AORTA.

By John W. Goodwin, M.D.Cantab., Physician to the Hospital.

On Nov. 22nd, 1861, I was requested to go to the railway station, as there was a passenger taken out of a first-class carriage, reported to be in a dying state. On my arrival, I found a large well-made man lying on some chairs in the waiting-room, with a livid countenance, and making most violent efforts to breathe. His chest, however, continued almost motionless; the abdominal muscles moved violently, and the larynx jerked up and down with a stridulous noise. His eyes were open, and the pupils contracted to a pin's point; but he seemed quite unconscious, and the perspiration stood on his face. His pulse was almost imperceptible; the hands and feet cold. His heart beat feebly; but scarcely any air could be heard entering the lungs. There was evidently great spasm; and after I had been with him five or ten minutes, he began to breathe more quietly; his countenance became less livid, and his pupils began to dilate; his pulse became much better, and his extremities began to get warm. I then made him swallow, though with great difficulty, some ammonia and chloric ether; and, in about an hour from my arrival, he was recovered sufficiently for me to remove him to the hospital. I elicited from him that he was a gentleman's butler, and th
had got into the train about four miles from Bury
that he recollected nothing more until he found m
him in the waiting room. He had been under th
of Mr. Image of this town ever since the comn
ment of the present year, and had suffered appa
from bronchitis, accompanied with a great deal of
geal spasm. This had yielded to treatment par
but his voice was much altered, and he was cons
having these severe fits of spasmodic breathing
had derived much benefit from a stay at Lowestof
that on his return his attacks again commenced
Image had given him the trial of a full mercuria
ment, thinking that there might be some syphili
ment; but with no benefit. His throat had bee
stantly blistered, and on admission he had an ope
ter on it. Mr. Image had recommended him to
the Brompton Consumption Hospital, and, in f
was on his way there when this attack occurred.

There was a doubtful phthisical history; and
not, to my eye, present the features of a phthisi
tient. I ordered him some chloric ether and tinc
conium, in a wine-glass of decoction of cetraria
times daily; a small quantity of brandy and me
The day after admission, he incautiously put his
into a basin of cold water, and the spasmodic br
came on slightly, but passed off in a few minutes
days after this, he was attacked very early in the
ing, and the house-surgeon thought him dead w
got to him; he rallied, however, and about 10.
just the time of my morning visit, he was again
with violent spasmodic breathing. At one ti
about half a minute, his breathing ceased, and h
sounds could not be heard, and, to all appeara
was perfectly dead. In about half a minute, he
loud inspiration; and, upon being moved on to
and then placed upon his back, he gradually ralli
breathing became very rattling and less spasmod
the accumulation of mucus was so great as to l
to imagine he must be suffocated, and he was l
conscious. As soon as he could swallow, I gav
scruple of ipecacuanha, with directions to hav
peated, until vomiting was produced. He co
until late in the evening much in the same sta
is, breathing loudly, and expectorating rusty-c
thick mucus. He took brandy and water occa
and at last managed to get some uneasy sleep.

In the morning, I found him looking cheer
breathing quietly; his countenance was pale,
was, of course, in a very weak state. He took
spasmodic expectorant mixture three times d
meat diet, with brandy and water. He continu
pectorate for four or five days tenacious, rusty
sputa, which presented the characters of bronc
faucial epithelium, with blood-globules in numb
a large quantity of minute granular matter. I
to make a thorough examination of him in a f
and this was the result.

Percussion yielded a clear sound over bo
posteriorly, and there was normal resonance o
anteriorly also, except for a small space at th
end of the left clavicle. From the sternal n
about two inches along the left clavicle, and tw
below it, the percussion-sound was impaired.
tered the right lung freely, and the respirato
was normal. There was, however, much less
ing the left lung; and over the space above al
the respiratory sound was loud and tracheal in c
but there was no increased vocal resonance;
voice sounded just as if the ear were placed
trachea. The heart-sounds were normal; and
mur or impulse could be detected in any porti
chest. The pulses were alike in the two wrists
number was about 74.

He complained of a tickling just above th

and a râle could generally be heard just at this
ı. His appetite was good, and he was cheerful;
ıplained of great weakness, and of an irritating
generally coming on about two or three o'clock
morning. I ordered tincture of iodine to be
over the space along the left clavicle above al-
o. He was kept in bed, and improved very
he became stronger, and never had another
ıf spasm.

ec. 29, I had seen him in the morning, and he
erful and looked much better. At 4 P.M., he
y called out to the nurse that something had
" in his throat, and in a second or two was de-
vith blood, and died just as the house-surgeon
stairs to him.

post mortem examination, I found an aneurism
ırch of the aorta. There was one pear-shaped
nding up the neck and bulging the trachea in-
ıbove the left bronchus, to the extent of half its
r. This sac was nearly solid, about the size of
m's egg, containing laminæ of fibrine, with a
space, into which a very small quantity of blood
nter. This sprang from the posterior part of
ı, and was to the left of the origin of the sub-
and carotid. The other sac was about the size
range, and, springing from the point where the
ling aorta commences, was lodged against the
ıf the vertebræ and extended into the lung, in
t had contracted adhesions, and firmly embedded
Above it there was a thin portion of healthy
This sac had burst and caused death. The lungs
herwise perfectly healthy, as were also all other
The trachea was ulcerated where it was bulged
, and almost perforated.

RKS. Much doubt had all along been present
nind as to the nature of the disease in this case.
nly own that I did not believe in the existence of
m, as there were no decided symptoms of that
There was slight dulness over a small space,
onding to which respiration was almost cavernous,
vocal sound tracheal. The voice was altered; and
ere these terrible attacks of spasm, followed by
expectoration. No murmur of any kind, im-
or thrill, could be detected, although carefully
for. I quite ignored the existence of tubercle,
was considered as very probable by some who
case, as I considered that neither the physical
or the general history at all warranted one in sup-
such to be the case. I gave my opinion that
vas certainly something interfering with the
just at its bifurcation. I was led to this by the
ly less air which entered the left lung, as compared
e right; by the sensation referred by the patient
position; and by the almost constant presence
racheal râle at that spot. On the whole, my
was in favour of a polypus in the interior of the
, with possibly some enlargement of the bron-
lands. This case, like others adduced by writers,
es one more instance of how obscure the dia-
of that terrible disease, aneurism, may be.

LONDON HOSPITAL.

MOUS DOUBLE HYDROCELE; INJECTION OF LIME-WATER; RELIEF.

Under the care of C. F. MAUNDER, Esq.

, aged 66, noticed about twelve months since
ling in the scrotum, which gradually increased.
welling on the left side was the larger, extend-
wnwards from the external abdominal ring; it
ad an hour-glass appearance, as though both a
and a hydrocele existed: and, unless the tumour
ell lifted off the abdominal wall, a distinct impulse
mmunicated to the whole swelling.

Aug. 15th. By the advice of Mr. Critchett, lime-water was used as an injection. The right tunic contained two pints of straw-coloured fluid, the left three pints. The lime-water occasioned a slight amount of inflammation, evidenced by swelling, heat, pain, and redness. These symptoms soon subsided; and, to favour absorption, the compound mercurial ointment, supported by strapping, and a bandage, were applied with some benefit.

Sept. 12. A second injection of lime-water was made; the tunics having been previously evacuated to the extent of sixteen ounces in the left, and fourteen ounces in the right side. Similar after-treatment was adopted, and on September 30th, the tumours were much smaller, harder, but elastic; and the cords were readily found between the external abdominal rings and the upper end of each swelling.

Oct. 11th. The left swelling still fluctuated, and was tapped to twelve ounces.

Oct. 14th. The swellings were becoming smaller, hard, and knotted. He was ordered to have a suspensory bandage, and to leave the hospital.

Original Communications.

SUCCESSFUL TREATMENT OF SCARLATINA.

By JAMES COLE, Esq., Bewdley.

A PASSAGE in the obituary of the *Standard* newspaper of February 1st, recording the death of five persons in one family from scarlet fever within the period of a week, reminds me that I have long intended obtruding upon the pages of the JOURNAL a short communication on the treatment of scarlatina. From this disease it has been my good fortune never to have lost a patient throughout an experience of forty years, except only when there has been complication with croup, or some other mortal disease. Such being the case, and scarlatina being notoriously fatal, of which the record above referred to affords but too sad an example, it may not be altogether unprofitable to make known the principles of a practice that has proved so successful.

Taking it for granted that no one will dispute that scarlatina is a disease of certain duration, whose course cannot be shortened by any treatment, except in the death of the patient, it follows almost as a natural consequence that the simplest treatment may possibly prove to be the best, provided it has no tendency to weaken the constitution of the patient, or to interrupt the natural course of things. Such being the conviction early impressed upon me, my treatment of scarlatina has been remarkable for its negative rather than for its positive characters. Thus, for example, there are four things that I have ever studiously avoided doing; and to this, according to my best judgment, is greatly to be attributed the successful issue. This avoidance has consisted in never administering a particle of mercury or of antimony; in never taking away a drop of blood in any way whatever; and in never blistering the throat. If the practitioner will only *not do* any of these things, it appears to signify little what else he does, that is consistent with common sense and the established principles of medical science.

But, lest this declaration may be thought to be of too sweeping a character, and unsatisfactory in the matter of detail, it may be as well to state more fully what has constituted the positive character of the treatment. Of course, the patient has been kept in bed, and a total abstinence from all animal condiments or stimulating drinks enjoined. When the heat of the surface has been great, frequent sponging with tepid water has been had recourse to, leaving the surface damp, to dry by evaporation; and in adults occasionally, when the heat of the body has risen to 110 deg., or upwards, a bath of 98 or 100 deg., Fahrenheit's thermometer, has been found to be very cooling and comforting, and conducing to diaphoresis: when the head has been very hot, and delirium impending, cloths, wrung out of a bucketful of cold water, applied over the head, and frequently renewed, have been beneficial. This, with the mildest febrifuge medicines, such as diluted liquor ammoniæ acetatis, with or without spirit of nitric ether, or an effervescing mixture at intervals of four hours, chalk mixture when diarrhœa has prevailed, and the mildest possible aperients, if any were required; with weak alum gargles for the throat during the acme of fever, and for some days afterwards—have constituted all that has been done. It may, however, be as well to mention that a free use of chloride of lime in the patient's room has seldom been neglected, but whether with advantage to the patient is more than I will undertake to affirm or deny. Doubtless it has been employed with a view to prevent infection: I will leave it to others to inquire—if they think it worthy of inquiry—how far the continued inhaling of chlorine gas may tend to influence the virulence of the disease, or tend to a favourable result.

With two cases only I wish to trouble the reader, in which the principles of treatment thus set forth were violated, especially as they tend to establish their importance in an eminent degree. One of them, an ordinary case of scarlatina, occurred in a school, and the other was complicated with croup.

The case complicated with croup occurred in a child under two years old, the only child of wealthy parents, and which of course had everything done for it that parental anxiety and ample means could command. The symptoms of croup set in very soon after the appearance of the eruption, which was very imperfectly developed. All the usual remedies were had recourse to—an emetic, warm baths, leeches, bleeding in the jugular vein, and calomel and antimony, and a blister;—but it would be very difficult to say whether these appliances tended most to promote or to delay the catastrophe, since the little sufferer died on the third day from the commencement of the croup. Neither were the remedies necessary to the result, for I greatly fear the patient will always die under such an unfortunate complication of diseases.

The other case, as has already been stated, was an ordinary case of scarlatina, occurring, with others, in a school. The patient was the only son of a highly respectable family, and his parents sent their own medical attendant to see him. There was nothing unusual about the case; the boy was in no respect worse than any of the others, of which there were many. It appeared, however, in the course of our consultation, that his liver was torpid in its action, and nothing would satisfy the consultee but that a mild dose of mercury, combined with a gentle aperient, should be given to him, the bowels being rather confined. The next day after taking this medicine the tonsils began to slough, and continued to do so until his removal from the school, after which I saw him no more; but learnt at a subsequent period that the boy's recovery was slow, and not without apprehensions of an unfavourable result. Now, it may have been accidental, but it is worthy of notice that, in no other of the cases did any sloughing of the tonsils take place. And here I would ask the professional reader to pause for a moment and consider how frequently or otherwise he has seen sloughing of the tonsils in scarlatina, except in cases in which mercury or antimony, or both, had been administered; for certainly, in my experience, such occurrence has been rare; and should it be objected that so small a quantity of mercury could not by any possibility produce the effect, I would briefly reply that, I have known a single grain of calomel, given in combination with compound extract of colocynth, to an adult, in the early stage of continued fever, to produce ptyalism that ended in gangrene and mortification of the gums, and in the death patient.

In conclusion, that the purport of this expo may be rightly appreciated, I beg to mention have now retired from practice, and have therefo personal interest at stake; and if any apology shou thought necessary for thus obtruding upon space might possibly have been better occupied, I only refer to the quotation with which I have comm this letter, the like of which are unfortunately b frequently to be met with in the daily press.

TEN YEARS OF OPERATIVE SURG IN THE PROVINCES.

By AUGUSTIN PRICHARD, Esq., Surgeon, Clifton,

VI—ORTHOPÆDIC AND AUTOPLASTIC OPERATIO

THE sixth division of my cases includes the oper which I have performed for the cure of deformit various kinds, exclusive of the removal of su merary fingers, which I have classed among the tations. They are for club-foot and other contra and to relieve the scars produced by burns—in words, *orthopædic and autoplastic operations*; an will be described in this order: congenital talipe quired talipes; contracted tendons in other parts; plastic operations rendered necessary by burns lastly, a few miscellaneous cases, which cann brought under the other heads.

Talipes. CASE DCXL. C. G., aged 3 years, ha under surgical care before I saw him, and each Achillis had been divided. He had both h turned inwards, but the right was much the wo divided, in the right foot, the tibialis anticus tend the plantar fascia; and, at a subsequent perio tibialis posticus, at a little distance above the ank the left foot, I only divided the tibialis anticus. feet became much straighter at once; and they after a few days, put up with small straight splint foot-pieces attached, by which they were straig and brought into excellent position. He went o to walk well, with some little boots and irons to s his ankles.

CASE DCXLI. T. S., aged 11 weeks, with talipes of both feet. (This was my first case, and o much time; but the result was very satisfactory.) gan with dividing the tendo Achillis in each foo subsequently I divided the tibialis anticus in bo the extensor longus pollicis in the right. treated by bandaging his feet to the wooden foo of small straight splints; and the plan succeed He became my patient some years afterwards, in quence of fractured clavicle; and he could walk the soles of his feet.

CASE DCXLII. S. T., aged 18 months, with co varus of the right foot only. The tendons divid the tendo Achillis and tibialis anticus; and the came at once so loose that it could be easily into a normal posture, and it was kept so. This was taken out much better, but there had not be for a cure.

CASE DCXLIII. C. M., aged 4 years, with co varus of both feet. She walked on the outer pa feet, not touching the ground with her toes. been operated on before she became my pat divided the tibialis anticus and tendo Achillis foot, and began the treatment as in the other cas there was considerable difficulty, for the child sc constantly, and the mother removed the ap The right foot became so inverted again that I the tibialis anticus again; and she became bet was shortly taken away without permission.

DCXLIV. C. H., aged 10, had also been under nt before she came into my care, having been d on for congenital varus of both feet. I divided alis posticus on each side, with immediate advan- The treatment was interrupted by an attack of gus, after which she went out much improved.

DCXLV. W. K., aged 11 weeks, with congenital varus of both feet. I divided the tendo Achillis foot, and the tibialis anticus on the right; and, few weeks, he was taken home much improved, s brought back in about three months after the ration, with the right foot straight, and the left awn inwards. I therefore divided the tibialis and posticus tendons of the left foot (and appa- the posterior tibial artery also), and applied and compress, and subsequently an apparatus f gutta percha; and he was discharged with his ch straighter, but not quite well.

DCXLVI. B. B., aged 3 months, with congenital varus of both feet. I operated, and divided the chillis and tibialis anticus in each; and he went ter a short time, much improved.

DCXLVII. B. C., aged 1 year, with congenital f both feet. I divided in each, at one time, the anticus and posticus, and the tendo Achillis. as free bleeding until the little compresses were to the punctures. The feet were very much im- even before the splints were applied; but the as taken away before I had time to see the result ase, the parents having gone to reside elsewhere.

DCXLVIII. E. L., aged 1 year: congenital varus feet. I divided tibialis anticus and posticus in foot, and the tendo Achillis also in the right. vas free bleeding. The case did very well.

DCXLIX. E. P., aged 4 months, with congenital f the right foot. The tendo Achillis and tibialis required division in this case, which terminated torily. She was taken out with the foot in gutta and straight, in a fortnight after the operation.

DCL. A. B., aged 2 months, with well marked both feet. The tendo Achillis and tibialis anti- ired division; and, when it was performed, both e much straighter. He was bandaged up with rcha, in the way I shall describe, and went out ch improved.

DCLI. W. L., aged 8 months, with congenital arus of the left foot. I divided the tibialis anti- l tendo Achillis, and the wounds bled freely. they were soundly healed, gutta percha was and the case ultimately did well.

ext set comprises cases of talipes acquisitus.

DCLII. H. H., aged 16, with talipes varus of et, of some years standing, in consequence of paraplegia. He walked on the dorsum of each divided the tendo Achillis, tibialis anticus, and ongus pollicis in the left foot, which became at once. He went on well for a time; but, e tendo Achillis became united, it drew the foot gain; and he was at this juncture attacked with a, and transferred to a medical ward. When he der my care again, his foot was again drawn up, divided again the tendo Achillis and tibialis s. The foot became much better; and subse- I divided, on the right foot, the tibialis anticus sticus, the flexor longus pollicis, and tendo ; and, after a lengthened treatment and another of the tendo Achillis, he was discharged much he heel being still a little drawn up.

DCLIII. T. D., aged 28, with talipes equinus of foot, and talipes varus of the right foot, which ns had existed from childhood. I divided the chillis of the left, and, on a subsequent occa- e tibialis anticus and posticus and tendo Achillis right; and, after a considerable length of treat- he was able to walk on the soles of the feet.

CASE DCLIV. C. B., aged 27, injured his right knee some years before I saw him; and this accident was followed by a contraction of the gastrocnemius, so that his knee being quite stiff, his toes only touched the ground; and, six weeks before his admission, he fractured the fibula of the same side. I divided the tendo Achillis; and, as soon as the wound was healed, I made him get up and walk, and his foot very soon obtained its normal position. He was quite cured in a month.

This man became my patient about eight years afterwards, in consequence of another injury to the same knee, by which the anchylosed joint was so loosened that he obtained some limited power over flexion and extension. The movements and position of the foot and ankle had been quite satisfactory since the former operation.

CASE DCLV. L. S., aged 21, with old disease of the left ankle, contraction of the tendo Achillis, and inversion of the foot. I divided the tendon; and by means of a splint on the outside of the leg, and a foot piece at right angles, brought the limb easily into the proper position; and she went out very much improved.

CASE DCLVI. E. M., aged 20, with talipes equinus from partial paralysis of the extensors, and some general wasting of the leg. I divided the tendo Achillis, and put up the foot as in the last case. She walked about fairly with the heel down in three weeks; and was discharged cured.

CASE DCLVII. T. O., aged 4, with talipes equinus. I divided the tendo Achillis; and he walked about, with his foot straight and the heel down, as soon as the wound was healed; and went out cured in a few days.

CASE DCLVIII. B. D., aged 12, with a wasted leg and contracted flexors. I divided the tendo Achillis; and, after a few days, adapted a splint with moveable foot-pieces, to which India-rubber bands were attached. His foot was thus soon drawn up, and he went away able to walk tolerably well.

CASE DCLIX. T. P., aged 30, met with a severe accident some years before he became my patient. He fell upon his heels from a considerable height; and ever since he has had contraction of the extensor tendons, so that he could not bring his toes to the ground, without flexing the knees so as to bring the centre of gravity of the body in the proper position. The flexors were partly paralysed by the concussion. He had been also subject to a chronic ulceration of the heel. I divided the tendons of the tibialis anticus, extensor longus digitorum, extensor proprius pollicis, and peroneus tertius. He soon recovered from the operation, and was able to stand upright for the first time for many years. The ulcer healed up; but after he went home, I was told that it had reappeared.

CASE DCLX. C. R., aged 7, had lost the use of the legs for three years, from paraplegia following fever. She had varus of both feet. I divided the tendo Achillis only in each foot; and after a long and tedious treatment, she returned home, so far improved that the sole of the foot was brought into its proper position, but the limb was inverted; and this was due to my not having divided the tendons of the tibial muscles.

CASE DCXLI. A. B., with varus of the right foot and valgus of the left. I divided in the right side the tibialis posticus and tendo Achillis with some difficulty. The skin in this case was so tender that, upon application of the least pressure, a vesication was formed, and treatment was almost impossible. When she went out, she was no better.

CASE DCLXII. M. A. S., aged 20, had talipes varus of the left foot following a sloughing ulcer of the ankle. I divided the tendo Achillis and tibialis anticus under chloroform, and put her foot straight at once, and bandaged it so. This patient remained under my care for a great length of time, and ultimately she went out no better. She was afterwards under the treatment of one of my colleagues, and it was found that she voluntarily turned her foot, and removed the apparatus at night. She is permanently lame from the contracted state of the foot.

Case dclxiii. W. H., aged 11, with strumous ulcerations of the skin of the back of the leg, with contraction of the skin and tendo Achillis. He only touches the ground with his toes. The case was most troublesome and unsatisfactory. After dividing the tendo Achillis, and applying a splint with a moveable footpiece and India-rubber bands, the skin of the dorsum of the foot, and even the tendo Achillis, sloughed, and the treatment was given up. He went out no better; and I believe that after many months his leg was amputated.

Case dclxiv. E. M., with talipes equinus of both feet, but principally in the right foot. I divided the tendo Achillis and flexor longus pollicis, and the foot became straighter. The tendo Achillis became so firmly united and so contracted again, that I divided a second time in a few weeks from the operation; but she went out before the cure was complete, and I lost sight of her.

Remarks. These cases, although not very numerous, are encouraging and satisfactory. All were either cured or very much improved, except those in which the operation was rendered necessary by some previous accident involving loss of skin; and, although we do not usually see our patients long after they have been under treatment, yet we do now and then, and in them the result is generally good. It appears to me that this morbid condition is relatively more frequent among the children of the poor than among the richer classes; and I should like to know the opinion of other surgeons in this respect. In all cases, I use Dieffenbach's tenotomy knife, which is in a handle, and opens like an ordinary penknife, being much the shape of a French pen-knife, or like a small, fine, but strong curved bistoury, and I think it is the best instrument for the purpose, being not nearly so clumsy as those generally sold in the tenotomy cases, and it is adapted for every operation of this kind.

That large class of cases where club-foot, or some other bodily deformity, depends on the excessive contraction of one set of muscles from partial paralysis of their opponents, is of great interest. The flexors, being much stronger than the extensors, get the advantage, and cases of abnormal contraction in them are the most numerous. These patients are much relieved by the section of the faulty tendons; and it appears as if the weaker set of muscles gave up the contest, until they, in their turn, were relieved by the section of their more powerful opponents, and thus have once more a chance of trying to restore the just balance of power.

In the year 1841, cases of contracted tendons of every kind were sent to Dieffenbach's *clinique* at Berlin from all parts of Germany and the neighbouring countries, and I had the privilege of witnessing his operations, and of seeing almost every muscle in the body divided. He kept his little knife in his waistcoat pocket, and used it always, except in one or two instances where a much longer bistomy was necessary, as in dividing the muscles of the back. Some of the most interesting examples were those where he divided the muscles of the face for the relief of paralysis of the portio dura of the opposite side. The effect of this operation was very striking and immediate; for, instead of the distorted and twisted appearance that they presented before, the equilibrium was restored, and a natural expression returned to the face. I do not believe, however, that the improvement was lasting in any instance.

In the division of the tendon of the tibialis posticus, I believe that the posterior tibial artery is frequently divided, and I think that I have cut it at least five times; but the compress and bandage in a young child
are enough to stop it, and it is not a subject for the
anxiety.

In using gutta percha after operations, inste
other apparatus, I do it in the following way. Whe
foot has become quite loose by the division of the
cles, and this can be effected in most cases as so
the wounds are healed—that is, in three or four d
I carefully bandage the foot, and then envelope i
layer of thick gutta percha, made perfectly soft by
kept in water at 212°, and covered over on each s
with some thin paper to prevent it sticking to the
ages. It must be adapted closely to the foot by
aging; and then, by grasping the limb with both
and bringing the foot into a natural position at
angles with the tibia, I plunge it into a pan o
water, when I hold it until the gutta percha is
firm, and about five minutes will be found sufficie
this purpose.

Wry Neck. Case dclxv. A. B., aged about 10
well marked contraction of the left sterno-m
muscles, producing considerable deformity. I d
the clavicular portion of it with the curved bi
under chloroform, passing the blade from the
margin of the muscle behind it, and cutting towar
skin. It was easily effected, and answered well.
head became much straighter, and but little
venience or deformity remained.

Contracted Fascia of the Foot. Case dclxvi.
aged 13, with considerable shortening of the foot
contraction of the plantar fascia and extensor
great toe. I divided them both, and he went ou
his foot much improved.

[*To be continued.*]

Transactions of Branch

BATH AND BRISTOL BRANCH.

ON THE PROPRIETY OF EXCISING THE EYE-BALL
DIATELY, WHEN DESTROYED BY INJURY.

By Wm. Michell Clarke, Esq., Surgeon to the
General Hospital.

[*Read November 28th*, 1861.]

The subject upon which the following notes are
is one in which I have for some time taken an in
and, although it has already received considera
tention, yet I believe that the point of practice
desire to illustrate is somewhat new.

Penetrating wounds of the eye are not uncon
and a considerable number of the cases are o
severity, that there is no difficulty in pronounci
injured organ destroyed. The ordinary mode of
with these cases, is to use such means as will obt
healing of the part. The globe remains collaps
shrivelled; and it is a fact well established, that
cicatrised organ is a source of great danger
opposite eye, and that, at any time, it may set u
an amount of irritation as may lead to the dest
of it. Against this serious state of things, there
remedy, except partial or complete extirpation;
is a very unfortunate thing for the patient if this
recognised by his surgeon.

I believe that one of the members of our own
Mr. Prichard, was the first to practise complet
sion of the eyeball for sympathetic ophthalmia;
first case was published by him before Feb. 5th,

The following is Mr. Prichard's account of it;
bears so well upon my present subject, that I
hesitate to quote it. "J. F., aged 46, injured
eye with a piece of iron thirteen years before I sa
and he had frequently been laid up with atta
severe pain and inflammation; and for nine

s to his becoming my patient, he had been dis-
I removed the eye, and on the tenth day he
out well, and returned to his work at once."
sh Medical Journal, August 17, 1861, p. 168.)

he same number of the Journal in which the
is published, another good case is given by Mr.
rd, shewing the destructive irritation that is liable
et up by the remains of an injured eye. (*Ibid.*)

subject of sympathetic irritation of the eyeball
owever, according to Haynes Walton, first practi-
ecognised by Mr. Barton, of Manchester. In seven
portion of copper had settled in the anterior
er. Inflammation and disorganisation of the
ls were soon followed by failure of the functions
other eyes, together with structural changes. Mr.
excised the corneæ, and applied poultices, in the
hat the copper caps would escape; this did happen,
sides, produced great relief; but it had a greater
ore valuable effect—it saved the destruction of the
eyes, although some of them seemed past all
(Haynes Walton in British Medical Journal,
r 20th, 1860, p. 811.)

whatever opinion may be held with regard to the
treatment to be adopted when sympathetic in-
ation of a sound eye has been excited, it is gene-
ecognised that the existence of a disorganised
aces the other in jeopardy; and it is also certain
n injured eye often heals with difficulty and re-
tediously. It has, therefore, appeared to me for
time past that the proper practice when a patient
with an eye irretrievably damaged, would be at
o excise it; and it is with reference to this pro-
n that I bring before your notice the cases
follow.

elieve that my attention was first attracted to this
t by a paragraph which appeared in the *Medical*
and Gazette for January 1st, 1859, in which the
ing remark occurs: "When the simplicity and
of the modern operation of globe-excision be-
more widely appreciated, we cannot doubt that
w individuals will be allowed to run the risk of
ing lost eyes." The writer of this note does not
r to refer to recent injuries, but to eyes that have
lost from any cause. And it struck me upon
g it that, although one might not be prepared to
mend excision of destroyed eyes which were ex-
no actual disease, yet it would certainly be
surgery to remove the ball in cases of recent in-
and so not only accelerate the patient's recovery,
so ensure the safety of the remaining eye.

E I. Soon after my attention was drawn to this
there was admitted into the Bristol General
tal, on the 8th January, 1859, a boy named Thos.
, 13 years of age, who had met with the following
. Whilst he was chopping sticks, a piece flew up
truck his left eye. The cornea was split through
lower part, for its whole breadth, and the iris
anging largely through the laceration. He was
n a darkened bed; but, in spite of careful treatment,
d badly, and on the 15th the eyeball was much
n, and protruded between the lids. There ap-
d to be a free outlet for pus; but, to make quite
I made a free and deep incision. This gave some
, and some diminution of size took place; but as the
till protruded, and was causing great irritation, I
sted a consultation with my colleagues, and it was
ed that I had better excise. While he was under the
nce of chloroform, the operation was performed
e manner practised by Mr. Dixon. There was no
orrhage; the wound was treated with water-dress-
and on the following day the patient was greatly
ed. A fortnight after the operation he was made an
atient. There was a little tendency to incurvation of
pper tarsal cartilage, but this was the only thing
h gave any trouble during the recovery.

There remained in the orbit a considerable stump, formed principally of the divided muscles, which moved readily in the various directions of their action.

The next case is one for the notes of which I am indebted to my friend, Mr. Lansdown, sen., under whose care the patient was placed.

Case ii. *Excision of the Eye.* Jesse Horton, aged 8. "The original injury was from a quantity of lime having been thrown into his eye; the inflammation was so acute that the cornea was, in a few days, destroyed. For some little time subsequently, the eye was in a quiescent state; but this period of rest was followed by acute inflammation, which terminated in abscess. As the other eye was now become inflamed, I considered it prudent to remove the injured ball entire. The following day, the little fellow was sitting up in bed, eating his dinner, and remarked that 'he felt very well ever since I did that to his eye yesterday'. The inflammation of the other had subsided."

From the issue of my own case, I resolved that when I met with another, in which I could feel quite sure that the eye was utterly destroyed by the injury, I would propose immediate excision; and in the following instance this practice was adopted.

Case iii. Edwin Duffet, aged 16, a labourer, was admitted into the Bristol General Hospital on Nov. 7th, 1861. He said that he had been driving a rivet, and that the head of it had flown off, and struck his left eye. Upon examination, I found a very extensive laceration of the cornea and sclerotica on the outer side, and it was evident that the wound had penetrated deeply. From the nature of the accident, I suspected the presence of a foreign body in the injured part, but my patient said he was sure that this was impossible, for the rivet had been examined and had been found unbroken. I, however, examined the orifice of the wound with a probe, and thought I struck a piece of iron; but although I was pretty certain that I had felt it, it slipped away, and I could not again discover anything. Feeling persuaded that the proper course to pursue was to remove the globe; after consultation with my colleagues, Mr. Coe and Mr. Marshall, I proceeded to excise it. Whilst doing this, a piece of iron presented, and I withdrew it with forceps; it was a thin slip of metal, nearly an inch long, and nearly half an inch wide at its broadest part, which after penetrating the outer side of the eye, and cutting its way through, must have lain in the orbit.

The upper lid had been torn through for its whole depth, and when I had finished the excision, I united it by three sutures.

A bread-poultice was applied, and the boy kept carefully in bed. By the 14th, a week after the accident, I have noted that he was up, and that he appeared quite well.

As in my first case, the orbit is not left empty, but occupied by a considerable mass, which is moved readily in all directions by the muscles.

I do not, of course, consider that the above cases prove the propriety of the treatment that was adopted, but they appear to me sufficient to introduce the subject for discussion. The only point that remains in question in my own mind is, as to whether an artificial eye can be worn as well as when part of the eyeball is left. In all other points it seems to me clear that a treatment which gives a speedier and better recovery, with an assurance of safety to another organ, rendered doubly important by the injury of its fellow, must be the best; and with regard also to the wearing of an artificial eye,* I believe that it would be done with very good effect. Mr. Square of Plymouth says, in his Address in Ophthalmic Surgery, that after such an operation as would be adopted in these cases, an artificial eye can be worn with good cosmetic effect. (British Medical Journal, 1860, p. 718.)

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* Mr. Prichard stated at the meeting, that he had known patients wear an artificial eye, after the operation mentioned in the text, with very good effect.

With regard to the kind of operation, I have only to remark that it should be as simple as possible; the only instruments required are a pair of curved scissors, and a pair of forceps. The muscles should be divided and the eye excised in the manner recommended by Mr. Dixon. (*System of Surgery*, edited by Holmes, chapter on the Eye.)

One argument in favour of the treatment that I have desired to recommend in this paper, I have not yet mentioned; but it is one which has considerable force. It is that the injuries which cause destruction of an eye are very liable to be complicated by the presence of foreign bodies, such as fragments of mortar, particles of lime, splinters of wood, etc., and these may be the cause of long continued irritation, severe pain, and loss of the remaining organ. In my case, the notes of which I last read, a large piece of iron would have remained in the orbit, unless the eyeball had been excised, and that, notwithstanding its presence was suspected, and that it was carefully searched for.

A case which illustrates this particular very appositely was published in last week's Journal. In this instance a piece of iron, weighing twenty-six grains, had lodged in the right eye for four years, and it was only upon the left becoming weak and painful that its presence was detected, and it was removed. (British Medical Journal, Nov. 23rd, 1861.)

Reviews and Notices.

The Climate of Algiers in Reference to the Chronic Affections of the Chest. Being a Report of a Medical Mission to Algeria, presented to His Excellency the Minister of Algeria and the Colonies. By Prosper de Pietra Santa, M.D., Physician to His Majesty the Emperor of the French, etc. Pp. 61. London: 1862.

Algiers must, if the opinion of Dr. de Pietra Santa regarding it be borne out by facts, deserve a very different character from that which it possessed thirty or forty years ago. Then it was notorious as the abode of pirates, the dread of civilised Europe; now, under European rule, it is not only a place of respectable repute, but bids fair to claim a place among those favoured regions to which the phthisical invalid resorts in search of health. The French government, it seems, having some idea of the sanitary resources of their African province, commissioned Dr. de Pietra Santa some years ago to investigate its climate; and the report, which has already been presented to the French medical public, now is brought forward in an English dress.

The author divides his report into three sections, treating in succession of Climate; of the Condition of Phthisis in Algiers; and of the Influence of the Climate of Algiers on Phthisis.

From his investigation of the climate of Algiers, Dr. de Pietra Santa concludes that it is intermediate between temperate and tropical. The principal facts made out are these. The town of Algiers is sheltered from the south winds; and the coolness of the nights is moderated by the land breeze, which, with the sea breeze, contributes to maintain a more uniform temperature. The atmosphere is very pure, and the sky blue and cloudless. Dr. de Pietra Santa noted, in four years, 771 fine days, or 52·8 per c
and 333 rainy days, or 22·8 in each 100. The
perature has been observed during twenty-two y
and the average for each month has been fou
vary from 79·5 in August, to 55·79 in Janı
while the average for seasons varies from 77.
the summer, to 56·91 in the winter. The av
temperature for the year is 66·5; the extremes
1838 to 1859, with the exception of two
(marking 56·10 and 70·48), being 64·4 and 68.
atmosphere is dry; but, the author observes,
all times strengthening. Fogs are rare, an
very dense; they generally occur during th
season. The barometric variations are limited
hence Dr. de Pietra Santa believes that in Al
"the ordinary changes of pressure can have lit
no effect on the body;" and that the feelings
comfort, on the approach of a storm, are
attributed to other meteorological conditions, p
pally electric, rather than to variations in the
sure of the atmosphere. The winds and rain
fest a periodicity: the most prevalent wind is
north-west, which blows nearly as frequently as
from all other points of the compass put togeth

Regarding phthisis in Algiers, Dr. de Pietra
gives a series of carefully collected statistics
movements as regards births and deaths of the
lation, native and European. The deaths from
monary diseases in general, for eight years,
been 17.81 per 100 of total deaths, or 0·66 per
of the population: in Paris the mortality, fro
same causes, is about 33; in London 31·5; a
Nice 25·1, in each 100 deaths. From phthis
mortality in proportion to the total deaths in A
is 1 in 14·15; in London and Naples 1 in 8; in
1 in 5; in Nice 1 in 7. According, then,
author's observations:

> "Phthisis exists at Algiers amongst the Europ
> emigrant population, as well as amongst the n
> This disease is not so common as it is at the
> stations on the Mediterranean, and much less so t
> Paris."

In the third section, Dr. de Pietra Santa exp
his belief in the correctness of the general op
that phthisis is very rare in Africa. The di
however, has existed among the native popul
and this the author ascribes principally to th
lowing causes: the diet and bad ventilation
houses; the habit of breathing an impure
sphere at night; the abuse of the Moorish ba
females; the inhalation of the dust, raised
wind from the macadamised roads; and the s
ing of venereal diseases. Among the wan
Arabs, phthisis is very rare, and children
disposed to it soon die: among negroes from
tral Africa, it is notoriously frequent. T
crease, then, of phthisis among the indig
races (Arabs, Negroes, Mussulmans, and Jews)
Pietra Santa holds to depend on exceptional c
stances, and to be altogether independent
climate.

Finally, regarding the capabilities of Algie
resort for phthisical invalids, the author states

> "The favourable influence of the climate of Alg
> very apparent in cases where it operates either in
> ing the predisposition to phthisis, or in combati
> symptoms which constitute the first stage of th
> ease.
>
> "This influence is doubtful in the second st

losis, and especially when the general symptoms
inate over the local affections.
is fatal in the third stage, when symptoms of
ng and of disorganisation have manifested them-
.

AR VIEW OF THE PRIMARY DIVISIONS OF THE MAL KINGDOM, intended to serve as an Outline n Elementary Course of Recent Zoology inozoology), or the Natural History of Exist- Animals. By ROBERT E. GRANT, M.D. Pp. London: 1861.

ittle book is, as the title implies, a mere out-
ntended for the guidance of those who have the
tage of attending Dr. GRANT's able courses of
es in University College. To others, also, it
interesting, as indicating what are the views
learned Professor on the subject of classifica-
f the animal kingdom.

notice that Dr. Grant has made various modi-
ns among the orders, etc., in the classifi-
formerly used by him; and also that he has
d a sixth sub-kingdom, under the name of
oic or Acritoneurose Animals, including, with
, sponges, some of the infusoria, the rhizopods
a, *actinophrys*, etc.), and what may appear re-
ble, the cells, blood-corpuscles, epithelial cells,
ge-cells, and so forth, which enter into the
tion of the animal body. These latter Dr.
forms into an order of the class *Cystodia*,
the name of *Endocystica:* and to them he
utes the property of elaborating material by
own special endowments or vital forces. Hence,
the words of Kölliker, as quoted by Dr. Grant:
ll creatures above the protozoa, it would seem
certain that their body proceeds from a mass
s."

IE DISEASES AND INJURIES OF THE HYOID OR GUE BONE. By GEORGE D. GIBB, M.D., M.A., .S. Illustrated with engravings on wood. Pp. London: 1862.

IBB asserts—and, we believe, with some reason
t the hyoid bone in man is not treated with
r respect by physicians and surgeons; that, in
t is looked on "as of secondary importance, and
rthy of any special consideration." In medical
urgical works, its diseases are ignored; and all
otice that its injuries receive is, for the most
a brief reference to fractures. Dr. Gibb, how-
has addressed himself to the task of rescuing
seful little bone from its unmerited obscurity
obscurity the more remarkable, as its physiolo-
uses are so important. He holds, and endea-
to prove, that

> here are many anomalous symptoms referred to
> roat by the sensations of the patient, which have
> attributed to the larynx, and *post mortem* inspec-
> as proved the normality of the latter. If the ex-
> ation had been pursued further, a little careful dis-
> n would have revealed that the cornua of the hyoid
> were so implicated, as to give rise to the symptoms
> were complained of during life."

e *diseases* of the bone are described in the fol-
g order: 1. Inflammation and its consequences,
as necrosis and expulsion. 2. Subhyoid abs-
3. Thyro-hyoid inflammation and abscess.
hyro-hyoid cysts. 5. Osseous tumours of the
bone. 6. Tumours springing from the hyoid periosteum. 7. Eburnation of the hyoid bone. 8. Diseases of the thyro-hyoid articulation: viz., *a*, Relaxation of the ligaments producing dislocation; *b*, Hydrarthrosis; *c*, Anchylosis; *d*, Spontaneous rupture of the ligaments. 9. General displacement of the entire tongue bone. 10. Disease of the bone or its periosteum, by extension from the tongue and neighbouring parts. 11. Hyoid neuralgia. The *injuries* described are: 1. Fracture from manual violence, from accidental causes, or from hanging. 2. Laceration of soft structures attached to the hyoid bone. 3. Wounds of the hyoid bone.

Of each of these diseases and injuries, Dr. Gibb has collected examples from his own experience and from other sources, and thus he has made a very complete monograph on a subject novel in its entirety, though not altogether unknown in some of its details. The work evidences great industry on the part of the author; and will no doubt, if carefully studied, fulfil the object with which it has been written—that of increasing accuracy of diagnosis. A brief abstract of the essay was read by the author, at the meeting of the Association at Canterbury, last year.

A MANUAL OF THE DISEASES OF INDIA. By W. J. MOORE, Licentiate of the Royal College of Physicians, Edinburgh; H. M. Indian Medical Service, Bombay Establishment, etc. Pp. 220. London: 1861.

THIS is a concise account of the diseases which are likely to come under the notice of the medical man practising in India, and has been written, the author informs us, to supply a want which has been much felt.

The first part of the book consists of some introductory remarks on disease in India, and of chapters on the means of preserving the health of Europeans in India, and on hill and marine sanitaria.

In the second part, the author takes up special diseases, which he classifies in the following way, according to their chief causes: Diseases depending on Malarious Influences; Diseases depending on Heat; Diseases depending on the combined effects of Heat and Cold; Diseases depending on Vicissitudes of Temperature; Diseases depending on Specific Poisons; Diseases depending on Defective Diet; Entozoa; Diseases depending on Climatorial Influences, or succeeding on one or other of the preceding Diseases; and some Affections supposed to be caused by the Moon. The text of the work is made up partly from the author's own observations, but mainly from an extended and judicious course of reading; and in this way he has produced a book which may serve as a *vade-mecum*, when circumstances do not allow the study of such elaborate works as those of Martin or Morehead. Owing, we suppose, to the circumstance that the book, written in India, was printed in London, a few typographical errors have been committed. Thus we meet with "Hanfield" Jones; "Larry," for Larrey; "Furgusson;" "Baglavi"; "Hewart," for Stewart; "Heming," for Fleming, etc.; and in one of the chapters, there is a description of a neuralgic affection of the liver-region, under the name of "Hyptalgia," by which we suppose is meant Hepatalgia. But these errors do not diminish the general utility of the work.

British Medical Journal.

SATURDAY, MARCH 22nd, 1862.

THE PULSE.

If we except the causes of the sounds of the heart, there is no subject connected with the circulation of the blood which has given rise to so many theories as that of the nature of the pulse, and the causes which produce it. Although the indications which the pulse affords have ever been considered amongst the most important points in connexion with the practice of medicine, but few attempts have been made to deal with the phenomenon in an experimental and truly scientific manner. The most profound physiologists and able experimenters have directed their attention to the movements and sounds of the heart; and the result is, that we possess a knowledge in reference to these subjects of the most accurate and valuable kind—a knowledge not only interesting in a physiological point of view, but of the greatest possible aid to us in the diagnosis and treatment of the various diseases to which the organ is subject. Cardiac physiology has yielded an abundant harvest to the practical physician, and has reduced to a wonderful simplicity many points which were previously obscure in cardiac pathology. It is scarcely to be doubted that a scientific study of the pulse might be attended with results equally important, and might enable us to draw more valuable therapeutic indications from its phenomena than our present unsatisfactory knowledge enables us to do. By the accomplished physician, it is true that the varying conditions of the circulation, the power of the heart, and the general tone of the system, may be read off from the changing characters of the pulse; but the ability to gather this information is only acquired by lengthened experience and prolonged and close clinical observation; and even when this knowledge is acquired, it cannot be readily communicated to others; it rests on no scientific basis; it cannot be put in the shape of principles.

Here, then, is a field of labour in great measure untilled—a subject well worthy the attention of all who are engaged in physiological or pathological pursuits.

Although we are mainly indebted to our own countrymen for the great advances that have been made in our knowledge of cardiac physiology, more especially of late years in reference to the causes of the heart's sounds, yet it must be confessed that, with regard to many points connected with the circulation, the continental physiologists have laboured with greater diligence and success than our own. Amongst the most important investigations which have been made with reference to the circul is one which has been somewhat recently carri by M. Marey, and which has been more espe directed to the subject we have placed at the of this article. We propose briefly to consider of the points which have been experimentall amined.

It has been held by numerous physiologists the arterial blood is propelled along the tubes contain it in a series of waves, which become and more obliterated as they pass from the c towards the periphery. If this undulation t were correct, it is clear that the distant v would not be distended by the on-flowing wa early as those which are nearer the propelling o or, in other words, that there would be a de the pulsation of the peripheral vessels, as com with the central ones. Now, the view that s delay really occurs is the one which has been generally entertained, and to it M. Marey h rected his attention; and, from the results experiments, he has come to the conclusion th theory is incorrect. (See researches of M. Ma the Circulation, Pulse, etc., in *Annales des Sc Nat.*, 1857; *Journal de la Physiologie de l'Hom des Animaux.*)

As all facts connected with this primary qu in regard to the pulse are important, we p briefly to examine M. Marey's views.

M. Marey denies that there is any *real* de the pulsation of the different arteries of the and he states—arguing from the results of e ments he has performed, and to which we shall —that the pulsation *begins* throughout the arterial system at the same time. That there *apparent* delay in the pulse of different vesse admits; but he maintains that physiologists fallen into the mistake of supposing that the *real* delay, in consequence of the fact that, alth the pulsation *begins* at the same time in all the ries, it *does not reach its maximum* in the d vessels as soon as in those nearer the heart. this maximum pulsation, or, in other word condition of greatest tension of the vessel, wh perceptible to the touch, and which is more d delayed in different parts of the arterial system Marey proceeds to demonstrate the correctn his view by the use of an instrument which is a sphygmograph. This instrument consists lever, which is raised by a pulsating vessel; on of the lever being in contact, by graduated pre with the vessel itself; the other being so arra that it may trace on a cylinder, which revolv the aid of clockwork, the curves produced by the as it rises and falls during the diastole and syst the vessel. The sphygmograph was invente Vierordt, but has been somewhat modified b Marey for his own particular observations.

o imitate the circulation of the blood, and to w the effect produced in an ordinary hydraulic aratus by the propulsion of fluid into it at ular intervals, the most simple instrument is d. A syringe is taken, which has connected with n elastic tube of considerable length. This tube urved in such a manner as to be brought into tion with three levers or sphygmographs fixed an upright support, there being a length of tube al to a *mètre,* or somewhat more than a yard, be- en the points at which the levers are brought in tact with the tube. If fluid be injected at regular rvals through a tube so arranged, it is found that ach injection the sphygmograph is thrown into on; and, if the rotating cylinder be at work, ain curves are marked on it as the levers rise fall; and thus the exact period at which each sation begins, the time at which it reaches its imum, and its period of decline, are shewn. curves which are thus formed vary in height length in proportion as the pulsations which duce the movements of the levers are strong eeble, prolonged or rapid.

n examination of a graduated piece of paper ed to the cylinder in such an apparatus as we e briefly described, shows, by the curves which traced on it, that the three levers, as well that hest from the propelling organ as those nearer it, have *begun* to rise at the same instant; but t in proportion as the lever is distant from the ecting apparatus, so is it longer in reaching its nt of greatest altitude. In other words, as stated M. Marey, we observe—

> *That all the pulsations commence at the same time,* y they are not complete at the same instant. It fol- s from this *that there is no real delay in the pulse,* only a delay for the maximum of pulsation. Now, according to the delicacy of our touch we perceive arterial pulsation at a moment more or less near to commencement, all observers do not find an equal ay, because they have not a tactile sensibility equally eloped, and that the delay is not a real quantity."

hat the phenomenon thus described by M. rey as taking place in elastic tubes out of the ly really occurs in the arterial system, we think re can be but little doubt; and, as the question not only interesting, but practically important, may be pardoned for dwelling on it for a short e.

he question involves a consideration of the man- in which the pulse is produced, and leads us examine some of the views entertained on this nt.

he wave-theory, or, in other words, the theory t the pulse is produced by a series of undulations nmunicated by the left ventricle and propagated ng the walls of the arteries and along the blood, s met with numerous supporters, and has been posed to account for the delay in the pulsation the distant arteries. If the blood were propelled along the arteries in the way here supposed, it is quite certain that the peripheral vessels would not begin to be distended at the same instant as the central ones, and a *real* delay in the pulsation would take place; but if it can be proved that no such delay occurs, then must we consider the theory as incomplete.

In a hydraulic apparatus such as that of the circulating system of man, we should conceive that the shock communicated by the left ventricle to the blood would be felt all over the body at the same instant, the intensity of its effect varying in proportion to the distance from the heart; and this objection seems to have been long ago raised to the wave-theory we have alluded to above.

The explanation given by M. Marey of the phenomenon he has described is this: that the shock communicated by the left ventricle is simultaneously felt throughout all the arteries; that this shock rapidly distends the vessels lying near the heart, and consequently they soon reach their point of maximum tension. In proportion, however, as the vessels are distant from the heart, so is the primary shock less felt, and so, therefore, does it contribute less to the full distension of the arteries. These vessels, therefore, only reach their point of greatest distension as the result of the elastic reaction of the vessels which precede them; so that the pulse, according to this view, is partly due to the impulse communicated to the blood by the contraction of the left ventricle directly distending the artery, and partly to the elastic reaction of the blood-vessels—a reaction which is indirectly brought into play by the ventricular systole.

That there is an appreciable interval between the first sound of the heart, or, in other words, the ventricular contraction, and the pulse as felt in the dorsal artery of the foot, we suppose will be generally admitted. We ourselves further hold to the opinion that this pulsation can be felt before the occurrence of the second cardiac sound; and on this, we think, hinges a very important point—viz., as to whether the maximum pulsation of the arteries precedes or coincides with this second sound. The elastic reaction of the arteries does not come into play until the distension produced by the left ventricle is completed; and its greatest effect on the distant vessels cannot be produced until the semilunar valves are shut. The influence of this reaction will be felt from the moment of its commencement, and the distant vessels will be undergoing distension by the on-pressed blood, from the same instant; but the point of greatest tension cannot take place until the arterial tube is closed at its ventricular extremity. It remains, then, to be proved whether the maximum pulsation of the distant vessels precedes or coincides with the closure of the aortic valves. If the latter, we should be disposed to consider M. Marey's theory as unexceptionable; if the former, it would require modification. Judging from the impression produced on the ear and on the finger applied simultaneously, the one to the heart and the other to the foot, we should be disposed to say that the pulsation precedes the second cardiac sound; but we think that observation so conducted does not constitute, in a case of this kind, a safe tribunal to appeal to. The question might be settled if an instrument could be so arranged as to indicate on the one hand the exact period of closure of the valves, and on the other the time at which a distant vessel reaches its greatest distension.

We must here leave this subject for the present, with an intention shortly to return to it, and to consider some other points connected with the circulation which have an important pathological bearing.

MEDICAL AND SURGICAL DEGREES IN THE UNIVERSITY OF CAMBRIDGE.

The English Universities have always exerted a beneficial influence upon the profession by affording to the students who resorted to them a high order of education, and the opportunity of associating with those who are training for the church, the bar, and most of the higher positions of life. Hitherto this advantage has been confined to the physicians; and we cannot glance at the Roll of the College of Physicians, as unfurled by Dr. Munk, without perceiving how much the Fellows of that body have been indebted to their university connexion. Accordingly, we watch with interest the changes that take place in the university system, so far as they relate to the study of medicine; and have already expressed our gratification that a degree in surgery is to be given in Cambridge, and that henceforth the science of surgery is to be recognised there, and the surgeon is to be partaker of the same advantages as the physician.

The regulations for the new degree of Master in Surgery (*Magister in Chirurgiâ*) have just been confirmed by the Senate; and some alterations have been made in the regulations for the degree of Bachelor of Medicine. We give a summary of the course which a student (commencing at the University, say, in October 1862) may follow.

He enters at any one of the Colleges, and pursues classical and mathematical studies till October 1863.

Previous examination (in Classics and Mathematics), October 1863. He then is registered as a student of medicine.

Medical study in the University (by attendance on lectures on Anatomy, Medicine, Surgery, Chemistry, Botany, etc., and the practice of Addenbrooke's Hospital) for two years from October 1863.

Natural Sciences Tripos Examination (in Comparative Anatomy, Chemistry, and Botany), December 18
This admits to B.A. degree.

Medical study in London or elsewhere for two yea

First examination for M.B. and M.C. (in Hum
Anatomy and Physiology, Materia Medica, Patholo
Celsus and Aretæus), May 1866.

Second examination for M.B. (in Physiology, Path
logy, and Practice of Physic, Clinical Medicine, Medi
Jurisprudence, the Medical Treatment of Surgical a
Obstetrical Diseases), November 1867.

Second examination for M.C. (in Surgical Anator
Pathology, and the Principles and Practice of Surge
Clinical Surgery, Midwifery, Medical Jurisprudenc
November 1867.

Degree of M.B. or M.C., November 1867.

The degree of M.D. may be taken three years a
M.B.

Till the first examination, the course for M.C. is
be the same as for M.B.; and the first examination
to be the same for the two. After that, the courses
study for the two degrees differ, and the examinati
are different. Still the student may pursue the cour
for both at the same time.

The two degrees give the right to practise ev
branch of the profession in any part of the Un
Kingdom.

We have pointed out the quickest course—
one which most students will prefer to follow.
accomplish it, they must not be idle; for it is
dent from the requirements and the character
the examinations, judging from the papers we h
seen, that a pretty high standard both of gene
and medical acquirements is to be maintained.
time and means be at command, a longer pe
may be well employed. The student may dev
more time to classical or mathematical study, o
some of the branches of natural science, and,
competing for a higher place in the classical, ma
matical, or natural sciences triposes, may be re
by obtaining a fellowship with £200 or £30
year, tenable for ten years or for life; which,
need not say, would materially assist him in att
ing a high position in the profession. Severa
the most eminent physicians in London and
provinces have been indebted for their suc
greatly, if not entirely, to a college fellowship a
to university training.

It will be seen that part of the period of pr
sional study must be spent in Cambridge; and,
doubt not, the opportunities afforded by Ad
brooke's Hospital and the professors' lectures
good. It may be well, for many reasons, that
dical studies should be commenced in a quiet,
tematic manner in the University; but it is unq
tionably very wise that at least a half, and that
latter part, of the time should be passed at on
more of the great medical schools of this countr
on the continent. The liability of the mind t
fixed in one set of notions, which is so freque
observable in those who have spent all their tim
one school, is provided against by these regulati
and the student, passing from the professors at
bridge to the eminent teachers in other great

l schools, will be more likely to acquire the
t of thinking for himself, and of relying upon
wn judgment.
he necessary expenses of an university course are
o means great; and there are so many scholar-
s at the several colleges, varying from £40 to
a year, that an intelligent and industrious lad
he age of seventeen, going up from a good
ol, can hardly fail to obtain one, either as soon
e commences, or at the end of his first year.
ces of these scholarships appear from time to
in the various newspapers.

WHAT SHALL WE CALL HIM?

have been asked to answer an old question put
new form. The question touches that ever de-
d point, Who is a Doctor? Our correspondent
not ask us now whether a Licentiate of a Col-
of Physicians may or may not call himself
tor, but he says, "What ought I to call him?"
wants, he says, to behave courteously to all his
ical brethren, and at the same time to sustain
tly and honourably the dignity of the College of
sicians, to which he belongs. But, in endea-
ing to combine these proper sentiments in ac-
, he feels himself placed in a position of much
culty, and calls upon the profession or his Col-
authorities to tell him how to do the right
g. His question is this: "Ought I to address
the title of Doctor a Member or Licentiate of
llege of Physicians, who possesses no medical
oma from an University?" One of his medical
hbours, it appears, answers to this non-diploma-
l description, and yet demands to be called
addressed as Doctor. Our correspondent very
lidly says that to him personally it is a matter
effect indifference whether or not his licentiated,
-diplomatised friend is termed Doctor or Mister.
only desires to do the right thing—the right
g to his friend, and the right thing to his Col-
; and, unfortunately, he does not see his way to
tisfactory solution of this ethical knot. He
efore, and we think very fairly, calls upon his
ege to tell him how to act, and to lay down
e rule for his guidance, and so to relieve him of
odium of being guilty of a possible indecorum
is friend in refusing him what he demands, or
ndecorum to his College in recognising an im-
per claim on the part of his friend. The London
ege of Physicians, it is true, refuses to recognise
ddress officially as Doctor any of its Members, or
ntiates, or Fellows, who possess no medical
loma; but this is merely an official act. It cer-
ly indicates what the feeling of the College is on
question. But the College should go further,
tell us what is the rule it would wish us to fol-
in the matter. For our own part, we must candidly say, arguing on the principle of a stick being a stick, that we object to give the title of Doctor to those who possess not the doctorate.

THE WEEK.

We shall be only too glad to hear more in the same strain from our correspondent, a well-known and highly esteemed physician, on the subject of gratuitous medical services. We quite agree with him that this monster evil, like all monster evils, cannot be destroyed in a day. Adam Smith pointed out the injustice of the Corn Laws a century or so before their injustice fell to pieces. What encourages us to continue the crusade against the desolating dragon—gratuitous medical services—is the sure conviction that at heart the body of the profession is with us, and the hope that the folly and injustice of the thing may excite the attention of those who have too long tacitly and without consideration accepted it as an inevitable fact.

The Town Council of Birmingham have reappointed Dr. Alfred Hill as their analyst, in accordance with the provisions of the Adulteration Act; but they have not done it without a manifestation, on the part of some members, of the niggardliness which too often characterises the dealings of such bodies. At the meeting of the Council, a report was brought up from the Borough Inspection Committee, recommending that Dr. Hill be reappointed with a salary of £50 a year. To this an amendment was moved, that the salary should be £100—as before. After a good deal of discussion on the practical working of the Adulteration Act, and on the question whether a public analyst was useful or necessary at all, the Council, concluding very justly that, if they appoint a man of scientific attainments to an office of responsibility, they ought to pay him tolerably well at least, voted, by a majority of 31 to 11, that the salary should still be £100.

The question of medical certificates has been debated in Paris. M. Moutard-Martin, of Hôpital Beaujon, has taken it up, and he has persuaded the Medical Society of the Second Arrondissement to adopt unanimously the following proposition: "All the members agree that they will give no certificates whatever to any life-assurance companies." Their decision is founded on the obligation of medical secresy.

In the *Méd. Gaz. d'Orient*, Dr. Sevran gives an account of the sickness on board the *Fēthiē*—the Liverpool fever-ship. He says, as regards proper food, that the captain would not listen to reason. One day, spite of all remonstrance, he ordered the rations of the sick, nine-tenths of whom were suffering from chronic diseases, to be reduced one-half; and, when scurvy was raging, he refused a supply of lemon-juice.

Dr. Larghi recommends the revival of an ancient method of extirpating tonsils. This method is simply their removal by the index finger. The amygdalæ are not firmly adherent, and may be readily enucleated in whole or in part by the nail of the index finger.

Nearly 5000 soldiers of the Prussian army are suffering from ophthalmia; and of these, 2609 belong to the corps in Pomerania.

L'Union Médicale has some capital remarks on cheap medical advice, addressed to the Mayor of Besançon, who approves of the same. The Mayor says that the custom of cheap advice is ancient, to which *L'Union* properly answers: "That the antiquity of an abuse neither renders it legitimate nor respectable; it only makes it harder for those who are the victims of the system to be rid of it. Dr. Lebon sustains a cause just, true, and moral; viz., that remuneration should be proportioned to the work done. Every doctor in France admits this; and yet there is not one who does not give his services to the public service despite of low payment, and even of no payment at all. M. Lebon also speaks truly when he says that these cheap official payments react on the payments made by private patients. What we ask, we demand in a spirit of equity and common right. We respect and commiserate poverty; and where is the physician who in private does not constantly practise his art gratuitously? More than any other member of society does he fulfil this social duty of benevolence; and for the reason that the opportunity is forced upon him more frequently. Leave, then, these gratuitous actions to the inspirations of his heart. But when you come officially to ask of him his services, why not honour and recognise them as you honour those of the magistrate, of the soldier, of the priest, and the functionary? On what grounds is the physician excluded from the common right? In Paris, gratuitous services are not accepted, and the intelligent Administration there is endeavouring to raise the salary of the doctors of the Bureau de Bienfaisance."

American Medical Students. The influence of the war upon medical education remains an unsettled problem. There are many reasons why it should increase the number of students—such as the great demand for surgeons in the army and navy, and the vacancies which have occurred in country towns by the enlistment of older practitioners in the army. As yet, we have no reliable index of the changes which are to come. We may notice as facts which give no definite conclusion to this question—That the Castleton Medical College (Vermont) has given up its present Spring course, on account of our civil troubles, while the Medical College of Ohio is about to commence an extra regular course to meet the wants of the army. (*American Medical Times.*)

Association Intelligence.

MEETING OF COMMITTEE OF COUNCI

The Committee of Council will meet at the Que Hotel, Birmingham, on Tuesday, the 1st of April One o'clock.

Agenda.—Financial Report for 1861; Poor-Law dical Legislation; Annual Meeting in London; other business.

Philip H. Williams, M.D., *General Secretar*

Worcester, March 19th, 1862.

SOUTH-EASTERN BRANCH:

ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFO DISTRICT MEETINGS.

The next of the present series of these meetings will be held a Bull Hotel, Rochester, on Friday, March 28th, at 3 p.m.

Dinner will be provided at 5 o'clock for those who may be a remain.

The price of the dinner ticket will be five shillings, exclus wine.

Trains will leave for London and all stations on the North Line. at 8 p.m.; for Maidstone, at 8.40; and for Canterbury Dover, at 9 o'clock.

Gentlemen intending to dine, are requested to give an intim thereof on or before Wednesday, March 25th, to Dr. Ma Rochester; or to

James Dulvey, *Honorary Secretary.*

New Brompton, Chatham, March 17th, 1862.

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

At a recent meeting of the *Medical Institu* Dr. Vose, Senior Physician to the Royal Infirmary, to the society "Short Notices of some Acute Inflan tory Cases Treated with Stimulants." The pati eleven in number, were of both sexes, and of various ranging from nine to upwards of seventy years; had been treated in the wards of the Royal Infirm others in consultation with practitioners in the tow that every case had been subjected to the observati more than one medical attendant. None were d tated by previous impoverished circumstances, or depressing causes; and as their occurrence was sp over a considerable period, they could not be consid to be modified by any epidemic, or other similar cial influence. The cases comprised, eight of p monia, two of pericarditis, and one of erysipelas o head and face. The remedies employed in each sisted chiefly of alcoholic stimulants, in the for wine or brandy, administered freely and continu from the commencement to the termination of th tack; neither blood-letting, antimony, nor mercury any of the usual evacuant and depressing rem were employed. In every case the progress was fa able and the recovery complete. In narrating cases, Dr. Vose wished it to be understood that he no particular views to vindicate, nor any special d to support, his object being simply to give clinical

ons, taken from his personal experience as a physi-
in hospital and private practice, of a method of
ing acute inflammatory diseases, which was neither
ribed nor recognised in the leading text-books on
ractice of medicine, in the hands of medical stu-
s of the present day. Alluding to Gregory, Alison,
on, and Walsh, he observed that these writers in-
d upon the necessity of blood-letting, antimony,
urialisation, and other remedies of an evacuant and
essing character, in the treatment of these diseases,
ring altogether a stimulating plan of treatment in
inflammation; or only admitting the propriety of
nistering stimulants when the acute symptoms
entirely subdued, and indications of sinking and
pse presented themselves. With the exception of
recently published writings of Dr. J. H. Bennett
those of the late Dr. Todd, in no treatise on the
ice of medicine of repute in this country, so far as
new, was the principle of treatment, of which his
s were examples, either taught or recognised.

ne records, so far as they went, clearly and unde-
ly proved that some acute inflammatory diseases
be successfully treated without resorting to the de-
ry and depressing measures held to be essential by
authorities, thus fully sustaining the principle con-
ed for by the narrator of the cases. In the discus-
which followed, however, it soon became apparent
the audience were by no means disposed to allow
uestion to rest upon so narrow a basis; and a most
ated and instructive, though somewhat discursive,
te was opened up, extending over two evenings, in
ourse of which those present had the privilege of
ning to a clinical lecture upon pneumonia; a trea-
upon the pathology and treatment of fever and in-
mation, physiologically considered; a disquisition
the action of alcohol on the tissues, embracing the
s of Liebig, and other authorities, with the various
ries and doctrines of old and young physic.

ne facts, however,—the stubborn facts—still re-
ned; eleven cases of acute inflammation brought to
ccessful termination without blood-letting, mercury,
ntimony, but apparently under the beneficial and
dial influence of alcoholic stimulants, given in
ntities which, if they did no good, could scarcely
to do harm. As a contrast, but it can hardly be
as an answer, to these recorded facts, we had the
cal experience of some who had evidently been
essful in treating acute inflammation on the old-
ioned plan of bleeding and depressing; of others,
hose hands a modified or mixed system of treat-
t had found favour; while some few appeared to
obtained an equal amount of success from the sti-
ating plan adopted in the cases which formed the
ect of discussion. It is somewhat remarkable that,
ughout the whole debate, with one slight exception,
llusion was made by any speaker to "the change of
theory," as a mode of explaining the greatly dimi-
ned use of the lancet and other depressing remedies,
ch, beyond all controversy, characterises the practice
nedicine in the present day.

aking the debate as it stood, it was scarcely possible
scape from the conclusion that certain acute inflammatory diseases, of which pneumonia may be looked upon as a notable example, must possess a strong inherent proclivity to terminate in recovery under modes of treatment apparently the most various and conflicting. What a glorious opportunity for cynics and sceptics, who delight to sneer at those problems in science which their shallow brains can neither solve nor appreciate, to exclaim, "see how doctors differ!" To comprehensive and reflecting minds, however, these apparent incompatibilities in theory and practice present no insurmountable difficulty, but are, to a considerable extent, capable of a satisfactory explanation. It is highly probable, and the inference was fairly warranted by many remarks which fell from the speakers, that those who appeared to differ so widely from each other in the debate, would, at the bedside of the patient, be found to agree in all essentials as to treatment, even of a case of acute inflammation.

The legitimate conclusion to which a calm review of this discussion appears to lead, is that the only wise, safe, and successful system of treatment is that which has for its basis pure eclecticism; each case is to be treated on its own merits, and not only in accordance with its recognised pathology, but in strict reference to all surrounding circumstances and contingencies. That accomplished, and eminently practical writer, Dr. Billing, goes far to set the whole question at rest, when he says, "Although I may find it necessary to bleed *my* patient for pneumonia, it does not therefore follow that it would be right for you to bleed *your* patient in the same disease." The daily observation and experience of every reflecting practitioner of medicine must convince him that the vital functions in disease, as well as in health, refuse to comply with the requirements of "systems;" and that notwithstanding the light which has been thrown upon the occult science of therapeutics by the aid of the microscope, the test-tube, and the brilliant discoveries of modern physiologists, the physician, in the application of his remedies, must, after all, rely chiefly upon his own judgment and discrimination.

Although it is possible that the effect of this discussion will not be to modify in any material degree the opinions or practice of those who heard it, nevertheless, such collisions of thought and comparisons of practice cannot be otherwise than useful and instructive to all concerned; and therefore (as those present on the occasion felt and expressed), Dr. Vose is fairly entitled to the best thanks of the profession, here and elsewhere, for having brought his experience and observation to bear upon this much debated and most important question, and not the less so, because he certainly, for the time, became the target at which every one appeared to think he had prescriptive right to take a shot.

Since this discussion took place, I have had the opportunity of observing in the wards of the workhouse hospital, under the care of Dr. Gee, several typical cases of pneumonia and pleuropneumonia, of a decidedly acute character, treated without stimulants, and in which the remedies employed were tartarised antimony, in doses of a quarter to half a grain, every two or three hours, combined with opium and small doses of calomel, together with frequent applications of hot poultices of linseed, mixed with a little mustard, to the affected part. The progress and recovery of these cases appeared to be as favourable as could be expected under any plan of treatment; for instance, a young man, with pneumonia occupying two-thirds of the left lung, accompanied with pleurisy, was convalescent in seven days from the commencement of the attack; another, in eight days; a third, with pneumonia of the entire left and part of the right lung, in nine days. In every instance, at the commencement of the attack, the urine was noted to be entirely wanting in the chlorides, these salts becoming abundant towards the termination of the treatment. As these cases have been closely watched, and a careful record kept of the progress and treatment, it is to be hoped that on some early occasion Dr. Gee will bring them before the profession, as they would constitute an important and interesting clinical contribution towards the solution of that question of questions, which is now agitating the medical mind, namely, What is the most appropriate treatment for acute inflammatory diseases?

To pass from theory to practice, and from medicine to surgery, I may notice a case in the Royal Infirmary under the care of Mr. Stubbs.

A boy was admitted with retention of urine and perineal fistula, the result of an injury to the urethra received some time before. The immediate symptoms were relieved by the usual means; but after he had been in the hospital a few days, a hard, circumscribed, and well-defined tumour was detected in the pubic region, presenting exactly the appearance and feel of the distended bladder; however, on passing the catheter, the bladder was ascertained to be empty, and further examination led to the conclusion that a formation of matter was taking place beneath the abdominal muscles; and such proved to be the case. In a few days a puncture was made, and a free exit of pus followed; the abscess and swelling gradually disappeared. Although the exciting cause of suppuration was not very apparent, it is highly probable that a very small quantity of urine had made its escape by some sinus connected with the fistula, and had found its way from under the deep perineal fascia. The interesting points of the case were the position and form of the abscess, and the peculiar circumstances under which it occurred, all tending to favour the impression that the swelling was caused by retention of urine; and also, the unusually favourable course and termination of the case, supposing it to be, as there is every reason to believe, a case of infiltration of urine.

QUACKS. The stock-in-trade of the quack is some panacea—he has a pill, or a lotion, or a manipulation, which cures most if not all diseases. The quack must know that he has never studied the organism, he must know that he has never put one of his hypothesis to the test, he must know that he is trading on the ignorant credulity of the public; let a man employ quinine as a panacea for all or many diseases besides ague and he becomes a quack, he generalises from one disease to all diseases. The medical body, however, is a jealous body and an honest body, both the jealousy and the honesty have prevented the perpetuity of error; nay, in this view, even quacks have been useful. (*Blackwood's Magazine.*)

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, FEBRUARY 20TH, 1862.

Hereditary Amaurosis. By W. SEDGWICK, Esq.
gentleman, whose brother became blind from amaur
in both eyes between the age of fifty-five and si
years, had a family of ten children, consisting of se
sons and three daughters. The first son, who is
living, became amaurotic in both eyes when a
fifty-six years old: the fifth son, who died from p
lysis, became amaurotic in both eyes at the age
forty-eight years: the sixth son, still living, bec
amaurotic in the left eye at the age of forty-six yea
and the seventh son, now dead, became amauroti
both eyes, when about forty-two years old. Of
other three sons, the second, who died from paralysi
the age of fifty-six years; the third, aged sixty ye
who is still living, and is partly paralysed; and
fourth, aged fifty-six years, also living, have had
occurrence of the disease: whilst the three daught
who are all living, and the eldest of whom is now si
three years of age, and is the second child in the fam
and the youngest, about thirty-eight years of age, is
youngest child in the family, have been quite free f
the disease. Mr. Sedgwick remarked that the ab
case would serve to illustrate two points of interes
connection with the hereditary development of dise
viz., the sexual limitation of the disease to the m
only in the family, all the females being exempt; and
retrogressively earlier development of it in each
ceeding member of the family affected, so that wh
the eldest of the four brothers became amaurotic
about the same age as his paternal uncle, the th
younger became so at an earlier age in each case t
the preceding, the sequence being 56, 48, 46, and 42.

On the Optical Defects of the Eye; their Nature
Treatment. By J. Z. LAURENCE, Esq. The author
the first instance, passed in review the leading opt
phenomena of the formation of images by lenses,
then showed how these explained the laws of visio
the human eye. It was demonstrated by Cram
ophthalmometer that the adjustment-"accommodati
of the eye to near objects was accomplished by
crystalline lens increasing in convexity. Eyes admi
subdivision into three classes according to their po
of refraction. 1. *Normal eyes:* the image of a dist
object is formed exactly *on* the retina. 2. *Short-sigh*
eyes: the image of a distant object occurs *before*
retina; it is transferred to the retina by means o
concave lens. 3. *Hypermetropic eyes:* the image o
distant object would be formed *behind* the retina; i
brought back to the retina by a convex lens. Mr. L
rence here adverted to the fact that such eyes, as a r
always endeavour to correct their defective refraction
accommodating, even for distance; that it was, the
fore, necessary to paralyse the ciliary muscle by a
pine, in order to estimate the total amount of hyper
tropia present. *Presbyopia* was then shown to dep
on deficiency of accommodative power; it was furt
shown to be a usual occurrence to *all* classes of e
that it affected equally normal, short-sighted and hy
metropic eyes; thus a person who cannot see critic
distinctly further than *thirty inches*, and not closer t
fifteen inches, is short-sighted and long-sighted at
same time; his whole range of vision being compri
in a distance of fifteen inches. The above facts w

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* Mr. Sedgwick (12, Park Place, Upper Baker Street) stated
he should be thankful to receive from any members of the
fession, notes of cases of any disease or peculiarity in which a
responding restriction to *one sex* prevailed.

illustrated by three patients: one, a case of myo-
the other two, cases of hypermetropia.

THURSDAY, MARCH 6TH.

ınorrhœal Ovaritis. By VICTOR DE MÉRIC, Esq.
anthor stated that not only gonorrhœal ovaritis but
gonorrhœa in the female were but incompletely
dated, and required further investigations. He
passed in review the literature of the subject, and
ioned the standard works in which gonorrhœal
tis is alluded to. Mr. de Méric then related three
which leave but little doubt as to the patients
ıg suffered from the complaint under consideration.
ranted, however, that such cases could not be tho-
hly conclusive until a *post mortem* examination had
rmed the notions he advocated.
ıe author found that the analogy between gonor-
l orchitis and ovaritis was not complete in every
ect; and called attention to the fact of orchitis
rally occurring towards the decline of the discharge,
eas in the cases of ovaritis which he has treated,
nflammation of the ovary occurred at a very early
d of the gonorrhœal malady. Allusion was now
to treatment; and the author concluded by ex-
sing a wish that those members of the profession
have come into contact with such cases would
them forward.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 3RD, 1862.

VILLIAM COULSON, Esq., President, in the Chair.

HER RESEARCHES ON THE THERAPEUTIC PROPERTIES OF THE PEROXIDE OF HYDROGEN. BY B. W. RICHARDSON, M.D.

author first drew attention to the subject of the
ufacture of the peroxide, and reported that after
ated and long continued experiments in reference
ıe different processes for making the solution, his
ion ultimately was that no plan is so good as the
nal one invented by Thénard, in which peroxide of
ım is used as the agent for supplying the oxygen,
hydrochloric acid as the displacing body. A solu-
charged with ten volumes of oxygen was the best
most applicable: the dose of this solution for an
t was from one drachm to half an ounce in a liberal
ıtity of water. As a general rule, the solution
ıld be given separately; or, if admixed with another
edy, should be so admixed at the period of admi-
ation.
r. RICHARDSON had used the remedy now in 223 in-
ces: viz., in simple diabetes, 3 cases; in diabetes
plicated with phthisis, 2 cases; in chronic rheum-
n, 1 case; in subacute rheumatism (the continua-
of an acute attack), 2 cases; in mitral disease, with
ıt pulmonary congestion, 4 cases; in irregularity of
heart with cardiac apnœa, 3 cases; in struma, with
ırgement of cervical glands, 2 cases; in struma,
formation of purulent matter constantly recurring,
se; in mesenteric disease, 1 case; in simple jaun-
, 1 case; in jaundice, complicated with cardiac and
atic disease and ascites, 1 case; in cancer affecting
ıds of neck, 1 case; in pertussis, 9 cases; in chronic
nchitis, 9 cases; in bronchitis, complicated with mes-
eric disease, 1 case; in chronic laryngitis, 3 cases;
ıæmia, 44 cases; in phthisis, first stage, 66 cases; in
hisis, second stage, 31 cases; in phthisis, third
ge, 13 cases; in phthisis, first stage, complicated
bronchial disease, 6 cases; in phthisis, second
ge, with bronchial disease, 3 cases; in phthisis, with
vular disease of the heart, 2 cases; and also in a few
es of dyspepsia.
ınalysing these cases, the author came to the following conclusions. In the treatment of diabetes, the peroxide, while it reduced the specific gravity of the renal secretion, increased the quantity, so that its value in the disease was inappreciable. In chronic and subacute rheumatism, it was of great value. In valvular disease of the heart, attended with pulmonary congestion, it largely relieved the attendant apnœa. In struma, it removed glandular swellings like iodine. In mesenteric disease, it improved the digestion, and favoured the tolerance of cod-liver oil and iron. In jaundice, it exercised an excellent effect by improving the digestion and causing a free secretion. In cancer, it seemed to exert no influence. In pertussis, its value was very remarkable; it cut short the paroxysms, and removed the disorder altogether more quickly than any other remedy, except change of air. In old-standing bronchitis, during attacks of suffocative dyspnœa, it afforded rapid relief. In chronic laryngitis, its caustic character rendered its administration painful. In anæmia, while it exerted no specific influence *per se*, yet, combined with iron, it increased the activity of that drug. In phthisis pulmonalis, in the first stage, it greatly improved digestion, and increased the activity of iron; while, in the last stage, it afforded an unquestionable relief to the breathlessness and oppression, acting in fact like an opiate without narcotism. After describing the use of the peroxide in dyspepsia and epilepsy, the author dwelt finally on the anomalous symptoms excited by the solution; pointing out the singular fact that in some instances where it had been pushed freely, it had produced profuse salivation. That chlorine and iodine had in these effects an analogy to salts of mercury, was a fact long recognised; but the fact that oxygen in the active state excited the same physiological action, was a fact as remarkable as it was interesting. It suggested the possibility that the salts of mercury did not act by virtue of the mercury at all, but by the agency of the oxygen, chlorine, or iodine, which they conveyed into the organism. It suggested also the propriety of ascertaining whether chlorine or peroxide of hydrogen might not replace mercury in cases where it was supposed to be a specific. If this suggestion were carried out, and an affirmative answer were supplied, the method of cure in the disorders specified would be rendered much more simple and rational.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 25TH, 1862.

B. G. BABINGTON, M.D., President, in the Chair.

ON THE CONNEXION BETWEEN A LOCAL AFFECTION OF THE LYMPHATIC SYSTEM AND CHYLOUS URINE; WITH REMARKS ON THE PATHOLOGY OF THE DISEASE.

BY H. V. CARTER, M.D., LOND., BOMBAY.

[*Communicated by* PRESCOTT G. HEWETT, F.R.C.S.]

DR. CARTER'S object was to show that the disease named chylous urine, was a consequence of a direct admixture of chyle and urine—a leak from the lacteal tract into the urinary. He detailed three cases from which his opinions had been derived.

A Parsee youth had much enlarged inguinal glands; and a little below them, a small, hardly perceptible pimple, from which occasionally issued a milky fluid, sometimes as much as a pint in a day. Pressure above the spot caused the flow to cease; pressure on it made the fluid spirt out to some distance, as if a subcutaneous space were being emptied. The discharge had commenced spontaneously six months previously, and had ceased and reappeared three or four times. Fourteen months later, both the discharge and the swelling of the glands continued. The fluid, when collected, resembled rich milk, was slightly alkaline, coagulated in about five minntes, and in a few hours separated into clot and serum. The microscopic characters were those of chyle.

An adult Hindoo had a peculiar corrugated and tuberculated thickening of the scrotum, which was soft to the touch, and, when punctured, discharged freely a chylous fluid. The inguinal glands were very large and soft, and diminished under pressure. A milky discharge occasionally oozed from many spots of the thickened skin, to the extent of about a pint daily. This flow intermitting, the inguinal glands enlarged. The urine was occasionally chylous, and frequently coagulated. The glands became more tumid two or three hours after a meal; but there was no regularity in the urine as to the appearance or disappearance of chyle.

In a Hindoo youth, the urine was frequently chylous and sometimes bloody. It occasionally coagulated, and the clots produced a difficulty of micturition. In this patient, ingesta of flesh or wheaten bread increased the disease.

The author considered the evidence of these cases to prove that the fluid discharged from the skin and with the urine was chyle. In a case under his care, the patient could at any time clear his urine of chyle by a day's fasting; and in another instance the flow of chyle and swelling of the inguinal glands often occurred two or three hours after a meal.

ON A CASE OF CHYLOUS URINE.

BY A. T. H. WATERS, M.D., M.R.C.P., LIVERPOOL.

The subject of the disease was a seaman, age 23, a native of Bermuda. He applied for admission into the Liverpool Northern Hospital, suffering from retention of urine, in consequence of the coagulation of that fluid within the bladder. He was first placed in the surgical wards, but the nature of his ailment having been discovered he was transferred to the author's care on October 10th, 1861.

He had been a sailor from the age of twelve years; his health had always been good. A fortnight before admission, whilst on his way from New York to Liverpool, he had retention of urine, and he then found that the urine was of a white colour, and it had continued so from that time. He could assign no cause for the attack, and with the exception of being rather weak he felt well. No evidence of visceral disease could be discovered. The urine was abundant. When first passed it was white, with a pink tinge, resembling milk, and having a somewhat similar odour. It was quite free from urinous smell. Soon after being passed it coagulated. The coagulum disappeared sooner or later. After standing, a deposit of blood and muco pus took place, and a layer of cream-like fluid generally formed on the surface. The urine was slightly acid or neutral when passed. Heat and nitric acid gave a copious precipitate. No sugar could be detected. Ether caused a deposit on the surface of oily particles, leaving the mass below clear. The microscope showed the presence of a large number of fat-globules, many of them very minute. No other abnormal matters could be detected.

The following is an analysis of the urine by Dr. Baker Edwards:—

Specific gravity of specimen, 1012.

Water - - - -		967·3
Solid matter, viz.:		
Fat - - -	9·9	
Urea - - - -	6·0	
Albumen, with traces of uric acid	6·0	
Vesical mucus - -	4·5	
Animal matter, with a trace of ammoniacal salts -	4.1	
Fixed alkaline salts -	2·0	
Earthy salts - -	0·2	
		32·7
		1000·0

The water, fat, albumen, and mucus were in exc
or abnormally present; and the urea, extractive matt
and the alkaline and earthy salts, were deficient.

During the treatment the urine passed by the pati
at each evacuation of the bladder was kept separate,
at one o'clock daily the specimens passed in the
vious twenty-four hours were examined, and the spe
gravity and general appearance of each noted.

Progress of the case.—First week. The urine
tinued milky, bloody, clotted, and highly albumin
The specific gravity varied from 1010 to 1017.
urine was passed, on an average, twelve times daily;
average daily quantity was three pints five oun
—*Second week.* The urine continued milky, excep
one or two occasions, when it was whey-like.
quantity of blood was diminishing; and some specim
at the end of the week, were free from blood.
specific gravity varied from 1006 to 1016. The u
was passed, on an average, twelve times daily;
average daily quantity was four pints four ounces a
half.—*Third week.* The urine was becoming less mi
some specimens were merely turbid, and a few op
cent. During the last two days of the week the b
disappeared. The quantity of fibrine was diminish
and the urine was decidedly acid; specific gravity,
to 1020; average number of times the urine was pas
twelve; average daily quantity, four pints eight oun
—*Fourth week.* The urine was at times quite milk
others turbid and opalescent; there was a marked d
nution in the quantity of fat, as well as of fibrine
albumen. At the commencement of the week the u
ceased to coagulate after being passed, and, excep
one occasion, it never coagulated again. Specific
vity 1007 to 1025; urine passed on an average six ti
daily; average daily quantity, two pints seven ounce
Fifth week. The urine became quite natural, and
mained so up to the patient's discharge. The first
fectly healthy urine was passed at half-past six P.M
Nov. 11th. Four specimens passed subsequently
slightly "chylous;" but from midday of Nov.
every specimen was healthy. Specific gravity 101
1025; urine passed five or six times daily; ave
daily quantity, two pints one ounce.—*Sixth week.*
urine continued healthy; it was passed six times d
specific gravity 1015 to 1026. Only a general re
was kept after this date. The patient was discha
from the hospital on Dec. 17th, the urine having
mained perfectly healthy for five weeks.

Treatment. For the first week the patient took to
quinine and iron, with wine; no improvement follo
Treatment by gallic acid was commenced on
18th, with a grain of opium every night. The g
acid was at first given in doses of ten grains three ti
a day. The quantity was gradually increased until
1st, when two drachms were taken daily. This
was continued to the 9th, when the quantity was
creased to two drachms and fifteen grains daily,
continued till the 16th, at which time the urine
healthy. The gallic acid was then gradually dimini
from day to day, until on the 28th it was omi
altogether. From October 26th to November 4th
patient had a vapour-bath every night. He to
grain of opium every night, and six ounces of sh
wine daily, from the 17th to the 31st of October,
both were omitted. The diet was throughout g
consisting of meat, bread-and-butter, potatoes, two
four eggs daily, and arrowroot. After the wine
stopped he drank nothing but tea and toast-water.

The patient weighed on the 20th October, ten
after admission, 8 st. 6 lb. From this date he ga
flesh: on the 14th November he weighed 9 st. 1
on the 11th December, a few days before his disch
10 st. 6 lb. The total quantity of gallic acid take
the patient was 7 oz. 48 grs.

Pathology. With reference to the pathology of ie, after alluding to the views which had been ced by Drs. Prout and Bence Jones, the author ssed his opinion that the disease was one of which ain pathological feature is a relaxed condition of pillaries of the kidneys; that in consequence of ondition, the albumen, the fibrine, the fat, and the -corpuscles are filtered from the blood-vessels, and their appearance in the urine. The author was of on that the results which followed the administra- of the powerful astringent he used bore out his . The results were such as might be anticipated the action of an astringent on the relaxed capilla- From the time the patient was under observation, s impossible to say that a permanent cure had been ed. The case, however, showed the value of the dy that was used, and should encourage us to make of it in all similar cases. The author was of on that the persistent employment of the vapour- was highly beneficial, and he would recommend its ion in all future instances of the affection.

Correspondence.

POOR-LAW MEDICAL OFFICERS.

Letter from F. S. Garlick, Esq.

r,—I shall feel obliged if you will permit me to ess a few words to the Poor-law medical officers of country at the present crisis. Long and perse- g efforts have been made to ameliorate your present ition, and procure more reasonable remuneration your arduous duties; not only so, but to es- sh a uniform system of payment—hitherto without ess. But the time is fast approaching when the e of the Poor-law medical officer must receive the tion of the House of Commons, as the Select mittee on Poor Relief will doubtless propound recommendation as the result of the evidence have now taken. Medical officers have already e many sacrifices in furthering and supporting what y think a hopeless case. But let me ask you, lemen, not to relax either your energies or your rance at this present juncture, for be assured a cause must prevail. Let us throw all despondency he winds, and make one grand united effort to res- ourselves from that thraldom under which we are nd to the dust. Let us all join with one heart and mind to endeavour to obtain that justice which is due, and let us spare neither pains nor pence in r to accomplish our purpose.

he late Judge Pattison once said: "The country geon is the hardest worked and the poorest paid of man I know." This was said of medical practitioners eneral. But what would have emanated from the ge's lips, if he had been informed that a large body Poor-law medical officers were treating daily cases njury and sickness among the poorest of the poor, plying at the same time all necessary attendance, dicines and appliances, for, in some instances, a few ce, and in most, for two or three shillings? What would have said I do not know, but judging from expression of his sentiments as given above, I fancy would exclaim: "The Poor-law medical officer is honour to his profession; but it is clear the state ther knows his value nor how to treat him. The nuneration he receives is truly disgraceful."

Matthews, the comedian, once travelled by the night- il from Halifax to Manchester. On alighting at inn in Cottonopolis, he gave the guard twopence, and d him with the greatest gravity to divide it between nself and the coachman. The guard turned his trea- re over in his hand several times, and then returned it to Matthews with a most benevolent expression of countenance, saying, "My poor fellow, put it in your pocket, if you have one; it will do *you* more good than either of *us*." Might not many a Poor-law medical officer say the same to his employers when he contemplates what he has to do for twopence? The whole system is untenable, unjustifiable, and poverty-stricken in the extreme. It is a disgrace to every Board of Guardians, it is a disgrace to the Poor-Law Board, it is a disgrace to the whole House of Commons. I say this, not as a novice, but as one who has discharged the duties of a Poor-law medical officer for fourteen years, in a district containing nearly 30,000 souls.

Now then, gentlemen, can anything be done on your behalf? I say it can. Not, however, if we are to fold our arms in supineness; not if we are to neglect the common energies of men; not, if we have not strength of purpose and indomitable perseverance; not, if we do not find the *sinews of war*. Can you then refrain from entering into the struggle? Can you, as men of intelligence and generosity, such as Poor-law medical officers ought to be, consent listlessly to gaze on the struggles of a few for your benefit, and yourselves take no part? If so, it seems to me a course antagonistic to that of an Englishman.

Now, gentlemen, if every particle of spirit has not been worked out of you; if you have not altogether succumbed to the severity of the harassing duties you have to perform—take fresh courage, and from this time show that you have some estimate of the value of your services to the sick poor, and that you feel that those services should be fairly remunerated. Give your support, then, to the committee which has so long watched over your interests, and of which Mr. Griffin is chairman, and let them not labour in vain. Act promptly, and without a moment's delay. Let every man in the service contribute *something*, no matter what it is; for, as the Scotch say, "every little makes a muckle;" and rely upon it, if you will only do what is right, that "muckle" will be obtained, and muckle good it will do.

To the magnates of our profession I would say—Help, if you have the heart, your down-trodden brethren. Give them your countenance, your support, and your sympathy, not ten years hence, but *now*; and the grace of the act will be duly acknowledged and thoroughly appreciated. In conclusion, my poor-law brethren, I will pray, "may God defend the right."

I am, etc., Fredk. Smith Garlick.

5, Cheapside, Halifax, March 1862.

POOR-LAW MEDICAL REFORM.

Letter from Richard Griffin, Esq.

Sir,—I must apologise for trespassing so frequently on your columns; but as I have recently made an appeal to all the Poor-law Medical officers, it is but right you, as the steady supporter of our rights, and the medical men themselves, should know the result of that appeal. On the seventh of this month, I sent out a circular letter; and in the course of the following week, I received upwards of one hundred subscriptions, and I have little doubt many more will yet come in. It may possibly be said that one hundred is but a small proportion of three thousand; but, as yet, there has been but little time for union meetings, etc. However, the annexed list of names will show that I have at this moment a powerful body of voluntary supporters; and I have little doubt others will readily join them in the endeavour to rescue our poorer brethren from the miserable position many of them are now in, which is exemplified by the following extracts from letters received within the last few days:—

"I send you five shillings worth of stamps, three days earnings; I can afford no more; and for that sum

I have paid over a hundred visits, travelled sixty-two miles, and supplied medicines."

Another writes:—"During the last quarter, I have had an unusual amount of fever cases (no fewer than ninety); for which I have received £4:10, my regular quarter's salary." Other cases not mentioned.

Surely, I need say no more of the urgency of the reform we seek, or of the necessity for all the Poor-law medical officers lending a helping hand. Permit me here, in the name of the Association, to thank those gentlemen unconnected with the Poor-law, who have so generously sent subscriptions. Against their names a * star has been affixed. I am, etc.,

Richard Griffin.

12, Royal Terrace, Weymouth, Feb. 8th, 1862.

Subscriptions Received since the last Published Account, and up to March 16th.

Sanders, W., Gravesend, £1; Merriman, Charles, Altrincham, £1:1; Mackie, J., Darlington, 10s.; * Smith, Dr., Durham, 10s.; *Mackintosh, Dr., Darlington, 10s.; Clark, Dr., Sedgefield, 10s.; *Clark, Dr., Ferryhill, 10s.; Gerrons, T. G., St. Marylebone, 10s.; Newman, W., Newark, £1:1; Phillips, G. M., Hitchin, 10s. 6d.; Sankey, W., Hollingbourne, £1:1; Dicken, P., Ashby-de-la-Zouch, 10s.; Bury, G., Barnet, 10s.; Browne, G. D., Henley, 10s. 6d; Clarke, J. Barnstaple, 5s.; Green, J. L., Tisbury, 5s.; Nicholson, T., Chesterfield, £1; Foster, W. F., Isle of Wight, 5s.; Loveless, W. K., Stockbridge, 10s,; Pound, G., Ash, 5s.; Hooper, T. M., Camberwell, St. Giles, £1; Dowling, J. H., Cerrie, 5s.; Bennie, A., St. Thomas, 2s. 6d; Rake, B., Fordingbridge, 5s.; Davis, W. G., Warminster, 2s. 6d.; Collyns, C. P., Dulverton, 10s.; Collyns, J. B., Dulverton, 10s.; Bratt, W., Shipston-on-Stour, 10s.; McNab, Duncan R., Epping, 5s.; Blythman, R. O., Rotherham, 5s.; Lovey, W., Macclesfield, 2s. 6d.; Brown, J. L., Watford, 2s. 6d.; Fendick, R., Bristol, 5s.; Fenn, T. H., Sudbury, 2s. 6d.; Robertson, W., Rothbury, 2s. 6d.; *Smith, Dr., Weymouth, £1:1; Mercer, E., Wareham, 5s.; Willcox, C., Wareham, 5s.; Clark, W., Epsom, £1:1; Rogers, J., Strand, 5s.; Oliver, W. H., Amersham, 5s.; Richardson, E., Whitechapel, 10s. 6d.; Champneys, A. M., Whitechapel, 10s. 6d.; Molyneux, T. S., Wigan, 10s.; Roe, R., Barton-on-Irwell, £1; Downing, D., Barton-on-Irwell, £1; Taylor, C., Melksham, 7s. 6d.; Workman, J. W., Reading, 10s.; Davies, F., Pershore, £1:1; Pearse, R., Cardiff, 5s.; Bryant, J., Clerkenwell, 5s.; Buée, W. A., Eton, £1:1; Few, W., St. Ives, 5s.; Underhill, W. S., Dudley, 10; Muriel, T. J., Corford, 2s. 6d.; Peat, T., Tendring, 5s.; Bloxham, C. W., Stourbridge, 5s.; French, W. J., Wilton, 10s.; Harston, A. D., Islington St. Mary, 10s.; Wooldridge, L., Whitchurch, 5s.; Pode, S. H., Plympton St. Mary, 4s.; Chapman, J., Brentford, 10s.; Mackinder, D., Gainsborough, 5s.; Piper, S. E., Darlington, £2; Bryden, R., Tiverton, 5s.; Jones, T., Ross, 2s. 6d.; Drury. J., Hendon, 10s.; J. L., £1:1; Izod, C. W., Kingston, 10s.; Calder, G., Hailsham, 2s. 6d.; Graham, T. H., Ticehurst, 5s.; Garlick, F. S., Halifax, £1:1; Ellis, W., Dewsbury, £1:1; Hodges, W., Hertford, 5s.; Thorne, J. L., Wellington, 5s.; Lomax, J., Ulverstone, 5s.; Roberts, N., Festiniog, 10s.; Hall, C., Burton-on-Trent, 2s. 6d.; Hubert, W. A., Hemel Hempstead, 10s.; Shillitoe, R. N., Hitchin, 10s.; Muriel, C. E., Norwich, 5s.; Smith, H. H., Ticehurst, 5s.; Yeoman, J., Whitby, 5s.; White, F. G., Devizes, 3s.; Martin, J., Abingdon, £1:1; Brine, J. E., Shaftesbury, £1:1; Bennett, W. H. N., Shaftesbury, £1:1; Miles, E. J., Shaftesbury, £1:1; Ellerton, J., Aberford, £1 (previously given £5); Thomson, S., Burton-on-Trent, 5s.; Kemp, E. M., Wakefield, 5s.; Weight, E., Wokingham, 5s.; Pilkington, H. W., Blackburn, £1; Smith, C. J. O., Bingham, 3s.; Spurgeon, C., Samford, 2s. 6d.; H. M. W., 5s.; C. J. C., 2s. 6d.; Edmonds, S., Tamworth, 10s. 6d.; Love, J., Freebridge Lynn, 2s. 6d.; Ushell Bridge, 5s.; Taylor, G., St. Faiths, 10s.; Bulmer, G., Leeds, 10s.; Clarkson, W. H., R
ford, 2s. 6d.; Fletcher, J. O., Manchester, 10s.; H
ham, F., Bath, 10s.; King, G., Horncastle, 5s.
Snaith, J., Horncastle, 5s. 3d.; Norman, G. B., Basf
10s.; Robertson, Dr., Nottingham, 10s.; Jeston, J.
Henley, 10s.; *Jeston, R., Henley, 10s.

THE TITLE OF DOCTOR.

Sir,—A correspondent of last week, who signs l
self "Veritas," and who asserts the right of the K
and Queen's College of Physicians in Ireland to co
the degree of Doctor of Medicine on its Licentia
would do a real service for that college, and better sat
the universities and the profession, if he were to p
lish an abstract of that portion of the Charter, or of
Act of Parliament which gives to the College of P
sicians in Ireland the power which it now claims.
is true that the license contains the following wor
"We ——— do by these presents, etc., certify that A
has obtained, and is hereby entitled to the deg
title, and qualification of Doctor of Medicine of s
College." But it must be remembered that the Co
of Queen's Bench of Dublin decided in the case
"James Barker, Jun. *v.* Dr. Steele," the Registrar
the Branch Council for Ireland, that no such deg
was recognised by the Medical Act, and that it
not a registrable qualification.

What the profession requires is an abstract from
Charter or Act which confers the power in questi
perhaps "Veritas" will furnish it in your next num

I am, etc., Probita

March 17th, 1862.

PROPOSED DINNER TO MR. MARTIN.

Letter from James Bird, Esq.

Sir,—A few days since, I received a letter from
Martin of Reigate, in which is contained the follow
passage:—

"You were so good as to take an interest in my p
position that surviving members of the council of
institute should have a social meeting and dine to
ther. I still entertain the same wish as to our so
meeting, and wish that the few friends of the instit
who could be got together should meet. Since then
friend Clifton is no more, Sutton is gone, and Stedm
is in Heaven; others, perhaps, are on their way thith
myself included; but it would be a great pleasure co
a few stedfast friends have a mutton chop together."

I am well assured that every member of the Instit
of Medicine, Surgery, and Midwifery, who was a c
league of Mr. Martin's some fifteen or sixteen ye
ago, if he be well and not otherwise incapacitated, wou
be delighted to respond to the wish of our venera
friend. On consulting, however, with a few of those
associates to whom Mr. Martin more particularly
ludes, they concur with me in the opinion that it wou
be wrong to confine to so limited a circle the pleasu
of doing honour to Mr. Martin of Reigate. The lo
list of British worthies that the muster-roll of the m
dical profession can boast of contains no name mo
estimable, and none more regarded than his; and to s
him once more among us would be a gratification th
very many of his medical brethren would greatly enj
and appreciate. With the concurrence, therefore,
Mr. Propert, treasurer of the Medical Benevolent Co
lege; Mr. Ancell, 3, Norfolk Crescent; and Mr. Hoo
15, Lower Seymour Street; permit me, through t
medium of the British Medical Journal, to sta
that a few members of the institute intend to invite M
Martin to a dinner in the month of April; and that
would afford the promoters much pleasure to accept th
cooperation of other members of the medical professio

would be desirous of assisting in this friendly n.
I am, etc.,

James Bird.

Seymour Street West, Connaught Square, March 17, 1862.

. Commiinications may be addressed as above, Mr. Propert, Mr. Ancell, or Mr. Hood, and the day lace of meeting will be duly notified.

GRATUITOUS MEDICAL SERVICES.

,—The first step necessary towards obtaining a n of any evil is to rouse public feeling to its y. When a conviction has spread widely that a n of the community are suffering a great wrong, is a hope that the sufferers may gain a hearing, hat the perpetrators may learn to see the error of ways, and be compelled to alter them. In the pre- instance, that is, in regard to the gratuitous ser- so freely given in every direction by medical men, ious system has been inaugurated under high aus- , and an abuse has been perpetuated and magnified ccessive generations, until at last it becomes almost rable. Still, however, we are but at the very thres- of a difficult and tedious task; and although you , and some others, may clearly see our duty, it is ss to hope for amelioration until the whole ssion are thoroughly indoctrinated in all the bear- of the case. From the public we can hope but . They will accept for nothing what is offered to without price; and although here and there a gen- n not belonging to our profession, but more inti- ly acquainted with the position of medical affairs others, may argue against the injustice with which re treated, nothing effectual can be done except gh ourselves.

w, it cannot be too often urged that the services of cal officers to public institutions are given to the of the community quite as much as to the poor. advantages in a diminution of poor-rates, of the l amount and spread of sickness, which result from abours, are equivalent to large sums of money, in h, but for those labours, the wealthier classes would ssarily be mulcted. I maintain that the majority e latter have no conception that they receive those fits at the cost of the health and life (alas! but too), of men, who carried away by a noble enthusiasm, ace the most harassing and worst paid of all pro- ns. The governors of our charities look upon the itous services of the medical man as a matter of e; and while they benefit by them, and rarely even ss their gratitude for what they obtain so easily, are encouraged in the belief that, indirectly, the which attract us must be at least sufficiently remu- ive to justify our acts. Is not this virtually a repe- of the old story of St. Crispin? The argument our work is done in charity is futile. I trust we o our work with a thorough christian feeling to the sufferer when once he comes under our care; no neration can determine the manner in which the s are performed. But if it be a part of the code of istian gentleman to do the duties he undertakes a good will, and efficiently, it is equally a part of tian ethics, that the labourer is worthy of his hire; that, from the time he has gone through the ne- ry preparations, he has a righteous claim, not only ed his sweat, but also to earn his bread by that t.

ith the increase of population and of wealth, the ssity of some change in our present system be- es daily more urgent. You have somewhere said truly the claims made upon us as members of the com- ity are quite as large as those that fall upon any r citizen. The appeals for pecuniary and other aid e to us, and which we attend to to the best of our ability, come without any reference to our gratuitous services to public institutions. Upon what possible plea, then, can the general public accept what, in common sense, in common justice, or in the highest christian point of view, they have neither a right nor a claim to? I never go into any hospital, heartily as I love the science and practice of my profession, without a silent protest against what I regard as an iniquitous system. Why, then, the reader will perhaps exclaim, continue to submit to it? Because a solitary resignation would answer no purpose; because I have taken my election to stand or fall by my profession, and because I have not given up all hope that when once the sense of the profession is fairly roused on the subject, a great and conjoined effort made by those primarily interested in the matter may be successful in placing the issue on a different footing.

But how is such an effort to be made? The few men who, having realised a professional competency, may be listened to by the general public, are not likely to become agitators. The public feeling, the *esprit de corps* of the profession at large, is as yet, I grieve to say, at a low ebb. We have no bench of bishops, no host of parliamentary orators to take our part. Where then is hope? Would a public meeting be of any service? I think, as yet, it would fail to do more than draw attention to a few discontented and bold spirits who might be induced to move and second resolutions, and who would have to defray the expenses of the meeting out of their own pockets.

My own conviction is that the time has not yet arrived to take a decisive step, but that we must go on agitating among ourselves, seek by all legitimate means to gain fellow workers in the cause among our professional brethren, and, if possible, rouse the great colleges to a sense of their duty in this branch of the ethics of the profession.

Sooner or later the time will come for decided action, but it must be after full deliberation, and mature resolve. I fear to say anything that may appear rash and inconsiderate, and will not, therefore, at present, make any definite proposition.

But while I hold myself in readiness to join any great movement in behalf of what I hold to be the rights of the profession, I would urge you not to abandon an agitation so well commenced, and so fully justified.

Pardon my thus imperfectly touching upon some of the many topics connected with the subject which crowd upon my mind.
I am, etc.,

A Physician of Twenty-One Years' Standing.

London, March 14th, 1862.

THE ANONYMOUS IN JOURNALISM.

Letter from H. Dayman, Esq.

Sir,—Will you allow me a small space in your next number to explain a passage in my quotation from Sidney Smith's Review of Bentham's work on Fallacies, which Dr. Radford does not appear to me to have fully considered?

Sidney Smith is exposing the error of the popular expressions, "the liberty and licentiousness of the Press," and not advocating, as Dr. Radford supposes, such licentiousness *quà* licentiousness. He says: "Mischievous fallacies circulate from the convertible use of what Bentham calls dyslogistic and eulogistic terms:" and after showing that the thing so often spoken of as the Liberty of the Press is only "the sham approbation of liberty employed as a mask for the real opposition to all free discussion"—he goes on to say that so-called licentiousness consists in "striking terror into the guilty," etc.; and that "this is the licentiousness of the press held in the greatest horror by timid and corrupt men."

Sidney Smith was himself then writing an anonymous article for the Edinburgh Review.

I am, etc., Henry Dayman.

Milbrook, Southampton, March 17th, 1862.

THE EDINBURGH COLLEGE OF PHYSICIANS AND DR. HITCHMAN.

Letter from D. R. Haldane, M.D.

Sir,—On the 15th of February, Mr. William Hitchman of Liverpool, published in the *Liverpool Albion* as mine, a letter which was a pure invention of his own; and to this letter he had the unparalleled audacity to attach my signature. The letter was written for the purpose of deception; and the affixing of my signature to this counterfeit has an unpleasant resemblance to the crime of forgery.

The letter in question you republished in your columns, of course without your suspecting the imposition; nevertheless, after its true character had been pointed out to you, and you had explained the circumstances of its insertion, you have published another letter from Mr. Hitchman, although his conduct should have excluded his subsequent communications from the pages of a respectable journal.

In consequence of the publication of these letters, inferences have been drawn injurious to the character of this College, in regard to the mode in which it admitted its Licentiates during the "year of grace."

The authorities of the College have always maintained that the best test to be applied to a man in practice was his character, as evidenced, first by testimonials, and second by private inquiry. Other bodies, on the contrary, have upheld examinations as the only proper test. Mr. Hitchman was willing to submit to examination; and might possibly have passed it creditably, when the College would have been obliged to acknowledge him as a Licentiate. He failed, however, to produce satisfactory testimonials; and as the replies to inquiries privately instituted by the Council, regarding his professional position, were not favourable, he was told in the following terms that his application could not be entertained:—

"Royal College of Physicians,
"Edinburgh, 28th June, 1860.

"Dear Sir,—I laid your application before the Council of the College on the 26th instant, and was instructed to inform you that they decline to admit you to examination with a view to your obtaining the Licence of the College. "I am, dear sir, yours obediently,
"D. R. Haldane.

"Dr. Hitchman, Liverpool."

The whole correspondence between Mr. Hitchman and myself is at your service for publication, should you desire it. I am, etc.,
D. R. Haldane, *Hon. Sec.*

Edinburgh, March 18, 1862.

[Dr. Haldane should, we think, be the last person to complain of the publication of Dr. Hitchman's letters. Thereby we have given him the opportunity of exposing to the whole profession a counterfeit note of which he may very justly complain, and which might have otherwise passed current in Liverpool, and, as he admits, to the prejudice of his College. As the Secretary of a College of Physicians, he should also be glad, in the name of professional morality, to assist in the bringing professional delinquents to the bar of professional opinion, that their misdemeanors may be heard and tried, and themselves, if guilty, duly gibbetted. Throughout this matter, the Edinburgh College has, we must confess, exhibited what we should call a very unnecessary degree of sensitiveness. Its position and that Secretary is surely placed beyond the reach of from such contemptible malevolence. The inf to which Dr. Haldane alludes as having been dra jurious to his College, must have been founded statement made in the counterfeit letter; viz., th sonal attendance at the College was not necessary the year of grace on the part of candidates license. This statement, we considered, was dicted inferentially by Dr. Haldane's first letter; consequently repudiated it in the Journal of Ma Editor.]

Medical News.

Apothecaries' Hall. On March 13th, the fol licentiates were admitted:—

Branthwaite, Harrison, Charing Cross Hospital
Collins, Henry, Wincanton
Cookson, Albert Nesfield, Stowmarket
Morton, Thomas Henry, London
Swallow, James Dodd, St. Thomas's Hospital

APPOINTMENTS.

Allingham, William, Esq., elected Surgeon to the Far General Dispensary and Lying-in Charity.

Earle, James N., Esq., elected Surgeon to the Royal South Dispensary, Lambeth.

Greaves, Charles H., Esq., elected House-Surgeon and S to the Staffordshire General Infirmary.

Hill, Alfred, M.D., re-appointed Analyst to the Borough mingham.

Hills, Rowland, Esq., appointed House-Surgeon to the Che and North Derbyshire Hospital, Chesterfield.

Mivart, St. George, Esq., appointed Lecturer on Comparati tomy at St. Mary's Hospital.

*Wells, Soelberg, Esq., elected Ophthalmic Surgeon to t dlesex Hospital.

Royal Army. The following appointments hav made:—

Adams, Staff-Assistant-Surgeon Robert, M.D., to be Assist geon 81st Foot, *vice* W. H. Corbett, M.D.

Corbett, Assistant-Surgeon William H., M.D., 81st Foo Staff-Assistant-Surgeon, *vice* R. de B. Riordan.

Hiffernan, Assistant-Surgeon Exham L., 19th Feot, to b Assistant-Surgeon, *vice* J. V. de Boissiere, M.D.

Maclean, Assistant-Surgeon Hampden H., 75th Foot, to b Assistant-Surgeon, *vice* R. Adams, M.D.

Riordan, Staff-Assistant-Surgeon Robert de Burgh, to be As Surgeon 38th Foot, *vice* Henderson.

Royal Navy. The following appointments hav made:—

Colquhoun, A G., Esq., Acting Assistant-Surgeon, to the *L*
Irvine, Robert, M.D., Surgeon, to the *Tribune*.
Lees, Charles A., Esq., Assistant-Surgeon, to the *Magicienn*
Mansfield, Pierre, M.D., Assistant-Surg., to Plymouth Hos
Strickland, Charles, Esq., Assistant-Surgeon, to the *Welles*

BIRTHS.

Birch. On March 13th, the wife of *S. B. Birch, M.D., Gore Kensington Gore, of a daughter.

Wolstenholme. On March 14th, the wife of John H. W holme, Esq., Surgeon, Holywell, North Wales, of a daughte

DEATHS.

Blatherwick. On March 18th, at The Grove, Highgate, H., infant son of Charles Blatherwick, M.D.

Breakey. On March 15th, at Deal, the infant son of John B M.D., R.N.

Norman, John, M.D., at Birmingham, aged 26, on March 16.

*Parker, James, Esq , Surgeon, at Tunbridge, aged 52, on Ma

*Renshaw, Jeremiah, Esq., at Altrincham, on March 9.

Savage. On March 10th, at Brighton, aged 47, Elizabeth, w J. W. Savage, Esq., Surgeon, of Bromwich.

Trollope. On March 13th, aged 56, Anne, widow of th Thomas Trollope, Esq., Surgeon, of Wethersfield, Essex.

Tweed. On February 5th, at Madeira, aged 28, Edward youngest son of J. J. Tweed, Esq., Surgeon.

*Williams, Richard Lloyd, M.D., at Henllan Place, Denbigh 70, on March 14.

*Wolstenholme, George, Esq., at Bolton, aged 67, lately.

umollard's Head," writes *Le Progrès*, "was car- o the School of Medicine of Lyons, in a special ge, which was yesterday sent to Montluel, with a indicating that it was not to be opened at the st of any *octroi*. We are informed that a tourist ought Dumollard's hat."

ancies. The following appointments are vacant: ysician to the Eastern Dispensary, Bath, by the ation of W. R. Hill, M.D.; assistant-physician ssistant-surgeon to the Westminster Hospital; al officer in ordinary to the St. Marylebone Pro t Dispensary; medical officer for the Crich Dis- of the Belper Union, Derbyshire; surgeon to the ty Gaol, Salisbury, by the death of Mr. William ews; medical officer for the Inkberrow District of lcester Union.

llege of Physicians in Ireland. In the House mmons, Sir Robert Peel has obtained leave to in- ce a Bill to define the powers of the President and ws of the King and Queen's College of Physicians land with respect to the election of Fellows. He that it was desirable to place the Irish College the same footing as the English and Scotch Col- , which could receive Fellows from any University, ier home or foreign; whereas at present the King Queen's College in Ireland was restricted to persons had graduated at Oxford, Cambridge or Dublin.

e Late Mr. Quekett. The Council of the Micro- cal Society of London, desirous of testifying their m for the late Professor Quekett, and to comme- te the value of his services rendered to the Society early twenty years, have resolved to raise a fund, nterest of which, after payment of the books and in- nents purchased for the Society at the late Pro- r Quekett's sale, shall be devoted to the purchase medal, to be called the "Quekett Medal", and to be at the discretion of the Council (if possible, annu- to such member of the Society who, in the opinion e Council, has best promoted the interest of micro- ical science. Gentlemen interested in the above me are invited to forward their subscriptions to the surer (John Millar, Esq., Bethnall House, N.E.), or e Regent Street Branch of the Union Bank of lon, on the account of the Quekett Medal Me- al.

harge of Manslaughter against a Surgeon. he Thames Police Court, on Saturday, Frederick Robinson, surgeon and apothecary, of Wilson et, Limehouse, and one of the medical officers he Stepney Union, attached to the dispensary of liff Workhouse, was brought up on remand for the time, charged with causing the death of Mrs. abeth Craze, of Eastfield Street, Limehouse. After evidence had been read, Mr. Young, who defended prisoner, cross-examined the witnesses, but elicited ing material in favour of his client. Mr. James ton, surgeon, who attended the deceased after she injured, and Mr. Gay, who conducted the *post mortem* mination with Mr. Horton, both agreed that death caused by injury to the intestines caused by great ence. In answer to Mr. Young, both witnesses said t the administration of a teaspoonful of ergot of rye the midwife could not have produced such results, was not improper. Mr. Selfe committed the pri- er for trial for manslaughter.

he Will of Dr. Babington, of Hertford Street, May- , has been proved in London under £25,000 personalty. e trustees and executors are Charles Hawkins, Esq., Savile Row, and G. L. Parkin, Esq., of Lincoln's Inn. e will was made in December, 1858, and Dr. Babing died on January 25th last, having executed a codicil the 20th of the same month. He has bequeathed to brother, George Babington, Esq., an annuity of £50; to his cousin, Dr. B. Guy Babington, some presentation plate; to his executor, Mr. Parkin, also some presentation plate, together with the testator's library and a legacy of £100, and other bequests; and to his other executor, Mr. Hawkins, the household plate, with some specific bequests and a legacy of £100. There are tokens of friendly regard left to Lieutenant-General Charles Fox, Lady Mary Fox, Drs. Barclay and Page; and to John Hammerton, Esq., he has bequeathed his Masonic paraphernalia, etc. His pictures and some other effects he has left to A. F. Westmacott, Esq.; and to the wife of the latter gentleman he has bequeathed the residue of his entire property. All legacies to be paid free of duty.

Death of George Wolstenholme, Esq. We have this week to record (says the *Bolton Chronicle*) the death of the oldest medical practitioner in Bolton—George Wolstenholme, Esq.—which took place on the 7th instant. The deceased gentleman was sixty-seven years of age, and since the year 1850 had been in the commission of the peace as a magistrate for this borough. Mr. Wolstenholme commenced his professional career in this town, and was the first house-surgeon of the Bolton Dispensary, which was opened in the spring of 1814. During the official year 1819 20, he resigned that office to commence private practice, and became one of the honorary surgeons of the institution. He attained considerable eminence in his profession, enjoying the confidence of a large circle of friends. In politics he was a consistent Conservative. He was formerly a member of the Town Council, where he displayed business abilities, and an aptitude of a high order for dealing with public affairs. As a magistrate, he was painstaking, impartial, and just. He married a daughter of the Rev. Thomas Bancroft, formerly vicar of this parish. Mr. Wolstenholme held the office of certifying surgeon to cotton-mills in this borough for twenty-eight years. His remains were interred on Wednesday, at Walmsley Church. [Mr. Wolstenholme was also one of the oldest members of the British Medical Association, and was last year Vice-President of the Lancashire and Cheshire Branch.]

Ethnological Society. At the Ethnological Society, on the 5th inst., an interesting account was given by Mr. Earl of the shell-mounds in the Malay peninsula. Mr. Earl, between the Leber Ikan Mati lagoons and the Mudah river, came upon a dome-shaped mound, composed of cockle-shells, 18 feet high, and nearly 200 paces in circumference, undoubtedly formed by human agency. The surrounding country presents a nearly uninterrupted level all round, except to the north-west, where about a mile off, were a cluster of other mounds, which are largely dug by the Chinese settlers for lime burning. The shells adhere together in lumps by the crystallization of carbonate of lime, showing thus their great antiquity. The Chinese had made an excavation directly into the centre of one mound, the walls of which formed a kind of crater 25 feet high. Reckoning 50 cubic feet to the ton, about 2000 tons had been thus removed from one mound alone. In the *débris* at the base Mr. Earl found a human pelvis, which, with other human remains and implements of red rock found by the Chinese diggers, have been forwarded to England in the ship Ceylon from Penang, so that British physiologists will soon have the opportunity of studying these ancient remains. The contents of some of these refuse mounds are estimated at 20,000 tons. Such enormous accumulations lead to the inference that they were raised by a numerous people, among whom shellfish were the principle article of food. The present inhabitants of the country are Malays, Samsams, and the Semangs, a diminutive negro race, now consisting only of scattered tribes.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.

FRIDAY....... Westminster Ophthalmic, 1·30 P.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Geographical, 8.30 P.M.—Institute of Actuaries, 7 P.M.—Medical, 8.30 P.M.: Dr. Anstie, "On the Treatment of Epilepsy."

TUESDAY. Civil Engineers, 8 P.M.—Zoological, 9 P.M.—Royal Medical and Chirurgical, 8.30 P.M.: Dr. Edward Smith, "On the Prevalence of Conditions affecting the Constitution of Phthisical Persons"; Dr. Reed, "Further Remarks on Affections of the Cæcum."

WEDNESDAY. Society of Arts, 8 P.M.—Royal Society of Literature, 4.30 P.M.—Archæological Association, 8.30 P.M.

THURSDAY. Royal, 8.30 P.M.—Antiquaries, 8.30 P.M.—Philological, 8 P.M.

FRIDAY. Royal Institution, 8 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—MARCH 15, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week	Boys .. 991 Girls .. 949	1940	1423
Average of corresponding weeks 1852-61		2013	1408

Barometer:
Highest (Fri.) 30.02; lowest (Sun.) 29.29; mean, 29.745.
Thermometer:
Highest in sun—extremes (Wed.) 72 degs.; (Fri.) 56 degs.
In shade—highest (Wed.) 53.8 degrees; lowest (Sat.) 38.5 degs.
Mean—44.9 degrees; difference from mean of 43 yrs.+4.1 degs.
Range—during week, 15.3 degrees; mean daily, 9.9 degrees.
Mean humidity of air (*saturation*=100), 92.
Mean direction of wind, S.W. and N.E.—Rain in inches, 0.51.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

WE are much obliged to Dr. Hall and Dr. Page for their kind present of back numbers of the JOURNAL, which are still much in request by gentlemen desirous of completing their volumes.

COMMUNICATIONS have been received from:—PROFESSOR SYME; MR. A. PRICHARD; DR. A. T. H. WATERS; MR. SOELBERG WELLS; DR. THOMAS WALKER; DR. E. F. HALL; MR. RICHARD GRIFFIN; DR. ROUTH; MR. T. GRIFFITH; MR. J. H. WOLSTENHOLME; MR. C. J. RENSHAW; MR. E. COUSINS; MR. W. MICHELL CLARKE; DR. TANNER; MR. HENRY LEE; MR. J. WEAVER; MR. H. DAYMAN; MR. HENRY THOMPSON; DR. BIRCH; DR. JAMES BIRD; DR. HALDANE; DR. PAGE; MR. R. DUNN; DR. P. H. WILLIAMS; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; MR. DULVEY; MR. P. MARTIN; MR. T. P. PICK; and MR. J. CANDY.

BOOK RECEIVED.

1. On the Diseases and Injuries of the Hyoid or Tongue-Bone. By *George D. Gibb, M.D., M.A., F.G.S. London: 1862.

ADVERTISEMENTS.

SUBSTITUTES FOR LITHIA WATE
Savory & Moore's Efferve
CARBONATE and CITRATE of LITHIA.
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any other base. This Salt is capable of neutralising the
in the system. The advantages it possesses over Lit
consists in being extremely portable, more economical,
tested.
The latter is adapted for more ordinary use as a bevera
drachm of this Salt contains the equivalent of 4 grains of
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The Lancet, Feb. 22, 1862.

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Clinical Lectures

DELIVERED AT

.RING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

)F THE ROYAL COLLEGE OF PHYSICIANS; LECTURER ON
IIYSIOLOGY AND PATHOLOGY AT CHARING CROSS
HOSPITAL MEDICAL SCHOOL; AND ASSISTANT-
PHYSICIAN TO THE HOSPITAL.

!TURE II (*concluded*).—ON HÆMATURIA.

tic Value of the Disappearance of the Blood.
ɔosis of Pure Hæmaturia from Albuminuria
Iæmaturia. Special Proclivity of Kidneys
'morrhage. Rationale of the Persistence of
turia. Case of Blood-Cast of Ureter. Treat-

Elizabeth Neale, aged 57, a tall, pale woman,
od deal of œdema about her face, by occupa-
onthly nurse, and always temperate, was ad-
ıto the Bow Ward, Bed No. 5, March 13. She
up to the 20th February, when she was seized
ering and pain in the bowels and back, espe-
:he region of the left kidney, from having slept
p bed. This was soon followed by swelling of
fever, and constant vomiting; and this by the
ce of blood in the urine. The urine rapidly
arker, and in a day or two was almost black.
ting was constant; she hardly passed half an hour
ıffering from it; and the symptoms of bronchitis
dyspnœa, and expectoration—supervened. She
ı this state for a fortnight (three weeks from her
›toms), when she was admitted as an in-patient.
before she was admitted she was seized with
which continued a week after her admission.
eek intervening between the shivering at the
ement of her illness and the appearance of the
urine was scanty,—not more than half a pint
'-four hours, and that sometimes passed only
ıen, however, the hæmorrhage appeared the
)f urine became more abundant and continued
ıer admission, at which time she was passing
our pints.
ıdmitted into the hospital her symptoms were
ıds, bronchitic and renal; and the former were
that for the first day the latter were over-
She could only breathe bolstered up in bed;
ı was constant; the expectoration abundant;
ant and sonorous rhonchi were heard all over
. The next day the nurse called attention
:ine, and it was found to be in the state
—absolutely black with blood. Associated
was a constant pain, day and night,
gion of the left kidney, aggravated by move-
rising, sometimes once a day, sometimes more
', into paroxysms of great severity. Deep
n the seat of the pain, and beneath the left
was intolerable. The face was as much puffed
been at all; the tongue was clean; the pulse

ırst attention was directed to the source of the
ıge, the idea was entertained that it might
epend on calculus in the kidney; and this idea
:sted by the paroxysmal character of the pain,
riction to one side, by its aggravation on move-
l by the vomiting. On examination by the
e, although the quantity of blood was so large,
:asts could be found; the search was repeated
' with similar ill success. Casts were then found
nce, and continued to be so, until the quantity of blood became so small that the fibrine was insufficient to form firm coagula. (Query. Was the failure to detect blood-casts in the first place, due to the flow of blood being so profuse that it had not time to coagulate in the tubes, or to want of care in the examination? The constancy with which they were afterwards discovered would imply the former explanation if it is a possible one.)

It was ten days or a fortnight before the bronchitic symptoms gave way. The pains in the loins, and the almost constant vomiting were relieved by hydrocyanic acid and opium in an effervescing vehicle, and counter-irritants to the seat of pain.

For two months, that is up to May 21st, various forms of astringents and iron were administered, in the hope of diminishing the hæmorrhage; but I cannot say with any decided benefit. At one time I gave:—

℞ Tincturæ ferri sesquichlor. ♏x; acid. nitro-hydrochlor. dil. ʒss; tincturæ opii ♏x; infusi calumb. ℥iss. M. Fiat haustus, ter in die sumendus.

At another time:—

℞ Acidi gallici gr. x; tincturæ opii ♏x; acidi nitrici dil. ♏xx; decocti cinchon. ℥iss. M. Fiat haustus, ter in die sumendus.

At another time she had:—

℞ Quinæ disulph. gr. i; acidi sulph. dil. ♏xx; ferri sulph. gr. iij; infusi calumb. ℥iss. M. Fiat haustus, ter in die sumendus.

On May 21st, I ordered dry cupping to the loins, and an immediate and marked improvement took place, I must say, contrary to my expectation. The blood in the urine was conspicuously less, the pain nearly gone, and the patient felt in every way better. Was this a coincidence or a consequence? I must confess myself to be rather a sceptic with regard to dry cupping. The only way in which it could act in such a case as this would be as a counterirritant; and why it should act so differently from other counterirritants, I am at a loss to explain. However, its daily application was attended with a daily improvement in the condition of the urine, the smoky colour of which became paler and paler; and on the 30th, it was pronounced not smoky and free from albumen. The quantity of blood never rose again to what it had been before the dry cupping, although on two occasions, June 1st and June 11th, it returned in considerable quantity, in consequence, both times, of exposure to cold. The following is a table of the principal characteristics of the urine since the 22nd of May, when it began to amend.

Date.	Quantity.	Sp. gr.	Reaction.	Albumen.	Observations.
May 22	2 pts.	1016	Acid.	Abundant.	Very smoky.
„ 23	Do.	1020	Do.	Less.	Smoky.
„ 24	Do.	1014	Do.	Very little.	Less smoky.
„ 25	Do.	1016	Do.	A trace.	Scarcely at all smoky.
„ 26	Do.	1014	Do.	Do.	Do.
„ 28	Do.	1015	Do.	Do.	Do.
„ 29	2¾ pts.	1010	Do.	Slightest trace.	Do.
„ 30	2 pts.	1014	Moreso.	None.	Not smoky.
„ 31	Do.	1015	Do.	Do.	Do.
June 1	2¾ pts.	1012	Acid.	More.	More smoky.
„ 2	Do.	1014	Do.	Less.	Less smoky.
„ 4	2½ pts.	1016	Do.	Decreasing.	Do.
„ 5	Do.	1015	Do.	Slightest trace.	Not smoky.
„ 6	Do.	1015	Do.	Do.	Do.
„ 7	Do.	1015	Do.	None.	Do.
„ 8	3½ pts.	1016	Do.	Trace of.	Rather smoky.
„ 9	Do.	1012	Do.	Less.	Less smoky.
„ 11	2½ pts.	1019	Do.	Much increased.	Very smoky indeed.
„ 12	2¼ pts.	1014	Do.	Less.	Less smoky.
„ 13	2½ pts.	1015	Do.	Still less.	Much less smoky.
„ 15	Do.	1017	Do.	Less.	Less smoky.
„ 16	Do.	1017	Do,	Do.	Do.
„ 18	Do.	1017	Do.	Hardly any.	Scarcely at all smoky.

But we must guard against the error of imagining that because the blood is disappearing the patient is necessarily recovering. In these cases it was so; but it is possible for the blood to disappear entirely, and yet for the kidney to be "going to the bad"; while the hæmorrhage is ceasing the gland may be undergoing a gradual process of disorganisation. The blood may disappear, but the urine may still be albuminous; or it may never recover its proper quantity; or the amount of solids secreted, as indicated by its specific gravity, may fall more and more below the normal standard; or a sediment, consisting of the morphological elements of the kidney, may be always present in greater or less quantity. Only when the disappearance of the blood is accompanied with other favourable changes in the urine, can we regard it as an important and positive prognostic sign. If with the blood the albumen also vanishes; if the urine recovers its natural quantity and specific gravity; and all organised deposit absolutely ceases; in a word, if the secretion recovers, in every respect, its normal character, then, and only then, do we know that all is going on well with the kidney. The disappearance of the albumen with, and in proportion to, the disappearance of the blood (so well shown in the above table), is, I think, a most important and satisfactory sign.

And here let me remind you, that an urine containing blood, and yielding, on the application of its tests, a deposit of albumen, may be symptomatic, either of hæmaturia only, or of hæmaturia *plus* albuminuria; and whether it shews the first only of these conditions, or both of them, will depend upon the quantity of the albumen in relation to the quantity of the blood, as shown by the colour of the urine, etc. If, with a considerable amount of smokiness, we have but a scanty deposit of albumen, then the condition is that of hæmaturia alone, the albumen entirely that of the blood; if, on the other hand, there is an abundant albuminous deposit, with but slight smokiness, then it is a case of albuminuria as well as hæmaturia; for the amount of albumen is greater than the blood will cover, or account for. In cases of simple hæmaturia, it is surprising how small an amount of albumen will be thrown down, even when the presence of blood, as shown by colour, is not only recognisable, but conspicuous. I have frequently been surprised, in examining the urine of the woman Neale, to see how little albumen it contained, even when it was quite smoky; and on one or two occasions in which I should not have hesitated to detect the presence of blood by the eye, heat and acid have only given the slightest opalescence; the clearness of the urine has hardly been disturbed. It is in these cases, where the albuminous deposit is so small, that we find it diminishing *pari passu* with the smokiness and the microscopical evidence of the existence of blood, and ultimately vanishing altogether with them. In fact, we have here no serous transudation at all; but merely some of the Malpighian capillaries which have been ruptured, still permitting the escape of the blood-elements.

It is impossible to have the attention much directed to renal disease without being struck with the facility with which the kidney becomes the seat of hæmorrhage. Every time an asthmatic suffers from a paroxysm of his disease, his pulmonary circulation is thrown into the same state as
the kidney in hæmaturia from chill; and y
rarely does hæmorrhage from the lungs oc
asthma. Nay more, in the prolonged asphy
fatal croup or laryngitis, where the blood in
gorged capillaries is gradually being brough
standstill, the tension of the capillaries is
relieved by hæmorrhage. I know of no sys
vessels in the whole body, except perhaps th
the Schneiderian membrane (and I am not su
of them), that so readily become the seat of h
rhage as the Malpighian capillaries; they of
pear to yield to the slightest disturbance
balance of the renal circulation. And I thi
may find the explanation of this in that
anatomical arrangement to which Mr. Bowm
called attention, which enables them, in hea
appreciate the slightest variations in the con
of osmotic balance, keeping the blood within
in a state of more or less tension, and thus fav
the transudation of its watery portions. Mr.
man points out that the collective volume
Malpighian capillaries being much greater tha
of the Malpighian artery tributary to the
blood experiences in them a retardation of its c
a circumstance in itself favouring transudatio
further, that the blood of the capillaries bein
lected into a single vein, the Malpighian,
volume is, like that of the artery, much les
the aggregate volume of the capillaries, an in
ment to its free exit from the capillaries is
blished, and its state of tension in these
increased, just as narrowing the outlet of a res
increases the pressure of its contents agai
sides. This arrangement, within the confi
health, produces only the free escape of the
of the blood, and renders the Malpighian-tuf
licate filters, taking cognisance of the slightest
ations in the conditions affecting osmosis, such
volume of the blood, its watery condition, c
reverse. But if the tension in the Malpighia
pillaries is increased by the establishment of
additional obstruction in front of them, as i
intertubular capillaries, not only the water
blood, but its serum, will escape; if it is stil
ther increased, not only will serum escape, but
sanguinis; and if still further, the capillarie
give way, and blood will be effused.

Another fact, hanging upon this facility of
ture to which I have just referred, and which
two cases well illustrate, is the obstinacy with
hæmorrhage from the kidneys, when once establ
persists. The very circumstance that dispose
Malpighian capillaries to yield, and favours th
cape of blood from them, tends to keep up the
ing when once they have ruptured, and make i
ficult of arrest. And even when the dischar
blood has almost ceased, and we are congratul
ourselves on being "out of the wood" at las
slightest thing will bring it back again—muc
than in the first place would have induce
When once the balance of the renal circulatio
been thrown out, it takes a long time to re-s
and manifests its perturbations, whether by
escape of blood or of albumen, with a most in
venient facility.

In the case of the boy Corke, the bleedin
existed for ten weeks, and in the case of the w
Neale for upwards of three months; and even

there is but a trace left in either, it cannot
ompletely to have ceased; yet the condition
rine, and of the patient in other respects,
a favourable prognosis, although it is im-
to say when the blood will entirely and
isappear.

these cases illustrate the importance of the
pical examination of the urine. In both of
e diagnosis of the nature and seat of the
age was rendered certain, and alternative
impossible, by finding blood-casts.

ere let me relate to you a case of hæmat-
ich lately came under my observation, in
e seat of the hæmorrhage was diagnosed by
blood-cast of a much larger tube than the
pical ones of the kidney, namely, the ureter.
ent was a hale looking man, in the middle
ho had suffered from passing blood in his
intervals for nine years past. For months
lose so much blood that it seemed as if he
eed to death, and then for months, or even
ar or two, his symptoms would entirely
hen I saw him he had the look of a florid
ched; there was colour in his cheeks, but
f his face, his lips, and conjunctivæ, were
e was passing so much blood in his urine,
mes a firm coagulum was formed in the *pôt*
re. He had been a railway porter, and at-
the first access of his symptoms to over-
mself. The curious part of his case was
pt the passage of the blood, he suffered
ymptom whatever; no functions were dis-
there was no pain; and nothing to localise
orrhage. The case looked, perhaps, more
lus in the kidney than anything else, ex-
he absence of the characteristic symptoms
ndition; there was, as I have said, no pain;
s no retraction of the testicle; no vomit-
re were, also, no bladder symptoms. Under
cumstances, it seemed impossible to say
blood came from. A few days after I had
my friend Dr. Wickham Barnes of Isling-
r whose care he was, sent me something
st like a worm, which had been passed
bladder in making water. It was six
g, cylindrical, pointed at each extremity,
up. The patient's son declared that he
t move just after it was voided; and it
o me as a veritable worm. On examining
it to be a coagulum of fibrine, and saw
om its shape, that the only place in which
uld could have been formed was the ureter.
ore, clearly showed that the blood came
e the ureter, that is, from the kidney.
, the problem of the seat of the hæmor-
solved by this single circumstance.

a word or two about treatment.

orm of hæmaturia that the cases of Corke
exhibit, which we may call Malpighian
, there are four indications to be compassed
nt.
nting a recurrence of the exciting cause
g the skin from chill.
ing the hæmorrhage by astringents.
lying that of which hæmorrhage tends
rob the blood, and which more than any-
dites sanguification, namely iron.
ing symptoms as they arise, such as pain,
etc.

The first condition I secure by keeping the patient in bed, generally between blankets; this has the advantage of additional warmth, a certain amount even of cutaneous rubefaction, and prevents any chill from wet sheets in case the patient sweats; it allows also, in consequence of the increased warmth, of having a less incumbent weight of bedclothes, and so permits a freer ventilation from the patient's body. I think the perfection of covering for such patients is nothing but blankets, neither sheets nor counterpanes; blankets are at once warmer and more porous. I do not think, in relation to the skin, that anything is gained by sweating; I do not think we have any clinical evidence for believing that the skin is doing its other work better because it is throwing off a large quantity of water in addition; and it certainly tends greatly to exalt the sensitiveness of the skin, and to increase the chances of chill.

Of antihæmorrhagics, I think gallic acid and other vegetable astringents, and the mineral acids, are the best that we can give; I think, too, that opium has a marked antihæmorrhagic effect. There is one drug of which, as a general antihæmorrhagic, I think more highly than any other, viz., turpentine; this, however, we dare not give in such cases as these; indeed, we know that it will bring on the very condition of which I am speaking. I remember once seeing in one of the hospitals of this metropolis, a case of hæmaturia after scarlatina, in a girl about 15 years of age, for whom turpentine was prescribed; its administration was followed by so profuse an increase of the hæmorrhage, that in forty-eight hours the child sank under it. Even the external application of turpentine is not safe, nor even cantharides; if, therefore, I wish to apply counterirritants to the loins, I never blister nor apply turpentine stupes; but content myself with mustard plasters, or some other form of counterirritation. This is not a pedantic or imaginative caution.

Iron is in every way of great value; as a general tonic, as supplying an essential ingredient of that portion of the blood, hæmatine, which is the slowest of repair; and in some of its forms, as the sulphate and tincture of the sesquichloride, as an astringent.

When the pain in the loins is severe, opium internally, and counterirritation locally, give most relief. If it is attended with vomiting, some benefit may be derived from the ordinary remedies for sickness, such as creasote and morphia, or hydrocyanic acid; but, as far as I have seen, not much. The vomiting, being sympathetic with the kidney, and not primarily gastric, does not yield to direct stomach treatment; what best relieves the condition of the kidneys and the pain in the loins best relieves the vomiting. The bowels should be kept freely open, inasmuch as loaded bowels mechanically incommode and irritate the kidney, and inasmuch, too, as the œdema may be diminished and the kidneys helped by a little gentle watery purging.

With regard to food, I do not think spare diet does for these cases; they should be well fed. I think there is some reason in the idea of not giving an embarrassed kidney any unnecessary work in the elimination of superfluous nitrogenous matter; but I am quite sure that, at any rate when the acute stage is over, and the kidneys are doing their work well, the hæmorrhage will cease sooner under a highly nutritious diet than under a poor one. We know that hæmorrhage may be produced by defective nourishment alone, and that for some of its forms, as purpura and scurvy, feeding is *the* treatment. The more vigorous is nutrition, the more rapid is the repair of the capillaries already ruptured; and the higher the standard of tissue-formation, the less likely will the capillaries be to give way, and the less chance will there be of hæmorrhage, either local or general.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

CASE OF DISLOCATION AND FRACTURE OF THE ASTRAGALUS.

Under the care of Prescott Hewett, Esq.

[*Reported by* Thomas P. Pick, Esq., *Medical Registrar.*]

Richard T., aged 35, was admitted into Fitzwilliam Ward, St. George's Hospital, on Feb. 26th, under the care of Mr. Hewett. He stated that he was an omnibus conductor, and that half an hour before admission, while jumping from one "monkey-board" to the other at the back of the omnibus, he slipped and fell to the ground, falling with his right foot under him. In endeavouring to spring up, he again slipped, and the wheel of an omnibus coming in the other direction passed over his foot. He was drunk at the time. He formerly drank considerably, but latterly not so much.

When he was admitted, there was found to be such injury to the foot as precluded the hope of saving the limb. Mr. Hewett, therefore, performed amputation at the lower third of the leg under chloroform, by making a circular incision through the skin and flap through the muscles. There was considerable bruising of the skin where the incisions were made, and the leg was taken off thus low down at the man's own request. There was very little arterial bleeding, four ligatures only being required; there was, however, slight oozing after the operation, for which ice was applied, which completely controlled it. Metallic sutures were used, and water dressing was applied.

Upon examining the limb after the operation, there was found to be an oval wound, four inches in length, on the outer side of the dorsum of the foot and ankle-joint, extending backwards as far as the tendo Achillis, and laying open the joint, which was dislocated; the tibia and fibula being thrown outwards and a little forwards. On passing the finger into the wound, a large cavity could be felt posteriorly; anteriorly, a peculiar prominence of bone. This was caused by a fracture of the astragalus, separating the superior third, which lies between the malleoli, from the rest of the bone. This articular surface was dislocated from the ankle-joint and twisted upon itself, projecting backwards and a little inwards, being attached to the internal malleolus by a few bands of ligamentous tissue. The external lateral ligament was torn through; the internal lateral or deltoid ligament was detached from the bone, but remained adherent to the periosteum, which latter was stripped off the tibia for some distance, carrying with it a small piece of that bone which was chipped off the malleolus.

There was a dislocation of the head of the astragalus from the scaphoid; the former bone being tilted up, with its head directed downwards, and the surf
culating, with the os calcis looking directly bac
A small portion of the os calcis, correspondin
origin of the extensor brevis digitorum, was detac
carried upwards with the astragalus.

There was a small piece of bone lying loose
wound; and some pieces of cartilage which h
torn from the calcaneo-astragaloid articulation.
was considerable bruising of the soft parts; but n
of any size was wounded.

Feb. 27th. He is reported to have passed
restless night; and appears to be this morni
state of incipient delirium tremens. He is sc
incoherent in his talk; his tongue is tremul
furred; and his hand is shaky. Pulse 113;
and dry. He says he is in no pain. He was or
take fifteen minims of tincture of opium in an
camphor mixture three times a day; and to
dinary diet and two pints of porter daily.

Feb. 28th. He has had some hours sleep du
night, and appears less restless this morning.
still furred and tremulous. Pulse 92. There is
thematous blush, and considerable tension of the
especially over the ends of the bone.

March 1st. The tension of the stump is le
redness is fading. One or two small blebs have
on the legs, and contain a sero-purulent fluid. H
much quieter; tongue not so tremulous; hand
pulse 98.

March 2nd. The stump does not look so we
the anterior flap, there is a dark red patch, wh
every appearance of sloughing. Up the inner sid
calf, there is a red mark in the line of the absc
pulse 102, weaker; tongue clean, steady. Three
sutures were removed, when a little pus exude
the stump. He was ordered green digestive oi
and a poultice to the stump; and to take five gr
sesquicarbonate of ammonia with ten minims
ture of opium in an ounce and a half of cinchona
three times a day.

March 4th. A slough has formed on the in
of the anterior flap, where the bruising was mo
the injury. There is less inflammation of the abs
and less tension of the stump; there is consi
redness of the flap over the end of the bo
symptoms of delirium tremens have disappear
the sutures but one were removed.

From this date the patient went on well.
slough separated on the 7th, and free granulati
place, requiring the local application of a solu
nitrate of silver. All the ligatures came away;
present he is convalescent, and will probably le
hospital in a few days.

Remarks. The mechanism of the foot is so
the bones being wedged into each other so tigh
bound together so firmly by strong ligaments, tha
cation of the bones of the tarsus is an exceedin
form of injury; but of these dislocations, luxa
the astragalus is, perhaps, the most frequent.

In the museum attached to St. George's Hospi
two preparations which exemplify well the most c
form of this injury; viz., dislocation of the head
astragalus upwards on to the dorsum of the foot
of these cases was, properly speaking, dislocatio
astragalus, together with the tibia and fibula, all o
were carried forwards. The other was dislocatio
os calcis and scaphoid from the astragalus.

The first of these cases was that of a midd
man, of corpulent habit, who met with the acci
getting out of a gig. Repeated attempts to redu
dislocation were made without avail; and as co
able sloughing of the integuments took place, se
amputation was performed. The following was t
dition of the parts. The external malleolus was p
broken, the deltoid ligament still maintaining t

hich exists between the tibia and astragalus.
en portion of the fibula remained, on the other
ached to the external lateral ligament connected
os calcis. The astragalus was tilted up at its
, so that the head of this bone projected above
r bones of the tarsus; but at its posterior part
shed down, and the surface which was in con-
the os calcis corresponded now to the posterior
ng surface of the navicular bone.

cond case was that of a man who, whilst suf-
om delirium tremens, threw himself from the
of the second floor. When he was admitted,
s found to be a peculiar prominence on the outer
the dorsum of the foot, plainly indicating the
f the injury. Mr. Pollock, under whose care
nt was, failing to reduce the dislocation, divided
Achillis, when the bones were reduced with
he man, however, died some days after, from
s of the delirium tremens, the foot remaining
t satisfactory state. The following is a descrip-
he parts. The ankle-joint was not injured,
he two anterior fasciculi of the external lateral
were torn through. A small fragment of the
s was broken off at the posterior, internal, and
ankle of the bone, and the process of the os
stentaculum tali), with which that part of the
s articulates was also broken through. The
ous ligament, between the astragalus and os
s stretched, but not ruptured.

case at present in the hospital, there may be
ave been a double dislocation; a dislocation
pper third backwards and inwards from the
nt, and a dislocation of the head downwards
scaphoid; so that there was, in fact, a complete
n of the astragalus from all its correspond-
lar surface and attachments; and this form is
be the most rare of all dislocations implicating

ginal Communications.

SIS OF CATARACT: EXTENT TO CH THE APPLICATION OF THE HTHALMOSCOPE ILLUSTRATES THE SUBJECT.

MARKS IN THE COURSE OF CLINICAL INSTRUCTION HE CENTRAL LONDON OPHTHALMIC HOSPITAL.

ES WALTON, Esq., Surgeon to the Hospital, and to St. Mary's.

tter is among those in ophthalmology that have
assistance from modern science, and therefore
tted for practical discussion. When cataract is
med in an eye otherwise healthy, there is no
whatever in appreciating the fact. It is the
adily detected of all affections of the eyeball.
the opaque body, which cannot be mistaken for
r morbid condition. No special knowledge is
r the diagnosis, as this physical change is pal-
d cannot be confounded with anything else;
s the case whether the crystalline lens alone, or
le of the lens as well, be spoiled. The larger
of the pupil, the more apparent will be the
therefore, if the pupil be unnaturally small,
dilatation of it will clear up any doubt.

circular opacity of the cornea, with shaded
the size of the pupil, may just possibly de-
very inexperienced, but it can never mislead
possesses the desired anatomical knowledge,
take ordinary pains to examine the eye. No
erefore, need be said of it. I shall take no
further notice of capsular opacity, because it likewise under any degree or extent cannot be mistaken; and it is the anterior part of the capsule, that in front of the lens, which becomes opaque; the posterior rarely, if ever, so suffers.

When the crystalline lens is nearly opaque, there being yet some clear portions, or when this body is generally invaded by opacity of subordinate density (which is equivalent to saying, when there is half-formed cataract), the detection of the change is sure by any one accustomed to eye-diseases. But in proportion to the incipiency of these changes, is there less ease in discrimination, and more scope for quickness of perception and tact, which are supplied in proportion to experience and study in such cases. I will merely add that the scrutiny is best made with a well-dilated pupil, under light condensed by a magnifying glass.

It is, therefore, only in the early periods of cataract that there is really any uncertainty; and that this is not merely imaginary is sufficiently shown by the fact that our most skilful surgeons of modern times, who justly deserved the reputation and the practice they acquired, were frequently blundering, and did not scruple freely to express their inability to discover an unerring test. The difficulty exists under two different states. In the one, the cataract is present, but cannot be recognised, the pupil appearing to be too clear to account for the slight defect in sight; in the other, there is really no cataract, the haziness or greyness in the pupil being due to the amber change in the lens, the coloration of age, and the declining sight to disease in some posterior part of the eye.

The ophthalmoscope has come to our great assistance; and it is for me to say what has been gained by it, and how, with this addition, the matter now stands.

The crystalline lens loses its transparency generally in a partial manner; that is, bundles or sets of lens-fibres become opaque, while the rest as yet are healthy; and it is for the most part at the circumference of this body that the change is accomplished. Very often the opaque spots are arranged in radii. It is, then, under such a condition that the ophthalmoscope is serviceable; for the striæ may be so small, or so deeply situated or arranged, as to elude detection by any other means. My practice therefore now is, when I suspect the presence of cataract, and cannot at once discover it, immediately to use the ophthalmoscope, previously artificially dilating the pupil, or not, according to the natural size of this aperture.

It would be a waste of time to speak about the forms which the opacities may assume, or to describe minutely the positions that they may occupy. It is enough to say about the latter that, when quite posterior, they seem to be deeper than they really are, and even look as if behind the lens. I have been able several times to pronounce the presence of cataract, while so incipient that the individual has been unaware of it. This has occurred while examining an eye supposed to be sound in persons who had the other far advanced in the affection. I can give no stronger evidence of the accuracy of this method of exploring the eye.

In using the ophthalmoscope for the purpose, high illumination must be avoided—a modified light only is admissible; for strong glare would make slight opacities almost transparent, or rather, render them invisible. In making the examination, too, the patient should turn his eye in different directions from side to side, etc.; because, by an oblique investigation, a more careful search can be made. It is better also in the first instance to make the inspection with the reflector alone, without the lens. For more and fuller details, I must refer to the chapter on the ophthalmoscope in my work on the *Surgical Diseases of the Eye;* and I will add only one remark, to the effect that dots of pigment, which are so often seen on the capsule of the lens, as the result of inflammatory attacks, by which the iris and the capsule have been brought into apposition; as also cicatrices, or spots on the cornea, must not be mistaken for cataract opacities. It is enough to direct attention to this point to prevent a mistake.

When, however, on the other hand, the transparency of the lens is affected by general invasion of opacity, the ophthalmoscope is not so available. I am speaking of the very commencement of the affection, when as yet the eye begins to fail a little, especially in viewing distant objects; for somewhat later there are almost always distinct, although irregular markings of more opaque parts, but then the cataract must be so far advanced as to be readily visible; the degree of light then which is necessary to illuminate the eye that the interior may be seen, may render the slight haze in the lens imperceptible. I have proved this over and over. Of course, the presence of cataract in any degree must intercept light; but as the power of individual eyes to receive illumination varies, it is hardly possible to tell whether the greater or lesser degree of this is due to the one or the other cause. At first, I thought that so long as the fundus of the eye was visible, and the optic disc could be seen well defined, the lens could not be cataractous; now I know the fallacy of such a test, and am well aware that, with the lamp-flame sufficiently intense, it would require cataract far beyond the stage of incipiency to shut out the light.

Should the one eye only be concerned, the difficulty may often be overcome by a comparative examination of the other. Where both are involved there must often be doubt, which increases with the age of the patient, because the blackness of the pupil decreases after adolescence, and rapidly after manhood.

I pass now to that part of the subject in which the loss of blackness of the pupil in elderly persons, consequent on the amber change in the lens, is sometimes supposed to be cataract. This was a source of frequent mistakes up to a few years ago; very often there was no means of avoiding it. Here the negative evidence afforded by the ophthalmoscope in the absence of striæ, or opaque spots, leaves nothing to be desired in the very large majority of cases. Of course, there apply here the same remarks just made about the difficulty of detecting incipient uniform opacity of the lens, with the addition of somewhat greater force, since the eye of a young person is more easily illuminated than that of an old one.

I may say, however, that when proper care and attention are bestowed, it can be but seldom that errors will be made, except both eyes are cataractous. But a wrong diagnosis is just possible. It has occurred to me lately to know that several London surgeons, all in extensive ophthalmic practice, and any one of whom would be considered authority in such a matter by the profession, have been divided, in a particular case, as to the existence or non-existence of cataract in both eyes, after a most painstaking examination of an elderly lady.

I have yet to speak of one important pathological change in the eye, which concerns us much in the diagnosis of cataract—I mean haziness, or opacity of the vitreous humour. I suspect it must seem as though I have ignored the subjective symptoms of cataract, of which so much has been written in former years, as well as the careful distinctions made between them and amaurosis and glaucoma. The fact is, that they are worth nothing; so little indeed, as to be in themselves useless in a diagnostic point of view, and this chiefly because they are closely imitated by disease of another part of the eye, the vitreous humour, of which till now we were wholly ignorant. No one ever wrote or taught anything about haziness or mistiness of the vitreous humour, because no such state was known to exist. To the presence of such an abnormal condition must be referred many blunders and supposed anomalous states, and, I may add, many errors as to the suspected presence of cataract. Only a fortnight ago I was c
by a nobleman holding a conspicuous place in
tical world, who thought that he had cataract
been told by a London surgeon that he was so
The answers to my questions were just what
expect from an intelligent patient who had a lens
opaque. I thought there was cataract, although
not at a glance perceive any indication of it
pupil; but as a matter of caution I reserved my
till I examined the eye with the ophthalmoscope
satisfied myself that the lens was clear, but the
humour was diseased.

But a hazy vitreous humour interferes with
thalmoscopic examination for cataract. I am
to say what are the distinctive marks or signs
slight general haze of the lens and that of the h
and this is no more than we should suspect, w
call to mind that the two bodies are in actual
differ little in density, and that the one is placed
diately behind the other. I have more than once
that I had succeeded in discovering a means
tinction, but more experience disappointed my
tions. In any instance, therefore, when the
of a diseased vitreous humour is suspected, th
should be examined under concentrated light, o
and directly, and if opacity be not detected in the
which most assuredly it will be, if this par
changed as to produce any decided loss of sight
ophthalmoscopic effect—to alteration in the
humour must the morbid change be attributed.

CASE OF BRONZED SKIN SUCCESSF
TREATED.

By Thomas Taylor, Esq., Cricklade.

On the 27th of June, 1861, I was called upon
Isaac Matthews, a carpenter by trade, stoutly m
sanguine temperament, and about 36 years of
found he had been unwell for some time, and ha
obliged to leave his work the last fortnight, simpl
weakness. He was unable to walk across the
without assistance; he was in no pain, but felt
easiness about the loins; his appetite was not goo
bowels were regular, and the secretions from the
and kidneys healthy. The skin of the face and
was highly bronzed, and had become so about the
left his work: he said his friends had remarked
a curious colour he was. He was advised to kee
fectly quiet, and do nothing whatever to produce f
by attempting to walk or otherwise; to take su
large quantities with everything he drank; and
five grains of iodide of potassium three times a
water.

July 1st. He was much the same. He did n
the medicine to disagree in any way, and was ord
continue the same.

July 5th. He felt better before he was up this
ing, and thought he should be able to walk;
getting up felt as weak as ever. He was orde
continue the iodide of potassium three times a
four ounces of compound decoction of sarsaparilla

July 12th. He was rather stronger, and walked
better: the complexion was rather improved. H
tinued to mend under this treatment until the
when he had a severe rigor, which returned the ne
following day, succeeded by fever, which reduc
strength.

On the 24th he had five grains of disulphate of
twice a day, with croton oil liniment to the loins.

On the 7th of August his febrile state had left
but was succeeded by a bronchial cough which
relieved in a few days; so that on the 9th he
taking the syrup of iodide of iron in half-drachm

nes a day, continuing to take sugar in large
s. Under this treatment he went on improving
is complexion became of its natural colour; his
increased, so that he was enabled to walk a mile
assistance of a walking stick, by the 19th; and
nd of the month, he walked to Cricklade, a dis-
nearly five miles.

9th of September he again walked to Cricklade,
eared quite to have recovered his health and
, and the next day resumed his work.

d nothing of him again, until the 5th of Febru-
when I was requested to visit him, as it was
he had a return of his complaint. On seeing
ever, I was happy to find that he was suffering
attack of rheumatism, having got wet away from
ee times the week before, and being unable to
is clothes. This yielded very readily to treat-
few days, when he resumed his work, and has
l well to the present time.

ME AFFECTIONS OF VISION APPA-
LY OF SYPHILITIC ORIGIN: WITH
OPHTHALMOSCOPIC APPEARANCES.

IBBERT TAYLOR, M.D., Senior-Surgeon to the
ool Eye and Ear Infirmary, and Lecturer on
lmic Medicine and Surgery to the Royal In-
Medical School.

who has seen much of diseases of the eye,
as they present themselves in public institu-
that class of maladies, must have had his
drawn occasionally to cases apparently of
origin, in which the failure of vision could not
nted for by any appreciable change in the
structures of the eyeball. There is probably no
f the superficial tissues present, nor any trace
s usually manifested by thickening and loss of
of the iris, and adhesion of its pupillary bor-
capsule of the lens.

uiring into the history of these cases, it will be
t syphilitic affections, both primary and second-
been observed, and generally at periods rather
om the occurrence of the symptoms now com-
f. Among the secondary symptoms previously
is may or may not have occurred; and if it has
ent, generally all traces of its existence have
ed.

ntion was first awakened with regard to such
ny years ago, and I confess that for a long
ey seemed very puzzling. We, and I speak of
my own standing in age, have been so ac-
, from the influence of early professional
d the habits of observation founded upon it,
syphilitic affections of the eye, as limited
clusively to one disease, iritis, that it was with
one could shake off this inherited belief, and
e wider and, I believe, juster view of the sub-
h these cases suggest. For myself, I must
t it was only step by step that I was irresistibly
conclusion that the influence of the syphilitic
on the tissues of the eye possessed a more
range than had hitherto been assigned to it,
the deeper tissues of the choroid, retina, and
humour, were probably liable to have their
deranged and their functions impaired in like
ith those more open to inspection.

se of the ophthalmoscope, which has already
such invaluable service in investigating the
of the deep structures of the eyeball, has
hown that these surmises were well founded,
the failure of vision in these instances was
counted for by the structural changes which we
been enabled to detect.

In a recent number of the *Medical Times and Gazette*, seven cases are narrated, occurring in the practice of the Royal London Ophthalmic Hospital, which illustrate this subject on various points, and are worthy of the attention of those who feel an interest in it. In one case, there was dimness of vision of one eye, following primary and secondary syphilitic symptoms which had occurred some months previously, but had then nearly disappeared, and there was no iritis. Examination with the ophthalmoscope revealed a congested and hazy condition of the retina, with the appearance of a thin gauze before it. The patient was treated with mercurials, till the mouth was slightly affected, and afterwards a milder action was kept up with some intermissions during several months. At the expiration of this period, the sight was nearly perfectly restored in the affected eye, and the morbid ophthalmoscopic appearances had vanished. In another instance the symptoms in the eye first showed themselves six months after the primary infection; and at the period of admission to the hospital, a well-marked syphilitic rash existed upon the shoulders. Both eyes were equally affected in this case, and the symptoms complained of were dim muscæ, and the appearance of clouds of smoke. The patient was unable to read the largest type, or tell the hour by the clock. The attack commenced rather suddenly, first in one eye, and shortly afterwards in the other. The ophthalmoscope showed a turbid vitreous humour in each eye, with numerous white silvery films floating in its structure. The patient, a married woman, was nursing an infant; but except being somewhat reduced by lactation, was in fair health. Mercury was prescribed, and the baby to be weaned; but unfortunately no record of the result is given.

In another case, the minute details of which I need not repeat, the affection of the eyes followed the primary syphilitic disease, after an interval of several years, and examination with the ophthalmoscope disclosed extensive structural changes in the choroid, optic disc, and retinal vessels; so great as to preclude any hope of the restoration of sight.

I need not further multiply examples from this source, as they all tend, more or less, to show the occurrence of serious structural changes in the deep tissues of the eye materially affecting vision, and taking place at periods more or less remote from the infection of primary syphilis. The point of most interest, regarding such cases, is this, that, in general, they do not present any obvious external appearance of their syphilitic origin, and unless the history of each has been minutely inquired into, its real nature would be misunderstood, and the treatment most likely to be effectual would not be adopted. Nor without the aid of the ophthalmoscope, could we detect those changes in the deep tissues which give no outward visible sign of their existence, and which yet are sometimes so extensive and important, as to be wholly irreparable.

The following case, which I recently met with in private, illustrates several of the points which appear to be characteristic of this form of secondary disease, and affords, in addition, a good example of the value of the ophthalmoscope, as without its aid it would have been impossible to refer the failure of vision to its true cause, in partial disorganisation of the deep tissues of the eyeball.

Mr. W., a tall, stout, soldier-looking man, connected with the land-transport corps in India, and twenty-two years resident in that country, consulted me about a month ago, complaining of weakness and wateriness of both eyes, with defective vision, especially in the right. He stated that about five years ago, while in a hot district of India, he first observed an appearance of a glare, like stars, before the right eye; and objects looked at seemed to be more distant than they really were. Vision with this eye was also indistinct; but he was able to distinguish one person from another by their features, and with some pain and difficulty could make out the letters of a large type. Since then, vision has still further declined, and the eye has become weak and watery. During the last eighteen months, the left eye has also become weak and watery; but the sight is very little affected as yet. Rather more than five years ago, or about two months previously to the affection of his sight, he had primary venereal sores, followed, in about a fortnight, by an eruption over the arms and chest, which, however, disappeared in a few days, and was succeeded by scaliness of the palms of the hands and soles of the feet, attended with heat and dryness, which continued, more or less, till nine months ago. He had also pains of the bones, coming on six months after the primary disease, and lasting about a month. He says that he never took mercury so as to affect the mouth, but treated himself with one-eighth of a grain of the bichloride, once daily during several months. He also applied black wash to the chancre, which healed in about a week. He has never had inflammation of the external tissues of the eyeballs, and there are no traces of iritis visible. He states that he has used his eyes much in writing, sometimes till late in the night. There was slight conjunctivitis observable in the right eye when I first saw him, and the pupil in each eye was of medium size, tolerably regular, and sluggish in its movements.

Examined with the ophthalmoscope, the optic disc in the right eye was indistinctly seen, as if through a veil or gauze, and was perhaps smaller in dimensions than usual. On the patient rolling the globe directly upwards, the lower part of the retina was seen to be thickly studded with black spots, varying in size and figure, imparting to the membrane the appearance of a leopard's skin. These appearances alone, independently of the history of the case, would have sufficed to indicate the syphilitic origin of the disease, inasmuch as they seem to be, in a great measure, pathognomonic of such affections of the eye.

With regard to *treatment*, mercury is certainly to be relied upon as the most effective remedy, especially when the structural changes in the deep tissues are extensive and material, as in the instance last cited; and the greatest amount of good which it is capable of doing, will probably be obtained by exhibiting it in small and frequently repeated doses, affecting the gums slightly, and maintaining the action during several weeks. In milder cases, where the ophthalmoscopic appearances do not show more than a gauzy haziness of the retina, and indistinctness of the optic disc, the iodide of potassium has been given with good results. In the case from India, above mentioned, I prescribed calomel and opium in small doses; but, as the patient lives at a distance, and has not yet reported his condition, I cannot speak as to the result.

In addition to the above remarks, I may add that, during a recent visit to London, I had an opportunity of conversing on this subject with several of the surgeons connected with the ophthalmic institutions in the city, as well as with others of much experience in diseases of the eye, and I found that their observations in this class of diseases tallied very nearly with my own. In the wide field which the metropolitan ophthalmic institutions present, these diseases are of frequent occurrence, and often appear in very aggravated forms; but even in our more limited provincial spheres, I am inclined to think that they are oftener to be met with than we perhaps suppose, and that they have only hitherto escaped our notice, either from our attention not having been directed to the subject, or because, although we may have observed the consequences of the disease in the production of defective vision, it has not been referred to its true cause, the influence of the syphilitic poison.

MEDICAL PSYCHOLOG

By Robert Dunn, F.R.C.S.E.

3. *On the Psychological Phenomena or Sympt Disease.*

Having passed in review the leading phenomen
mental states, and followed up the survey witl
quiry into, and an attempt to specialise, the
apparatus or instrumentality through which t
manifested in this life, it now remains to take a
glance at the bearings of our inquiries upon
medicine, and especially in reference to mental
mena as symptoms of disease.

I rejoice in the conviction that the philosoph
mind, like the philosophy of nature, is now culti
a manner worthy of its objects; and that its rela
psychological medicine are better understood ar
fully appreciated. But I have neither the abi
the leisure to attempt a systematic exposition
abnormal phenomena of the different phases
sciousness. All that I propose to myself is t
some general remarks bearing on the subject
mental manifestations as symptoms of disease in
In such works as the *Manual of Psychological*
by Drs. Bucknill and Tuke, and as Dr. Nobl
ments, will be found able and valuable exposit
purely mental diseases, systematically arranged a
cussed. Since, indeed, my own thoughts on the
were thrown into shape, two interesting and im
works have appeared—one by Dr. Laycock, Profe
Medicine in the University of Edinburgh, *O*
and Brain, or the Correlations of Consciousn
Organisation; and the other, *On Obscure Dis*
the Brain, by Dr. Forbes Winslow, D.C.L., edito
Psychological Journal. The first must be invalu
a text-book for the students of the professor's un
class, and can scarcely fail of arousing their at
to the works of that great metaphysician, Sir
Hamilton. It is the most elaborate and compre
work that we have on the subject, a remarka
valuable contribution to psychology, claiming a
the library of every philosophical medical pract
And in the other is contained a fund of interest
formation. As a prefatory essay to another pr
pathological work by the same author, *On Softeni*
other Types of Organic Disease of the Brain, it r
one, from its bulkiness, and its interest and impo
of Mr. Buckle's Introduction to his *History of C*
tion.

Abnormal Subjective Phenomena. There are
subjective phenomena, associated with the di
organs of sense, with which we are all famili
which are evidently dependent upon some loca
tional derangement of the nervous apparatus of t
sational consciousness. Such are the *muscæ vol*
which float before the eyes; and such the sounds
ears, like the noise of the ocean or the ringing o
etc. There are ocular spectra, too, dependent
same causes, and recurring, as in the case of Si
Newton, and the spectrum of the sun, in the da
of midnight.

Not unfrequently, *false perceptions*, as they are
monly called, occur—in other words, *spectral ill*
and delusions—as the consequence of function
turbance or derangement of some of the perc
faculties, and most generally of those faculties
through the visual organs, are subservient to our
ledge of the physical attributes of external exist
such as their size, form, colour, number, etc.
when there is no mental hallucination present—t
no belief in the actual existence of something ex
to the mind itself as the cause, and as giving rise
phantasms, the abnormal phenomena may be consi

ly illusions of the perceptive consciousness; and, bt, of such cases the observation, if not the per- experience, of every medical practitioner, can an abundance of illustrative instances. The ig is related by Dr. Abercrombie. A lady, whom attended in a slight feverish attack, saw dis- a party of ladies and gentlemen sitting round l-chamber, and a servant handing something to n a tray. The same continued in a greater or gree for several days, and was varied by the le of castles and churches of a very brilliant nce, as if they had been built of finely cut The whole was in this case entirely a visual sm, for there was no hallucination of the mind. contrary, the patient had from the first a full ion that it was a morbid affection of vision con- with the fever, and amused herself and her at- s by watching and describing the changes in the When, however, there is hallucination of the nd the spectral illusions or abnormal pheno- re believed to have a real existence in nature, ngement is not limited to the nervous appara- ie perceptive, but also involves that of the intel- consciousness. In such cases, it but too fre- happens that the hallucination is followed or later by other and more general indications ical derangement.

s I have said, there are *delusive perceptions*, as *spectral illusions*—cases in which the imagina- lty, in the absence of mental hallucination, con- and embodies out of the actual objects by t is surrounded *ideal existences*. Dr. Aber- mentions the case of two friends of his who, velling in the Highlands, had occasion to sleep ate beds in one apartment. One of them, waked in the night, saw by moonlight a skele- ging from the head of his friend's bed, every t being perceived in the most distinct manner. nly got up to investigate the source of the de- n found it to be produced by the moonbeams pon the drapery of the bed, which had been ck in some unusual manner, on account of f the weather.

indebted to Dr. Abercrombie for a number of g and instructive cases of spectral illusions. ative of the analogy that exists between them ning, he cites the following case of an eminent riend. "Having sat up late one evening, un- lerable anxiety about one of his children, who fell asleep in his chair, and had a frightful which the prominent figure was an immense He awoke with the fright, got up instantly, ed to a table which was in the middle of the e was then quite awake, and quite conscious icles around him; but close by the wall, at the ie apartment, he distinctly saw the baboon, ie horrible grimaces which he had seen in his nd the spectre continued visible for about half ”

ormal psychological phenomena in bodily dis- as given illustrative instances of spectral illu- cases of affections of the brain, delirium tre- ilepsy, and in fever. We are all acquainted singular case of Nicolai, the Berlin bookseller; that of Dr. Gregory's epileptic patient, in e paroxysm was generally preceded by the ce of an old woman in a red cloak, who o come up to him and to strike him on the her crutch at the very instant that he fell fit.

ctral illusions it is needless to multiply ex- I might adduce the case of John Hunter, as Sir Everard Home in his biographical memoir to Hunter's work *On the Blood and Gunshot* but I shall content myself by giving some particulars of a more comprehensive case, not less interesting, and still more instructive. "A young lady, under twenty years of age, of good family, well educated, free from superstitious fears, and in perfect good health of body and soundness of mind, was occasionally troubled, both in the night and day, with visions of persons and inanimate things. First she saw a carpet spread out in the air, which descended near her, and vanished away. Afterwards she began to see human figures in her room as she lay wide awake in her bed, even in the daylight of the morning. These figures were whitish, or rather grey, and transparent, like cobweb, and generally about the size of life. At this time she had acute headaches; and the pain was confined to the front part of the forehead, on each side of the root of the nose; and she described it as if sharp knives were being run into the part. The pain was increased when she held her head down, and was much relieved by holding her face upwards. On being asked if the pain were confined to one spot, she said that at times it extended to the right and the left along the eyebrows, and a little above them, and completely round the eyes, which felt often as if they would have burst from their sockets. When this happened, her visions were varied. The whitish or cobweb spectres assumed the natural colour of the objects; but they continued often to present themselves, though not always, above the size of life. She saw a beggar one day out of doors, natural in size and colour, who vanished as she came up to the spot. At times, bright spots, like stars on a black ground, filled the room in the dark, and even in daylight. Suddenly, sometimes, a gradual illumination of the room during the night would take place, so that the furniture in it became visible. Innumerable balls of fire seemed one day to pour like a torrent out of one of the rooms down the staircase. On another occasion, the pain between the eyes and along the lower edge of the brow struck her suddenly with great violence, when instantly the room filled with stars and bright spots. On that occasion, while attempting to go to bed, she said she was conscious of an inability to balance herself, and felt as if tipsy, and actually fell, having made repeated efforts to seize the bedpost, which in the most unaccountable manner eluded her grasp by shifting its place, and also by presenting her with a number of bedposts instead of one. For nearly two years this young lady was altogether free from headaches, and for the same period was not troubled by visions and illusive perceptions. Subsequently her health gave way, and all her distressing symptoms returned in great aggravation. The pain was more acute than before along the frontal bone, and around and in the eyeballs; and all the perceptive faculties situated there recommenced their game of illusion. Single figures of absent and deceased friends were terribly real to her both in the day and the night, sometimes *cobweb*, but generally coloured. She sometimes saw friends in the street, who proved phantoms when she approached to speak to them; and instances occurred where, from not having satisfied herself of the illusion, she affirmed to such friends that she had seen them in certain places, at certain times, when they proved to her the clearest *alibi*. The confusion of her spectral forms now distressed her. The oppression and perplexity were intolerable when figures presented themselves before her in inextricable disorder, and still more when they changed, as with Nicolai, from figures to parts of figures, faces and half-faces, and limbs, sometimes of inordinate size and dreadful deformity. Real but inanimate objects have assumed to her the form of animals, and she has often attempted to lift articles from the ground which eluded her grasp. She experienced a great aggravation of her alarms when, like Nicolai, she began to hear her spectral visitors speak. At first her crowds kept up a buzzing and indescribable gibbering, and occasionally joined in a loud and terribly disagreeable laugh, which she could only impute to fiends. These unwelcome sounds were generally followed by a rapid and always alarming advance of the figures, which often on these occasions presented very large and fearful faces, with insufferable glaring eyes close to her own. All self possession then failed her, and the cold sweat of terror stood on her brow. Her single figures of the deceased and absent then began to *gibber*, and soon more distinctly to address her; but her terror prevented her from understanding what they said." (Vide *Phrenological Journal*, vol ii, p. 290.)

Without dwelling on this interesting narrative, but which is worthy of careful consideration, I cannot help adverting to the significancy of the facts—first, of the coincidence in point of time of the young lady's severe headaches with the ocular spectra, for during the two years she was free from headaches, she had no annoyance from them; and, secondly, of the location of her painful sensations in the anterior and inferior part of the brain—in the region recognised as the site of those perceptive faculties of the mind which are subservient to our knowledge of the physical attributes of external existences.

Now, while we have abundant evidence of the occurrence of ocular spectra, or false perceptions, as purely illusions of some of the faculties of the perceptive consciousness, it is important to bear in mind that, in all cases of delusions, the intellectual consciousness is involved; and that in every instance of delirium from the mere wanderings of the thoughts, as soon as the controlling influence of the will is in abeyance, in the first light-headedness of fever, to its highest development in delirium tremens, there is undoubted functional disturbance in the nervous centres of intellectual action and volitional power. The delirium of fever has been aptly designated the insanity of disease.

[*To be continued.*]

Reviews and Notices.

Illustrations of Puerperal Diseases. By R. Uvedale West, M.D., F.R.C.S.Ed., Vice-President of the Obstetrical Society of London. Pp. 84. London: 1862.

In the preface to this very practical and carefully written work, the author informs us that, during the course of a busy country practice extending over twenty-eight years, and including upwards of 3200 cases of midwifery, he has been in the habit of preserving notes of the cases of puerperal accidents and diseases that have come under his observation. We can quite believe that, as he states, these definite records of the past thus preserved have been found "an exceedingly useful resource in present doubts, difficulties, and anxieties"; and the profession are now invited to inspect, with the author, the records in question. What can be more interesting to the busy country practitioner than the subject of puerperal diseases? What occupation should supersede the careful study of the causes of those grave accidents which do occasionally, by their consequences, prove so disastrous, not only to the peace and quiet, but to the actual reputation, of the conscientious medical attendant? We thank Dr. West for laying the results of his wide experience on this important subject before us, and for giving us, as he evidently does, full and true particulars of the cases which have come under his notice.

In the work before us, there are histories of 71 cases.
These cases are arranged under dif ent he
cording to their nature; and, in mc instan
accompanied or preceded by remarks a criti
analytical character; the whole be g an e
ment of the author's experience o puerpe
eases. In the grouping of these c s, the
has endeavoured to carry out and ill trate t
of Cazeaux on the nature of puerpe l fever
pressed by him in the course of th debate
Imperial Academy of Medicine in P is; vi
in puerperal fever we have a disease th lesi
most varied, sometimes a metritis, so times
tonitis, sometimes a phlebitis; at othe times,
phangitis, a pneumonia, a pleurisy, supp
arthritis, etc.; and to prove that pue eral
not one and indivisible, in consonanc with t
trines of Gooch and Ferguson. He agree
Cazeaux, in considering that in the anæm
sometimes even uræmic, conditions of e blo
sent in the puerperal state, we must eck t
cause or point of departure of puer ral d
and hence there is a morbid aptitude a "p
state," which manifests itself in abd minal
masies, and makes its influence felt wh tever
disease attacking the puerperal female.

Dr. West first gives cases of Cerebra Exc
and Disorder of the Mind in the Puerp ral S
garded as Varieties of Puerperal Fever conv
mania, etc., some of them combined wit a p
condition. Next, cases are related whic are
examples of the pyogenic diathesis, w h s
elimination of a purulent *materies mor*. I
menting on one of these latter, the aut r o
that

> "Suppuration of the breast, although mo fre
> occurring as a consequence of mismanag l
> being then what is called 'milk abscess,' no
> quently takes place as a favourable crisis i p
> fevers. In other words, the purulent deposi al
> in the breast, and that in a large majority of c se
> is not to be wondered at when we reflect on t e
> sympathetic influence." (P. 19.)

Several cases are related which afford str
ments in favour of this position.

The author next considers Diarrhœa as a
of Puerperal Fever, adducing several cases
tration. The notion that nature occasiona
to make a discharge from the intestinal
vehicle for the removal of a morbid poison f
system, is favoured by the great frequency
rhœa in this disease, and the great diffic
checking it by astringents. In several of t
which come under the foregoing category, phl
dolens was present. Respecting depletion in
masia dolens, we have the following:—

> "We don't bleed now-a-days. I was at the
> allusion to a particular case dated 1850) passing
> the transition state between the system of
> nearly all diseases by depletion and the presen
> of stimulation and supporting the strength, w
> inexplicable change in the type of disease has g
> forced upon us...... We don't bleed now-a-days,
> we have gradually found that our patients will
> it." (P. 34.)

Under the headings, on Puerperal Fever r
as a Sthenic Disease, and Puerperal Fever r
as an Asthenic Disease, there are some inte
cases.

The most important class of cases are, p

iclude under the next series, on Puerperal
regard as a Contagious Disease. These
re very strongly corroborative of the opinion
erperal fever may originate from attendance
ipelatous patients; a view of the question
is interesting as coming at the present
t, and at the same time with Dr. Tilbury
account of his observations at the General
n Hospital, and related before the Obstetrical
of London. One of several conclusions
by Dr. West on this subject is, that "it re-
actual contact of the accoucheur's infected
ith the mucous membrane of the vagina,
originate and to communicate the disease."
instances related, the erysipelatous poison was
d to have been conveyed from a male patient
ying-in women.
next series of cases, the author entitles, On
al Fever regarded as an Epidemic; for al-
these cases may have been caused by com-
ion and manipulation, yet so many patients
l altogether escaped, that it is considered
the cases were epidemic, and that this view
one by the occurrence of well marked diph-
some of the cases.
ecting Convulsions, we find the following:—

aps the most striking illustration of the influ-
parturition in checking and controlling a pre-
disease may be found in certain cases of con-
here is, it appears to me, a distinct class of
m convulsions, occurring before any symptoms
re present at all. These convulsions would
depend, not so much on uterine irritation as
ed state of the system generally, interfering
hindering the establishment of the parturient
ther than cooperating with it or accompany-
s progress; a kind of misplaced nervous in-
to speak. Or, perhaps, it would be more
assume that while, in one class of cases, the
the irritation is in the uterus itself, in this
irritation originates elsewhere; so that the
f the nervous influence is altogether diverted,
e allowed such an expression, from the object
nplished. The convulsive state is really sub-
r the healthy action of labour; the latter pro-
oing on at all until the former condition is re-
, conversely, the convulsive action not ceasing
hy uterine action is brought on." (P. 71.)

ly, the alternation here alluded to is un-
witnessed. It is not always possible, and
n instance in point, to bring our clinical
er their proper heading in our received
ical systems. The convulsions of pregnancy
r form a subject as yet very insufficiently
, notwithstanding the comparatively great
of late years bestowed upon it. Mean-
tributions of facts are always valuable, and
when recorded without bias to particular

respecting the Treatment of Puerperal
author considers that there cannot be an
method; that the various manifestations
sease require varying and shifting treat-
he one thing to be borne in mind is the
n between the sthenic and the asthenic
of them. With this doctrine in the main
s our concurrence. We have not, however,
seen any cases of puerperal fever in which
or lowering treatment could be thought of
ment. The stimulating plan of treatment, boldly carried out from first to last, we have practical reason to believe a most successful one. With the author of this work, we have no faith whatever in specifics.

Our readers will find in this little volume, the character of the contents of which we have endeavoured to represent, a series of facts and a collection of reasonings on this subject, which they cannot fail to peruse, as we have done, with instruction and advantage.

Progress of Medical Science.

Diagnosis of Insufficiency of the Aortic Valves. Professor Oppolzer observes that, in order to arrive at a correct diagnosis in cases of insufficiency of the aortic valves, it is necessary to attend to the signs presented by the heart, the greater and the smaller vessels, as well as to the general symptoms dependent on an insufficiently performed circulation and irregular distribution of the blood. It is by no means sufficient to become acquainted with the presence of a diastolic murmur over the aorta in the chest, for this may be produced by roughness of the lining membrane of the vessel, while yet the valves are healthy. The accuracy of the diagnosis depends on the observation and comparison of many symptoms.

On the part of the heart, there are signs of hypertrophy, with dilatation of the left ventricle—the so-called excentric hypertrophy; the wall of the heart often becomes an inch thick, and the cavity of the ventricle as large as a man's hand. The occurrence of this condition in cases of aortic insufficiency, is explained in the following manner: during the diastole of the ventricle and the simultaneous systole of the aorta, the blood in the latter is pressed (the semilunar valves presenting no opposition) against the weakened wall of the left ventricle: the resistance which this part should offer to the pressure is in some measure overcome, and the ventricle is consequently distended. A portion of the blood which has passed with the systole into the aorta returns during the diastole into the ventricle, and partly fills it. This partial filling imposes on the ventricle an increased task in emptying itself of blood, and this is a sufficient cause for the hypertrophy. Coincidently with these changes in the heart, the cardiac region of the chest becomes more or less arched; the impulse is felt, even seen, over a wider extent, and is very strong, so that the chest seems sometimes to be raised, and a distinct concussion is imparted to the hand, and to the ear in auscultation. The beat of the heart is generally heard and seen one or two intercostal spaces lower than usual, and more to the left side. The region of dulness on percussion is extended more in the direction of the length than of the breadth of the heart, and—contrary to what takes place in hypertrophy of the right ventricle—more towards the left side than the right. On auscultation in the vicinity of the apex of the heart, the systolic sound is heard, if there be no further valvular lesions. Signs of hypertrophy may, however, appear without insufficiency of the aortic valves, as in diseases of the other valves, in structural changes in the heart, in Bright's disease, pericarditis, etc.; and in some cases, the hypertrophy and dilatation cannot be distinctly made out, as in emphysema of the lungs. Further, a diastolic murmur may belong to narrowing of the venous orifice. Hence it is necessary to look to other signs, both in the aorta itself, and in other arteries, both near and distant.

On auscultation of the aorta in the second intercostal space, to the right of the sternum, there is generally heard, in cases of aortic insufficiency, a prolonged diastolic murmur, produced by the vibrations of the imperfectly expanded and rough semilunar valves. But sometimes this diastolic murmur ends in a heart-sound; and then it depends on roughness of the lining membrane of the aorta, the semilunar valves closing perfectly. On the other hand, aortic insufficiency may be safely diagnosed, although the second sound is heard, provided this be immediately followed by a murmur. For a case may occur where one, or even two, divisions of the valve may be healthy, and produce a normal sound; while the other division is imperfect and contracted, so as to give rise to a murmur, following the true second sound.

The signs manifested by the carotid and the more distant arteries are very characteristic, and of high diagnostic value. In the normal state, two sounds are heard in the carotid and subclavian; a systolic sound, produced by the arterial wall being distended and thrown into vibrations by the blood; and a diastolic, having its origin in the closure of the aortic and semilunar valves. In the brachial artery, as far as the division into radial and ulnar; and also in the crural, as far as the popliteal space, a systolic sound alone is heard, which is dependent on vibrations of the arterial walls. In the more distant arteries, no sound can be heard in the normal state. In insufficiency of the aortic valves, the case is quite different. The pulsations of the carotid are very strong, so as even to be seen at a distance; it feels full and hard, and the finger, when laid on it, feels an evident vibration. On auscultation, a very loud sound, or distinct rasping murmur, is heard to accompany the ventricular systole. The second (diastolic) sound is either entirely absent, or is replaced by a murmur. The combination of these signs is of the highest importance in diagnosis. The strong, full, jerking, vibrating pulse would only show hypertrophy of the left ventricle; but if at the same time the second sound be entirely absent in the carotid, or be replaced by a murmur, we may be sure that the semilunar valves are insufficient. In the more distant arteries also, similar phenomena are manifested. The radial pulse is very strong, quite visible, jerking, full, and hard; and a distinct, and often loud sound, not heard in the normal state, accompanies the systole in the arteries of the forearm and leg, and also in those of the hand and foot. But it may happen that these latter signs are less distinctly manifested: that thus the radial pulse is less full, even smaller, and that there is no systolic sound in the small arteries; and this occurs when, coincidently with the aortic insufficiency, there is imperfection of the mitral valve, so that the blood is not all propelled into the aorta, but is partly thrown back into the left auricle.

The general symptoms are very variable. Sometimes the patients feel quite well, complaining only of occasional palpitation. Or, as a consequence of the impeded action of the heart, there may be vertigo, headache, and even apoplectic symptoms; which, however, are also frequently produced by emboli, detached from the roughened valves and walls. If there be further structural changes in the heart, venous obstructions, cyanosis, and dropsy, may supervene. (*Spitals Zeitung*, 21st December, 1861.)

FIBROUS TUMOURS OF THE ILIAC FOSSA. In some clinical remarks on a case under his care, in the Hôpital des Cliniques, M. Nélaton took occasion to describe a form of tumour, of which he has met with fifteen or twenty instances in the course of his practice. In structure these tumours are composed of tissue resembling that which constitutes fibrous tumours of the uterus: their constant point of attachment or origin is the crest of the ilium, near the antero-superior spine of the bone. They are developed in the subperitoneal cellular tissue, behind the inguinal canal, between the iliac fascia and
the peritoneum. M. Nélaton has found ese t
in females only; and all the patients in hom
found them had borne children. They nay
nected, to some extent, with the conges n w
frequently occurs at the menstrual period and
pregnancy. The progress of these tumou is ge
very slow; they take from four to ten ye in
the size of two fists. The largest whic M.
has seen, was of the size of a fœtus at full rm.

The fibrous tumours may be confoun d w
chondromatous tumours, or with intestinal larg
from impacted fæces. But enchondroma ve
knobbed; while the fibrous tumour is sn th,
not attended by disorder of the intestines. Ag
fibrous tumours may be confounded wit sw
resulting from glandular degeneration or pe
with fibrous tumours of the uterus projecti int
the iliac fossæ, or with tumours of syp tic
Tumours of the latter kind, appearing an g
symptoms, have a certain amount of resem nc
fibrous tumours of the iliac fossa. But th nte
covering them is generally slightly change in
and the subcutaneous tissue is found, on ess
about a minute, to be a little œdematous; w le
of the kind is observed in the fibrous tumou s.
ular swellings have not the firmness which ara
the fibrous tumours; they are somewhat res en
touch, and sometimes manifest obscure fluct tic
(a valuable point in diagnosis), they are s rc
solitary, while the fibrous tumours of the ili f
always so. Moreover, glandular swellings a
at the level of the inguino-crural fold, rarely t
fossa; and they are moveable in every dir ic
brous tumours of the uterus are distinguishe
readily moved through the abdominal wall
vagina; while the fibrous tumours on the ili
fixed when palpation is attempted.

With regard to treatment, M. Nélaton advis
the tumour be small, and do not cause muc
inconvenience, the surgeon should not be in a
interfere with it. But if it become painful
rapidly, or if the patient insist strongly on its
an operation must be performed. M. Nél
operated in two instances. In one case, M.
under whose care the patient was, believed th
to be encephaloid; M. Nélaton, however, recon
its removal, to which M. Michou consented.
toneum was strongly adherent to the tumou
small hole was torn in it, which, however, was
a portion of epiploön. The large vessels in
region were exposed, but none were wounde
pedicle of the tumour was cut from the crest of t
by scissors. M. Nélaton saw the patient lately
five years after the operation) and she remai
fectly well. The second case was more simple
tumour, rather larger than the head of a fœtu
term, was removed through an incision of the sa
as that made for ligature of the external iliac
the patient recovered, and there has been no
(*Gazette des Hôpitaux*, 18th Feb., 1862.)

ABSCESS IN THE LUMBAR REGION OPENING I
LUNG. Dr. Demeaux relates the case of a patie
his care, who presented the symptoms and
signs of an abscess about three-finger breadth
the left sacro-iliac synchondrosis. It was attend
much pain, and all treatment was ineffectual.
the patient suddenly coughed up, in the course o
a quarter of an hour, between nine and ten ounces
On examination, the tumour in the lumbar reg
found to have become softer; and at a sub
period, pressure on it produced cough and expu
pus. The cough and purulent expectoration co
for some time, and the patient perfectly rec
(*Gazette des Hôpitaux*, 21 Janvier, 1862.)

OSITION OF NITRATE OF SILVER IN INTERNAL s. Frommann notices the case of an epileptic who had been taking nitrate of silver in daily increasing from about one grain and a sixth to and a half grains. At the end of four months, n was of a greyish tint, and the patient had in- , vomiting, and gastric pain. He died of pulmo- hthisis. On *post mortem* examination, a number ll pigmentary granulations were found in the in- l mucous membrane, and in the spleen, liver, and s. Those in the liver and kidneys contained le of silver; the substance of the kidney when contained 7 parts in 8000. (*Presse Med. Belge*, *azette des Hôpitaux*, 8th Fév.; 1862.)

ritish Medical Journal.

SATURDAY, MARCH 29TH, 1862.

DISCOVERIES OF KIRCHHOFF AND BUNSEN.

ENT number of the *Revue des Deux Mondes* ns an interesting *exposé* of the recent dis- es of Kirchhoff and Bunsen, of which we here t our readers a summary.

onomy, we are told, has weighed and mea- the sun ; and now comes chemistry, aided by s, and analyses that celestial body. Chemistry us that the solar atmosphere holds, in a state pour, many of the substances of which our is composed—iron, for example, potassium, n, strontium, calcium, barium ; that it con- also chromium, nickel, copper, and zinc ; but r gold, nor silver, nor mercury, nor aluminium, n, nor lead, nor antimony, nor arsenic, nor m, are found in it. Among the metals present n the solar and in the terrestrial atmosphere be added cæsium and rubidium ; bodies which eretofore escaped the ordinary methods of sis. These revelations of science appear, at ight, little better than the fantasies of some ophical Swift ; but, in truth, the works of hoff and Bunsen contain not a trace of the llous. They are not simple, ingenious ro- s, in which, for example, the plurality of ble worlds is discussed, and in which hypo- and facts are jumbled together without le. On the contrary, the discoveries of the an *savans* are founded on the most rigorous ation, and are worthy of a place amongst the glorious conquests of positive science. Their d of investigation, whilst giving us a means of ring the composition of the sun at a distance, urnished to chemical analysis a process of in- ation of almost miraculous delicacy. It may ldly asserted that by this new method of dis- y mineralogy will be renovated, and the do- of chemistry enlarged, and made capable of embracing subjects heretofore unapproachable by its aid. In the meantime, the chemical unity of our planetary system is placed beyond doubt.

We already knew that our material bodies differed in no respect from the terrestrial matter which surrounds us ; and that we were, in this respect, united with animals, plants, water, dust, and the infinitely minute. But now we learn that we are also united to the sun, the infinitely great. Is there not something amazing in the fact that the physicist can, quietly and at his ease, by the admission of a simple ray of light into his darkened study, compare artificial flame with that flame which floods the universe, and sheds life and heat to distances such as even the thought cannot compass ; and that from such comparison, he can deduce a complete theory of the physical and chemical constitution of the sun ; can argue of the wonderful phenomena of which that star is the theatre, and of those curious spots which astronomers discover on its surface ?

The discoveries of MM. Kirchhoff and Bunsen are, in fact, founded upon an analysis of solar light. In 1814, Frauenhofer, in examining the solar spectrum under magnifying powers, made a discovery which has immortalised his name. He observed that there existed, at intervals amongst the different coloured rays of light, bands or black lines. These lines he noticed, not only at the two extremities of the spectrum, where the light shaded off into darkness, but also in the most brilliant parts, and amidst all the colours of the spectrum. He also found that the lines were invariable in their position in the spectrum ; so that he was enabled to distinguish and designate them alphebetically. They are still known as the lines A B or C, etc., of Frauenhofer ; the letters at once indicating to the observer the part of the spectrum in which the bands they represent are situated.

By the aid of more perfect prisms and more delicate instruments, numerous additional bands have been since discovered. In 1860, Sir D. Brewster sketched a spectrum which is furrowed by a multitude of these lines ; and M. Kirchhoff now comes and tells us that, aided by the greater delicacy of his instruments, he has seen many thousands of them.

What account can reason give us of these dark lines—the obscure portions of the rays of light ? Light, it would seem, is not, so to say, complete. Has it, then, lost something, either at the sun, or in the terrestrial atmosphere, during its passage from its source to our eye ? Sir D. Brewster has shown that light loses some of its rays in traversing our atmosphere ; for, as the sun approaches the horizon, new dark rays appear in the spectrum. These dark rays, however, are to be carefully distinguished from those normal and invariable lines which are ever present in the spectrum, whatever be the altitude of the sun. If the first sort be explicable, it was argued, by the fact of atmospheric absorption, then the second sort must be ascribed to an absorption which has taken place at the sun itself.

The true nature, however, of these lines remained unexplained, until men of science came to examine the spectrum of other lights besides that of the sun; the spectrum of different artificial flames, in fact. These flames may be produced *ad infinitum* by suspending in them, by the aid of platina wire, various substances, or by dissolving them in the inflammable liquids used to produce the flame. The study of these artificial flames has revealed a phenomenon as surprising as that of the obscure rays of the spectrum. When certain bodies are in a state of ignition in the flame, the spectrum is found to be traversed by coloured bands, having an exceptional brightness, which is strikingly marked. Thus, every flame in which sodium is present furnishes a spectrum in which a yellow ray of extraordinary brilliancy appears. This discovery was, in truth, the germ of a new method of chemical analysis. Each metal, it was found, has its special brilliant rays, occupying an invariable position in the spectrum; so that the chemist can distinguish these rays as easily as he recognises precipitates obtained by ordinary chemical tests. But more than this; light in this way furnishes a test far more perfect and delicate than any which chemistry possesses. M. Kirchhoff gives a striking illustration of this.

"Whilst," he says, "we were observing the spectrum of a gas-lamp, three *milligrammes* of chlorate of soda were detonated in a distant corner of a room measuring sixty cubic *metres*. In the course of a few minutes, the flame became of a yellow colour, and presented the characteristic colour of sodium intensely well marked; and the ray did not disappear until the end of ten minutes. The air of the room could not have contained more than one twenty-millionth of its weight of sodium; and we may conclude, from this experiment, that the eye can distinctly recognise the presence of less than the three-millionth of a *milligramme* of a salt of soda! Hence, when we consider that more than two-thirds of the earth is covered with a solution of chloride of sodium, we can readily understand how it is that air at a high temperature should indicate the presence of sodium."

It is, in fact, very easy to produce the yellow ray of sodium in the spectrum of an ordinary gas-light.

"Whilst," says M. Langel, "I looked through a glass at the spectrum of a gas-light, M. Grandeau, the chemist, struck with his hand several times the tail of his coat, and immediately the yellow ray of sodium was seen, like a sudden flash, in the dark field of the glass. A few molecules of sodium were driven with the dust out of his coat, and at once exercised their magical effect on the light!"

It was thus, in fact, that by the simple inspection of the different kind of spectra obtained by the introduction of different substances into a flame, that MM. Bunsen and Kirchhoff were led to the discovery of two new simple bodies; viz., cæsium and rubidium. Being familiar with the different characteristic rays of all the known metals, they we tified in attributing to some unknown metal c brilliant rays which they observed, and whic not correspond with those proper to iron, or so or lithium, or potassium, etc. And thus, guid induction, they searched for and discovered metals in the substances which had given r their appearance in the spectrum.

Surprising, indeed, are the results of this o analysis. We find, for example, that whe ashes of a cigar moistened with hydrochlori are brought into the flame which furnishes the trum, then appear the yellow ray of the so the pale red ray of potassium, the intensely re of lithium, an intensely orange ray and a gree both of which correspond with calcium. thus, in an instant, we determine the presen five metals in a cigar. In like manner, we dis in mineral waters the smallest traces of the metals which give them their characteristic pertics.

Lithium is almost as sensible to the te sodium. MM. Bunsen and Kirchhoff observ characteristic red ray appear on detonating *milligrammes* of carbonate of lithia at a long tance from their apparatus; and they calculate one nine-millionth part of carbonate of lithi the air is thus rendered visible. They have in way discovered lithium in a variety of substanc which its presence had never been previously pected, in sea-water, in fuci, in granites, in mi waters, in tobacco-ash, etc.

Potassium is recognised by two rays, one in red, and one in the violet rays of the spectru its two extremities; and by another ray, more fe in the intermediate part of the spectrum. The cannot distinguish less than about one million a *milligramme* of chlorate of potash in the flam

The spectra of the earthy metals are not so si as those of the alkaline metals. Strontium has e remarkable rays, six red, one orange, and one b and the eye can distinguish six-millionths *milligramme* of this metal in the air. Calcium g three rays, green, red, and blue; and they only pear when the flame is intense. Barium yields green rays. Iron gives numerous rays. These, all the metals, have been carefully examined, in sense, by MM. Bunsen and Kirchhoff; and they ascertained that the brilliant zones thus produ are constant and invariable, whatever may be composition of the salt or the metal examined. T remained so also, whether the metal be volatil directly in the flame, or whether a strong elec current be passed between two metallic points a distance from each other. Thus, these optical perties become proper attributes of the simple bo themselves.

IE NEUTRALISATION OF BLOOD-FERMENTS.

LLI of Milan has made a series of experiments rence to the action of bodies which have the as he asserts, of arresting the fermentation of and vegetable matters within the living body, t producing decomposition or injury of the . His observations are worthy of note.

y maladies, he argues, result from a fermenta- some of the principles contained in the blood. has hitherto been held, as Bernard laid it that the action of the ferment cannot be ar- by the introduction of any chemical agents e blood. Life, said Bernard, would be impos- nder such conditions. Chemical agents ca- of arresting the fermentation would destroy tal properties of the blood. This statement, lli now asserts, is an error; and his memoir is n to show its fallacy. He adduces a number s and experiments, which apparently lead to nclusion; viz., that morbific ferments may be lised in the blood of animals by chemical sub- s, which do not so alter the blood as to destroy nd, moreover, he is led to the belief that we by means of these neutralising substances, uccessfully all those diseases which arise from ntative processes. Such a neutralising sub- , Dr. Polli ascertained, is sulphurous acid, in its gaseous or dissolved condition. He has that this acid arrests the fermentation which from the action of pepsine on meat, or milk, va on starch, etc. Moreover, he has found that roperty is fully retained in the alkaline and sulphites. The action of the sulphites on louring matter of the blood, as well as on the nt, is not one either of decomposition, of pre- ion, of reduction, or of destruction, but is a molecular modification—an isomerism.* is particular property of the sulphurous acid f the sulphites must be attributed their power sting the morbific action of ferments (artifici- ntroduced into the blood), without altering its sition to an extent incompatible with life.

experiments practised were of this kind. A es from the effects of an injection of pus into ood, which injection another dog, previously *ted,* bears without any symptom of disease. his second dog (which, under the influence of lphite, had borne without inconvenience two ions of pus) is made seriously ill by a third in- n, when not previously *dosed with sulphites.* , into each of three dogs is injected an equal ity of putrid blood: one dies in five hours; another in five days; the third, which had been *sulphited,* after a few days' *malaise,* recovers completely.

An equal quantity of the discharge of glanders was injected into the femoral vein of each of two large dogs: one died in six days, with the symptoms of glanders; the other, previously *sulphited,* rapidly recovered.

Two dogs were inoculated with the discharge of glanders through the skin. To one, six *grammes* of sulphite of soda were administered daily; the other was left without remedy. The wound in the former healed up in a few days; in the latter animal, it opened and yielded a sanious discharge, and general infection followed.

With regard to the action of the sulphites on man, Dr. Polli tells us that they may be harmlessly given in large doses—eight to ten *grammes* (two to two and a half drachms), for example, during the day, and for several days. The sulphite of magnesia in the solid form, is preferable to every other preparation for internal administration; it has no smell, very slight taste, is but little affected by air, and is richest in sulphurous acid. The sulphites of soda and potass have a disagreeable taste, and are otherwise objectionable. The sulphites pass into the urine partly in the state of sulphates, and partly of undecomposed sulphites.

SUPERABUNDANT ANATOMICAL SUPPLIES.

We are glad to learn that the supply of subjects to the anatomical schools of this metropolis during the present session has been more than equal to the demand. No school has had to complain of a deficiency in its anatomical supplies; a happy state of things, which, we believe, has never before occurred since the passing of the Anatomy Act. We should be glad to learn how this desirable state of affairs has come about; whether it is likely to continue; and whether there has been any special reason in the way, for instance, of extraordinary supplies, to account for the fact. Great credit is due to Mr. Charles Hawkins for the energetic way in which he has performed his inspectorship; and perhaps we may ascribe in part to his better management of the whole affair, this satisfactory supply of subjects. During this session, then, the difficulty has not been on the part of the schools in procuring subjects; but on the part of the inspector in getting schools to take the subjects provided for them by him. At all events, it is evident that our students need no longer go to Paris in order to practise operations and dissections upon the human body. There is one way in which the overabundant supply may be accounted for; but we sincerely trust it cannot be the true one; viz., that the student of this day does not dissect as vigorously as his predecessors did. Should

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e experiments on which these facts are founded are given in moir, "Dell' Azione dell' Acido Solforoso sulle Alterazioni ateric organiche."

this really be the case, it reveals a falling off in the most important branch of medical study grievously to be deplored. Perhaps some one can enlighten us on this point. It is worthy of investigation.

THE WEEK.

The Lord Chancellor has read those whom he sneeringly calls the mad doctors a very severe, and, in our opinion, a very ill-timed lesson. He is too acute a reasoner not to see the absurdity of the position which he has assumed in his arguments against medical evidence. He has used the absurdity to carry out an object. Because certain doctors have at various times given silly or even flagitious evidence in the matter of the mental condition of lunatics, or of people supposed to be such, therefore, runs the Chancellor's reasoning, all medical men's evidence in that direction is bad and to be deprecated. The conclusion seems to us to be just as logical as if we were to say that his lordship had done his best to ridicule medical evidence because his father was a doctor. We are, unfortunately, forced to admit that nothing is easier than to collect a mass of medical sayings delivered in courts of justice of a kind to cast *primâ facie* ridicule upon those who uttered them; but only small-minded men would from such narrow and one-sided views estimate the real value of medical evidence. Even the Lord Chancellor, and his unscrupulous backer the *Times*, are forced to contradict themselves in supporting their absurd position. His lordship tells us that any man of ordinary understanding is quite as able to judge of the sound or unsound condition of an individual's mind as the doctors are; and yet, almost in the same breath, he is forced by the very power of facts to say: "That a medical witness might be a more accurate and acute observer." Nothing could more clearly show the absurdity of the assumption of the Chancellor, than the fact that, if his position be true, any two persons of reasonable understanding are as capable of giving certificates of lunacy as medical men are. So, again, the *Times*, which pleases to follow in the same course, is actually driven to recommend that independent experts should sit by the side of the judge, and assist the court by their experience and advice. Could any better proof be given of the value and necessity of medical evidence in such cases? And then, after all, when we come to positive facts, what has his lordship to show in the way of proof of injury done through medical evidence? Would he not have been ready enough to produce some fact showing evil consequences thence resulting to individuals, had he been able to do so? He did not, because he could not mention one. He opined that a man who could not afford to pay medical evidence might be unjustly confined; but he could produce no instance a fact. Nor had he the candour to sa the public, of whose clear sense in this matter so high an opinion, have more than once dec man to be of sound mind who was declared by the doctors, and eventually proved to be so would not have suited his purpose. And in th case of Windham, why should the blame be a to medical men? If the process was bad fr ginning to end, it was the fault of the form which permitted such a process, and the ad of faulty medical evidence. Medical evidenc right place is just as good and as necessar ever was. Besides, all this abuse on the part Lord Chancellor was, in our view, quite unnec We see nothing in his Lunacy Bill, as it now to which we cannot give cordial assent, for it into practice the propositions which we have a maintained in speaking of the Windham case there showed the absurdity and cruelty of al the past acts of the whole of a man's life to be up against him as proofs of his lunacy; and held that medical men ought to give evidence on facts which have come under their own ob tion. One thing must be remembered regardi Lord Chancellor's Bill; and that is, that it h to go through the House of Commons.

The Secretary of the Edinburgh College of sicians has placed us in an awkward positio we must appeal to him to release us from the We have twice denied that the College delive license to candidates without requiring thei sonal attendance during the year of grace; b we *inferred* from Dr. Haldane's letters that s delivery never took place. We now receive which tell us that our denial is an error; a therefore must request Dr. Haldane, as the sentative of his College, candidly to tell the p sion what the facts of the case really are.

Dr. Wilks of Guy's Hospital has lately rema that chorea has and has had its score of rem each of which is, by reports, equally efficacious. demonstrate the *efficacy* (?) of these agents i affection, he has treated several cases in hos without any remedy whatever of the drug and he found that his patients recovered as qu as when the ordinary drug-remedies in such were administered. He therefore reasonably en suggested to the students that the accompanin of hospital life—regular and good meals, and ch of scene, etc.—are the chief curative agents. also referred to the well-known fact of the diffi of curing chorea in out-door patients. One c curious incident he mentions in reference to fact. So wedded are the hospital nurses to the of medicines in chorea, that he was obliged to aforesaid patients coloured sugar-water, in order allay the anxieties of these female attendants. *ropos,* we find the following in *Gaz. Méd. de Paris.* he cure of patients of this class may, without any r-scepticism, be regarded as the natural term of evolution of the chorea. The sulphate of aniline probably little to do with the cure."

umollard's head has been closely studied by the *ns.* "We are glad to find," says Dr. Gromier, om the high projection of his cheek-bones, from slight advancement of his teeth forward, the e size of his upper and the smallness of his er incisors, the narrowness of the fore part of the te, that this monster was not of French origin, of the Slave or Sarmatian breed. His eye was e and blue, and deeply set; eyebrows shaggy; th large; lips thick; the cartilages of the ear large, separated from the head, and projected ard; the head small; the forehead very low." ng account of his phrenological developments iven in the Lyons *Medical Gazette.*

n anglophobist, one M. Briquet, has endeavoured tisfy the French Academy of Medicine that the lish hospital statistics presented to the Academy utterly valueless. It is only given to French- , he informs us, to utter true coin of this kind. condition of English institutions and the mer- ile habits of the people utterly prevent any- g like facts coming out of London hospitals! riquet is an authority. He has been in London, has visited the Westminster Hospital. When n into a female ward there, he thought he was he chamber of a lot of *gendarmes.* "A few ched wooden frames; no clean linen; and all patients crowding round the fireplace cooking food—and what food! The English have been sed for having no curtains to their beds; but I t whether hygiene led them to this. I blame strongly for having none. Nothing can be hideous and inconvenient, and, I will say, im- l, than a hospital ward without curtains!" As *nion Médicale* says, "this is not argument; it is ly anglophobia."

. Alves Branco, Director of the Clinical Move- t in the Lisbon Hospital, has published a cu- document. It is a table of the number of lings practised there between February and De- er, 1861. They were 623, producing 4,731 es of blood.

Portugal, there are two medical men in the nber of Peers, and nineteen in the Chamber of ties. A new journal of military medicine—*Medical Ambulance*—is announced as about to ar at Lisbon, under the direction of M. de u.

ball has been given at Vienna for the purpose tablishing a hospital there for students. Pro- r Dummreicher has been attacked with pericarditis; Sigmund is recovering from pneumonia; and Rokitansky is ill of a chronic affection. A journalist says that, when so many medical celebrities are sick, no wonder that the bills of mortality in Vienna increase greatly, as they have lately done!

Versmann and Oppenheim have made researches concerning the comparative value of certain salts in rendering fibrous tissues non-inflammable. They found that every *inorganic* salt applied in solution diminishes their inflammability by absorbing the heat and preventing the contact of air with the fibres. The most efficacious of all salts are those which dissolve rapidly—borax, for example—or those which are wholly or completely volatile, as some ammoniacal salts; or those which by their special constitution prevent the contact of air, like tungstate of soda. Four only of those tried are applicable to light textures; viz., phosphate of ammonia; a mixture of phosphate of ammonia with chloride of ammonia; sulphate of ammonia; and tungstate of soda. Sulphate of ammonia is the cheapest and most efficacious; but it is apt to cause brown spots. In washing materials, tungstate of soda should alone be used.

Chelius of Heidelberg has had a jubilee, which was celebrated there on the 8th. Von Gräfe has been detained at Baden for the last four months by pleuritic effusion, and has now left for Nice.

The Botanical Society of France holds its meetings this year at Narbonne and Beziers. Explorations in the neighbourhood of Adge, of Beziers, the Island of Saint-Lucile, the Mountain of Caron, and the Valley of Malou, are proposed.

Dr. Icarenzio, Professor of Syphilography at the Hospital of Pavia, recommends the use of bromide of potassium as a remedy for chordee. He has frequently found it efficacious in cases in which camphor and opium have failed. He prescribes it in doses of from one to five *grammes* (fifteen to seventy-five grains) a day.

"It is now more than six years", says M. Durand-Fardel, "since pulverisation of medicaments was proposed. We are, it appears, now passing another six years in the inventing and exhibiting of instruments, in making experiments about the penetration and the state of the pulverised liquids. But, in the meantime, the therapeutical question is just where it was six years ago, and does not advance one step. Why does not M. Sales-Girons, who has his hands full of facts, give us a few of them? Why do not those who have tried the thing give us their experience of it? It is time that the practical application of the proposed remedy, of which we are as yet perfectly ignorant, were thought of."

Instead of using tobacco-smoke to destroy insects, M. Delaleux employs the smoke of resin, which is, he says, equally efficacious, and much cheaper.

Special Correspondence.

NORWICH.

[FROM OUR OWN CORRESPONDENT.]

In my last letter, I described a scene of distress occasioned by a sudden and fatal irruption of scarlet fever in a clergyman's family in this county. I have now to add, that the hygienic measures which were adopted there and then, have been entirely successful in preventing the extension of the fever in the neighbourhood. I believe no other case has occurred; proving how entirely the malignancy of the fever depended upon the local causes it encountered when imported into that unfortunate house. Surely, even a single occurrence like this cannot fail to throw light upon a very difficult question; namely, Why the same disease should at one time assume a mild and tractable form, and at another a deadly and malignant character. Is it, that the epidemic varies essentially in its characters at different times, at different seasons, and in different years? or may not the disease itself be always the same, and be modified as to its severity only by accidental and extraneous circumstances? That the latter was really the case in the history I narrated, is very evident; further investigation may prove it to be true in numerous other instances also; and could it be shown to be a universal rule, what evils might not be prevented by the careful study and adoption of general hygienic laws!

In some of my former letters, I have given you a brief description of our medical institutions; and I now propose to offer a few remarks on another of our societies, one which contributes greatly to the diffusion and advancement of professional knowledge in our district—I mean the *Norfolk and Norwich Pathological Society*, the meetings of which are held bi-monthly at the museum of our hospital. The society was inaugurated in the year 1848, at the suggestion principally of three respected members of our profession, Dr. Ranking, Mr. Crosse, and Mr. Crowfoot. The two latter have passed away to that bourn from whence no traveller returns; the other still lives in the active exercise of his profession, and in the enjoyment of witnessing, year by year, the benefits conferred by the society of which he was one of the first promoters. A retrospective address is read every year at the annual meeting; and, every three years, the three are published together. The last meeting took place about a fortnight ago, when several interesting specimens were examined, and instructive discussions ensued. The most interesting of these was with reference to a case which had been many weeks in the hospital, and terminated fatally. It was that of a young woman, who had been admitted on account of strumous disease of the wrist and hand; the structures about the wrist-joint were thickened, so as to alter materially the shape of the hand; the fingers were extended and almost immoveable; some imperfect suppuration had taken place; but the openings were sinuous, and the probe did not discover diseased bone; although after death the carpal bones were found quite carious. The patient gradually lost health and strength, began
to look hectic, and, a short time before death,
attacked with symptoms that were at first though
arise from hysteria; she became slightly incoher
then had shrieking fits, complained of acute pain w
touched anywhere on the surface of the body; t
strabismus appeared; she lost the power of pass
urine; and at last died comatose. These head sy
toms occupied altogether, I believe, about the space
fortnight. On examination after death, the wrist
hand were found in such an advanced state of dise
as to have been quite beyond the possibility of recove
the brain contained a good deal of serum, especiall
the ventricles, but seemed in other respects healt
but, on cutting into the cerebellum, a deposit of tul
cular matter was discovered in the situation of
arbor vitæ, reaching in one part to the surface,
causing there some inflammation of the membranes
deposit of lymph. This disease of the cerebellum
clearly the cause of the symptoms which immedia
preceded the fatal termination; but how long ha
existed previously? and what would have been the
sult of amputation of the forearm prior to the appe
ance of the head symptoms? These questions rai
a very interesting discussion as to the effect of
removal of diseased joints by amputation, upon ot
existing, though perhaps latent, diseases. Would
early removal of this girl's diseased limb have saved
from the effects at last produced by the previously lat
disease of the cerebellum? or would it have haste
on the progress of the disease within the head by tak
away a source of counterirritation which may have k
it in abeyance? The argument then turned upon
case of diseased joints, in connexion with tuberc
disease of the lungs. On the one hand, it was c
tended that the removal of a limb in such a case o
hastened the progress of the pulmonary disease,
that the patient died the sooner of consumption; on
other, it was argued that the contrary happened; t
by the removal of the diseased limb, nature was
lieved of a considerable burden, and thus had more po
to resist the inroads of tubercular phthisis; and seve
cases were quoted in which perfect recovery had tal
place after amputation, when the lungs had been thou
previously to be in an advanced state of phthi
My own impression is, that in chronic and advan
diseases of the joints, there frequently supervenes a c
dition of the bronchial tubes resembling that wh
occurs in phthisis; which, coupled as it always is w
similar general symptoms, emaciation, hectic, rapid pul
night sweats, etc., can scarcely be distinguished fr
early phthisis by stethoscopic and physical signs; a
that, in such cases, the removal of the limb is follow
by the removal also of the pulmonary complication.
advanced phthisis, with broken-up lung and large ca
ties, it is scarcely likely that the formidable operati
of the removal of a limb could tend in any way to t
improvement of the disease within the chest. B
when this condition of the lung is not revealed
auscultation and percussion carefully practised, I f
so sure of the very great difficulty there is in disti
guishing between early phthisis and the condition
the chest which frequently occurs in the course of lo
continued and exhausting disease in other parts, that

ays, under such circumstances, give an opinion in our of amputation, from an impression that the exience I have already had of the possibility of come recovery, will be still further strengthened and firmed.

'he subject is extremely interesting and practical, worthy, I think, of being placed before your readers theme for discussion in the Journal.

Association Intelligence.

IEETING OF COMMITTEE OF COUNCIL.

: Committee of Council will meet at the Queen's el, Birmingham, on Tuesday, the 1st of April, at o'clock.

genda.—Financial Report for 1861; Poor-Law Me- l Legislation; Annual Meeting in London; and r business.

Philip H. Williams, M.D., *General Secretary.*
Vorcester, March 19th, 1862.

)UTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

third meeting was held at the Saracen's Head, Ash- , on March 13th; H. Whitfeld, Esq., in the chair. ıteen members were present, and one visitor. Mr. omley, the President of the Branch, sent a letter ıg that he much regretted his professional engagets prevented him from joining the meeting. Several r members were unable to attend from the same e.

ıpers. 1. Mr. **Rigden** read a paper, On the Advan- ; of Early Turning in Cases of Labour, when the l presents in an Unusual Way. He first adverted series of papers published by Mr. Figg in the *Medi- 'imes and Gazette* of 1860, advocating turning in all ; of labour, and giving statistics of practice, proving labours were thereby expedited, and unattended by ɔad consequences either to the mother or to the . Mr. Rigden thought such meddlesome practice likely to be followed by the profession generally. ıad had, however, a number of face and frontal pre- ıtions lately, in which he had adopted early turning advantage. As soon as the presenting part, he has been detected, and it is evident, from its posi- above the brim of the pelvis, that there will be great ulty in propelling it into and through the passages; ch cases, I have lately effected delivery by version. ɔugh this procedure is not, I believe, generally ted, and it certainly is not taught in our more ern books on midwifery, yet it is by no means new. llie, Granville, Boivin, Lachapelle, and several other nguished authorities, have occasionally followed this tice. It is true that occasionally the head, while e the brim of the pelvis, may be controlled by the l of the operator, and placed in a more favourable ion; and I have in a few cases been able to make change; but much more frequently I have failed, thus, probably, time has been lost. The liquor ii has escaped; and version, which may have been st an easy operation, has become a very difficult one, dangerous to the patients. After referring to Dr. chill's statistics on face and forehead presentations, Rigden went on to state the result of his own prac-

In the ten cases in which I have thought it proper lopt this procedure, no ill effects have resulted to mother. Delivery has been accomplished quickly, with comparatively little suffering. Eight children were born alive; one had apparently died during or shortly before the commencement of labour; and one was in a state of decomposition. In thirteen other cases of face and forehead presentation, which were left to the unaided powers of nature, four children died, and two of the living ones were delivered by forceps. I have still very great confidence in the powers of nature in completing these cases; but, seeing that instrumental assistance is often ultimately required, and that the whole process, under favourable circumstances, is attended by prolonged anxiety and suffering, it seems advisable to have recourse to version early, particularly when it may be done without danger to the mother or child.

In answer to Mr. Garraway, the author of the paper said he would advise turning in all face-presentations, and that he had used chloroform in some of his cases. Mr. Reid considered the operation of turning a serious one. Statistics showed that one case in three was fatal to the children. He thought cephalic version may be adopted in forehead presentations, and related a case which was thought to require forceps. On finding, however, an ample pelvis, he attempted cephalic version, and was astonished to find the head slip round into a vertex presentation. If the pelvis was large, he thought cephalic version may be as easily accomplished as turning. Mr. Rigden, in reply to Mr. Whitfeld, said one out of the number of his cases was a first child.

2. Mr. Whitfeld read a paper on the Hereditary Transmission of Mental and Physical Impressions. [This paper has been received for publication.]

3. Mr. Sankey of Dover mentioned that he had continued the use of Belladonna in the very obstinate case of Epilepsy given at the last meeting, with the effect of lessening the fits, but only during the time of employing the medicine.

Nineteen members dined together after the meeting; Mr. Whitfeld in the chair.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 11th, 1862.

B. G. Babington, M.D., President, in the Chair.

OBSERVATIONS ON THE TACTILE SENSIBILITY OF THE HAND.

BY EDWARD BALLARD, M.D.LOND.

The author, not being acquainted with any very extended researches into the tactile sensibility of the surface of the body, submitted this paper as the first of a series upon the subject. The method he employed for ascertaining the sensibility of the parts examined was that known as Weber's; but inasmuch as the results of this method vary according as the points of the compasses are laid in the direction of the long axis of a part or transversely to it, he employed the sum of the numbers, in English inches and decimals, obtained by an observation in each direction as representing the true sensibility of any part. He considered that the hand, being *par excellence* the organ of touch, and possessing on the whole the highest amount of sensibility, and giving thus readily a standard for comparison of subjective impressions made elsewhere, should be the organ first examined. The paper was based upon the results of observations made upon 142 points upon the surfaces and borders of the author's own hand and fingers—in all, therefore, of 284 separate observations. The author deduced in order the general sensibility of the hand and its surfaces and borders; and, separately, of the metacarpal portion, fingers and thumb. He compared these several parts between themselves, and pointed out the relative sensibility of the lateral halves of the hand, these being related to the freer motion imparted to the radial half; and of the centre to the sides, as showing at what parts of the hand the sensibility is highest at any given distance from the wrist. The following were some of the more important deductions. The most sensitive spot of all was the tip of the index finger, in which he differs from Weber, but agrees with Valentin. The sensibility of this spot is represented by the number ·35 in. The spot of lowest sensibility (5·0 in.) was on the dorsum of the hand, opposite the base of the fifth metacarpal bone. The palmar surface of the hand was in all parts more sensitive than the dorsal; but this was not the most sensitive part, for next to the tips of the fingers stood in order the two borders, the radial border being more sensitive than the ulnar. Weber had pointed out that the sensibility of the hand increases from the base towards the extremity; but the author exhibited this fact by accurate numbers, and demonstrated not only the increase but also the rate of increase on each surface and border of the hand, and of each finger separately. He found the most rapid increase in sensibility at the spot where the fingers actually commence, not where they apparently commence, and not at the clefts, but opposite the metacarpo-phalangeal articulations, and again at the middle of the last phalanges on approaching the tips of the fingers. On the whole, the most sensitive finger is the index, and the sensitiveness shades off towards the ulnar side of the hand; and the most sensitive portion of the index, next to the tip, he found to be its radial side. Of the little finger, the most sensitive part is the ulnar side, and he connected these facts with those parts entering into the constitution of the borders of the hand at large. Of the palmar surfaces of the fingers, that of the index is the most sensitive; of the dorsal surfaces, that of the ring-finger is the least sensitive. The radial side of the index is the most sensitive, and the sensibility shades off as the fingers are further removed from the radial side of the hand, till it becomes least upon the little finger. The ulnar side of the little finger is the most sensitive, and the sensibility becomes less as the ulnar side of the hand was distanced; but the high sensibility of the index was provided for by its ulnar side standing next in rank to that of the little finger. Of the three intervals between the fingers, that whose approximating surfaces possess the highest sensibility is the interval between the index and middle fingers. The thumb was considered separately, and was regarded as a finger not having a metacarpal element. Appended to the paper were tables exhibiting the observed sensibility in each direction at the several spots examined, and four photographs, on which were marked the sums of the observations at each spot.

ADDITIONAL EXPERIMENTS ON THE POISONOUS EFFECTS OF COAL GAS UPON THE ANIMAL SYSTEM.

BY C. J. B. ALDIS, M.D.

In the paper which Dr. Aldis brought under the notice of the Society a short time ago upon this subject, the experiments were made with the gas as it issued from the main, but in those now to be related common gas, diluted with atmospheric air in different proportions, was used. The experiments were made with Mr. Henry Banister, at the works in Horseferry Road, on the 7th and 14th of February, 1862.

In the first experiment, common gas and atmospheric air in equal proportions, were administered to a rat placed under a glass vessel. The head dropped in one minute, and it became insensible, with slight convulsion, in one minute and a quarter; the respiration was hurried, the eyes staring, spasmodic jerking of the body, followed by death in two minutes and a half. The *post mortem* appearances were similar to those already described, except a darkish patch on the anterior p of the pleura of the right lung, like that produced smoke.

The second experiment was made with one-four common gas and three-fourths atmospheric air. T respiration of the animal became hurried in three n nutes, the head dropped in five minutes, and dea occurred in eleven minutes. During the autopsy, smoky-looking spot was seen on the pleura.

In the third and fourth experiments, the proporti of gas to air was one-fifteenth.

The former experiment was not sufficiently prolong to show the deadly influence of the gas in this minished quantity; but in the latter the rat so began to pant, and the head fell in ten minutes, sprin ing of the body was observed, with twitching of t ear, followed by coma in seventeen minutes. The ey were open; the respiration became laborious in fort one minutes, when death ensued. The surface of t skull was intensely red; the brain was congested; t blood was very fluid and bright-coloured; the pleu was of a bright red colour, and the right side of t heart was distended with darkish blood.

MANCHESTER ROYAL INSTITUTION: MEDICAL SECTION.

March 5, 1862.

L. Borchardt, M.D., in the Chair.

CASES AND SPECIMENS.

Scirrhus of Stomach. Mr. Greaves exhibited specimen of cancer of the pylorus, in which life h been prolonged for a very considerable period by the u of nutritive enemata. A discussion ensued upon t subject of the absorption or partial digestion of nut tive matters thus exhibited, the secondary digesti function of the cæcum being pretty generally supporte

Laryngeal Phthisis. Dr. Roberts exhibited a spe men of very extensive ulceration from this disease, a made some remarks upon the local application of caus solutions.

Carbolic Acid. Mr. Lund exhibited a specimen of pu carbolic acid prepared by Mr. C. Calvert. He had us it very successfully in its undiluted state in the tre ment of lupus; and mentioned a case where healt cicatrisation had ensued from its application, in a we or two, after several years of unsuccessful treatment other remedies. He also spoke very highly of its ben ficial effects, when largely diluted, on sloughing wound Other members confirmed this experience; and D Roberts also recommended its internal use in cases dyspepsia attended with fœtid fermentation.

Ascarides in the Horse. Dr. Browne exhibited son specimens of these worms, and pointed out their distin tive characters.

PAPER.

Apnœa Neonatorum. Mr. Greaves read a paper, which he entered at considerable length into the phys ology and practical bearings of this subject. It w probably be published *in extenso*. He referred to t vital condition of the child during labour, and in t period between expulsion and the full establishment respiration. He considered the various forms of sti birth to be divisible into: 1. Syncope, or appare anæmia; 2. Simple apnœa, or delayed respiration; a 3. Congestive apoplexy. These states being depende on the suspension of the placental circulation, lun breathing not having yet been set up; or, in the thi form, being suspended after partial performance. M Greaves further referred to the retardation of the fœt pulse during a pain, as proof that the contractions the uterus acting on the placental vessels produce temporary state of apnœa in the child, similar to th ulting from the absolute separation of the placenta; effect being, in either case, to cause a congested e of the ventricles of the fœtal heart. This state stituted, in his estimation, the main excitant of the *in de respirer*, as shown by the sudden relief imme- ely following the first inspiration, and the conse- nt rise of the pulse from 60 or 70 to 130 per minute. lealing with the practical part of the subject, the hor recommended frictions to the epigastrium, cold sions, and, if necessary, artificial respiration; but robated the use of the warm bath. In the apoplectic e, bleeding from the cord was advisable; and it was gested that, in every case, a small loss of blood ht do good by relieving the congestion that exists n in the most apparently anæmic cases. The writer lly contended that the danger of an early division of cord has been greatly exaggerated, owing to a mis- ception of the state of the placental function during conclusion of labour. The pulsation in the cord frequently been supposed to indicate a continuance he placental circulation, which is evidently disproved he fact that the umbilical portion still continues to sate after division. An interesting conversation fol- ed the reading of the paper, in which several mem- s took part.

Correspondence.

MEDIAN LITHOTOMY.

Letter from Henry Thompson, Esq.

IR,—I have read with much interest the cases of ian lithotomy, and the remarks upon them, which Prichard has recorded in last week's Journal.

y principal object in troubling you with a line now o correct a misapprehension which appears in the er respecting some remarks of mine at the Patholo- l Society of London, on a case in which Mr. Cadge Norwich performed the median operation last au- n. I had no intention whatever of stating "that operation had the credit of being more liable to be wed by urinary infiltration *under* the prostate, than lateral;" and I am very glad, if such an impression conveyed, to have this opportunity of correcting it. ated that I doubted whether, *in cases of considerably ertrophied prostate*, especially where the lateral s were much enlarged, the median was a desirable ation to perform, because, in dilating the neck of bladder to extract a stone of full size, the floor of prostatic urethra, or posterior commissure of the d, was apt to split, and infiltration to take place in situation pointed out. I have examined the organs hree fatal cases of median operation in enlarged tate, finding this condition in each. And these ob- ations led me by no means to conclude absolutely, nevertheless to suspect, that in such cases the me- n operation might be less applicable than it is to s of the ordinary kind. Where the prostate is much rged, the deep incision of the median operation, but involving the apex of the gland, leaves a large por- of the urethral canal, from an inch and three- ths to two inches and a half (sometimes even more), e dilated; and, if the lateral lobes are large, rigid, unyielding, and the floor, as it often is in such s, be thin, the dilatation is apt to split this as the kest part, and so to expose the patient somewhat to danger referred to.

o much for this point. On the general question, mit me to add that I cannot but regard the median ration as a valuable addition to our resources against e in the bladder, and that I cordially agree with Prichard in believing that the profession is under great obligation to Mr. Allarton for the promulgation of his method. I have just had the opportunity of expressing this opinion in the Lettsomian Lectures of the present year, as well as of endeavouring to indicate the cases for which the operation appears to me to be best fitted, and will not enlarge on that topic here. Nevertheless, I think there are grave reasons for doubting whether it can compete, *as a rule*, in cases of large stone—say from eight or ten drachms upwards—and in the cases of enlarged prostate referred to, with a well performed lateral operation.

My friend Mr. Cadge of Norwich informs me that between forty and fifty cases of median lithotomy have been performed there within the last three or four years, and that the mortality is quite as great as that experienced before by the lateral method. But it is right to state that there has been a full proportion of unpromising cases among them. This seems, so far, to support the opinion first expressed.

I am, etc., Henry Thompson.

16, Wimpole Street, March 17th, 1862.

THE UNITY OF THE HUMAN RACE.

Letter from F. J. Brown, M.D.

Sir,—In the Journal for the 8th instant, there is a short article relative to the unity of the human species.

Allow me to call your attention to the compromise proposed by a French physician, Dr. Sagot. He reconciles the differences between the monogenists and the polygenists. He says that God created the distinctions of race at the time of the Dispersion. If we accept this explanation, the distinctions of language and the distinctions of race arise from the same cause, viz., a miracle, and date from the same period (Tower of Babel).

Allow me, sir, further to say one word on the existence of a pre-Adamic race of men. It is quite possible that men have existed on the earth at different epochs; created suitable for the state of the planet at the time of their existence. Our religious history begins with Adam; and the nature of Adam, we are taught, is shared by every human being on the earth. When the present creation shall be swept off the face of the earth, then it may please God the Creator to people the earth anew. In this way there may be a succession of creations. We know that God is creating every moment, for He is the "Lord and Giver of Life"; yet he may clear off all creatures from the surface of the planet periodically, so as to make the earth better capable of sustaining higher organisations.

I am, etc., Frederick J. Brown.

Rochester, March 10th, 1862.

DEATHS FROM ETHER.

Letter from Charles Kidd, M.D.

Sir,—Would you permit me to say that it was I who used the words deaths "*after* the inhalation of ether, not *from* the inhalation," and not you? I do not want to set up any false pretence. How this list, which includes nearly all that the Boston Committee have been working at, can "complicate, rather than throw light on the subject," is past my comprehension.

More than half the cases sent are decided deaths from ether; many have been deaths while the patient was under ether on the operating table. It is the nature of the death from ether to be slow. You are obviously confounding such accidents with those from chloroform, which are sudden; the reason of the two modes of death having been well explained by the Biological Society of Paris.

In addition to a series of seventy cases of death from chloroform by Snow, Scontetten, and myself, often referred to in my book, the *Gazette Médicale* of February 1861 gives a table of thirty-one additional cases; and there is an American list, also of last year, of twenty-four new American cases; so that any one really anxious on the subject, with an hour to spare, at the library of the College of Surgeons, can thus at once go through not less than one hundred and twenty-five deaths from chloroform all tabulated, and all the details of the cases fully given. In addition to these, I have about twenty more cases picked up in newspapers this year and last, the particulars of which I obtained, these particulars differing scarcely at all from those of the other cases. I have never had an accident from chloroform or ether myself; though constantly administering them. I saw one at Guy's, and another at another hospital, and was invited to see the *post mortem* examinations of about a dozen cases.

I am still watching the cases carefully; and will feel deeply obliged to any reader of the Journal who will (*addit acervo*) add to the heap of facts; not for publication of the name of the practitioner so much, or at all, as for comparison of the details with those of other groups of cases, the deductive or true practical philosophy of this subject, as taught by Mill and others.

I am, etc., Charles Kidd.

Sackville Street, W., March 15, 1862.

A HARD CASE.

Letter from William Smith, Esq.

Sir,—If you think the following will act as a caution to my brother practitioners who may be placed in similar circumstances, I shall feel obliged by your inserting it in your next.

Mr. Hay, relieving officer of the Walton district, of Preston union, of which I am medical officer, called at my surgery between ten and eleven o'clock p.m. on the 24th December last, requesting me to go and see his servant, an Irishwoman, about 30 years old, whom he suspected to be the mother of a child that had been found murdered near his house, and on which an inquest had been held, and a verdict of wilful murder returned. I objected to go, giving as my reasons that I had a midwifery case on hand, and that my horses were tired and not fit to go, he living about five miles from my house; and I recommended him to take Dr. Ashton, of Walton, who lives considerably nearer, and who had made a *post mortem* examination of the child the same day, and considered it to have been born about ten days. However, he insisted on my going, and would hire a cab for me, so at length I reluctantly consented.

On my arrival at his house, I accompanied Mrs. Hay to the servant's bed-room, she being in bed at the time. I examined her as an ordinary patient, and found her suffering from symptoms of cold. I then, with Mrs. Hay, went into an adjoining room, and told her that from the examination I had made, I could see nothing to warrant any suspicions; and that I thought the best way would be to tell her of the rumours that were going, and see if she would allow me to examine her in the usual way. We went back to her room. I told her in as delicate a manner as I could that she was suspected of being the mother of the child that had been found, and that, if she thought proper, I would examine her. She appeared a good deal shocked, and said: "the likes of me having a child;" that she never knew a man in her life; and that I, or all the doctors of Preston either, might examine her, as she was anxious to clear herself. Her breasts were small and flabby, and the areola not large. On raising up her chemise, I found it very much besmeared with blood. There was a dark line extending from the pubis to the umbilicus. The vagina was rather tight, and the neck of the uterus hung d into it. There was coagulated blood in the vagina did not give a positive opinion, but requested Mr. to see me the following morning. I met him in morning, and told him I felt sure that the child not his servant's, but should like another medical to see her along with me. As we were talking, a pol officer of Walton joined us. I told him what I done the night before. He said that the superinten of police had instructed Dr. Ashton to see her, and thought the Doctor was then on his way to the ho Immediately afterwards, Dr. Ashton drove up, and a a little hesitation on his part, we went together. A examining her, he was of the same opinion as myse that the child could not be her's She was quite wil for Dr. Ashton to examine her, and in her presenc told the Doctor she was just as willing the night be for me to do so.

I heard nothing more of the case until about th weeks afterwards, when, to my surprise, I was ser with a writ by an attorney in this town, with the na of Mr. and Mrs. Hay on it as well. I consulted solicitor, and left the matter in his hands. A week ten days ago he informed me that the case had to go Liverpool, and even if I got a verdict in my favour, expenses would be from £80 to £100; and that the p ties were willing to stay proceedings on payment to woman of £45 and expenses, which would be about £ Unwilling as I was to compromise such a trump affair, still at the same time I could not afford to l such a large sum of money as stated by my attorn and therefore allowed the matter to be compromised Mr. Hay's name by the above payment; and Mr. H being in low circumstances, no doubt the principal b of it will require to come out of my pocket.

I am, etc., William Smith

27, Church Street, Preston, March 11th, 1862.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS OF IRELAND.

Sir,—In reply to your correspondent signing hims "Probitas", I beg to refer him, for the information requires, to Dr. Atthill, who is a Fellow and Registr of the King and Queen's College of Physicians, Irelan who will no doubt furnish him with an abstract fro the Charter of William and Mary, and the Act of t Irish Parliament, 1 Geo. III, cap. xiv, made perpetu by the Act 30 Geo. III, cap. xiv, which will clearly pro to "Probitas" the right the said College has of co ferring the title of Doctor.

May I also call attention to the fact that the Pres dent admits to the licentiateship of the College in th following manner?

"*By virtue of the authority vested in me as Presiden I hereby admit you a Licentiate and Doctor of Medici of the King and Queen's College of Physicians in Ir land.*"

I cannot believe that the present eminent Presiden Dr. Corrigan, or any future President of that learne body, would confer the title of Doctor of Medicine wit out having the authority for doing so. The College Physicians, Dublin, has been founded for upwards two hundred years, and has ever held a proud positio among medical colleges; and it is not rational to sup pose that there is any flaw in the powers with which i is vested.

In conclusion, allow me to add, that the Medical Ac *does* recognise the diploma of the said College, and tha it is registrable in common with those of all other ex amining bodies of this country.

I am, etc., Veritas.

March 22nd, 1862.

Medical News.

othecaries' Hall. On March 20th, the following iates were admitted :—

irnes, Edward Charles, Stradbrook, Suffolk
own, John, Oldbury, Worcestershire
icks, Henry, St. David's, Pembrokeshire
odgkinson, Edward Rodolphus, Calcutta
erbey, William Holman, London Hospital
igh, George Frederick, Hyde, Manchester

APPOINTMENTS.

right, John E., Esq , elected Surgeon to the Seamen's Inary, Ramsgate.

ames S., Esq., appointed Surgeon to the House of Recovery, s.

Army. The following appointments have been nade :—

Staff-Surgeon-Major G., retiring on half-pay, to have the rary rank of Deputy Inspector-General of Hospitals.

, Assistant-Surgeon C. H., 31st Foot, to be Staff-Assistanteon, *vice* A. Royle.

Staff-Assistant-Surgeon A., to be Assistant-Surgeon 44th *vice* Baker.

Deputy Inspector-General C., M.D., C.B., to have the honornk of Inspector-General of Hospitals.

Navy. The following appointments have been ade :—

Alexander, Esq., Acting Assistant-Surg., to the *Mullet*.

, Henry, Esq., Assistant-Surg. (additional), to the *Victory*.

teer Corps. The following appointments have een made (A.V.=Artillery Volunteers; R.V.=Rifle olunteers) :—

d, H. E., Esq., to be Assistant-Surgeon 2nd West Riding neer Volunteers.

n, R. D., Esq., to be Assistant-Surgeon 8th Derbyshire R.V.

S., Esq., to be Surg. 2nd West Riding Engineer Volunteers.

J. N., Esq., to be Surgeon 2nd West Riding A.V.

is, J., Esq., to be Assistant-Surg. 1st Brecknockshire R.V.

To be Honorary Assistant-Surgeon :—

., Esq., 2nd West Riding A.V.

DEATHS.

Thos. P., L.R.C.P.Ed., at Rochester, aged 54, on March 17.

. On March 21st, at Winchester, Sarah Catherine, wife of erick J. Butler, Esq.

On March 19th, Margaret, widow of the late Ralph T. r, Esq., Surgeon, of Brook Street.

ck. On March 22nd, at Chesham, aged 15, Mary Bessie, daughter of William Craddock, M.D., Bengal Army.

, Robert F., M.D., Surgeon Royal Navy, at Loch Lomond , N.B., aged 42, on March 17.

r, George, M.D., at Portswood, near Southampton, aged 53, rch 6.

William B. L., M.D., at Aberdeen, aged 30, on March 20.

y. On March 19th, at Bristol, aged 77, Lucy, widow of the Humfrey, Esq., formerly Surgeon 9th Light Dragoons.

, William, Esq., Surgeon, at Oxford, aged 70, on March 24.

. On March 18th, at Marske, Yorkshire, aged 27, Jane, wife iam Walker, Esq., Surgeon.

ngton, Richard J., Esq., Staff-Assistant-Surgeon, at sea, in ssage home from Sydney, aged 30, on February 2.

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h London Medical Society. The following are cers for the session 1862-3. *President:* Edward , Esq. *Vice-Presidents:* Dr. Cholmeley; Dr. l, F.R.S.; Dr. Hare; Dr. Croft. *Trustees:* Dr. V. Clifton, Esq.; W. A. N. Cattlin, Esq. *Treasurer:* ms, Esq. *Secretary:* Dr. Westley. *Councillors:* ynolds; J. Hainworth, Esq.; T. C. Jackson, Esq.; ly, Esq.; G. Tate, Esq.; R. Quain, Esq.; Dr. Dr. Mageniss; C. F. J. Lord, Esq.; Dr. Collins.

olic Acid. Dr. Crace Calvert calls this substance st powerful preventative of putrefaction with e is acquainted. By its aid, he succeeds in pregelatine solutions, and preparations of starch, tc. It prevents the conversion of tannin into c acid and sugar, and arrests lactic fermentation. with from two to seven parts of water, it is found useful in putrid ulcers and sloughing wounds. The non-chemical readers may be reminded that carbolic acid is very similar to creasote, and obtained from coal-tar.

A New Barometer. M. Sauvageon, of Valence, has studied the different phenomena which are produced in a cup of coffee when the sugar is put into it, and the result of those observations transforms the *demi-tasse* into a barometer. "If, in sweetening your coffee," says M. Sauvageon, "you allow the sugar to dissolve without stirring the liquid, the globules of air contained in the sugar will rise to the surface of the liquid. If these globules form a frothy mass, remaining in the centre of the cup, it is an indication of duration of fine weather; if, on the contrary, the froth forms a ring round the sides of the cup, it is a sign of heavy rain; variable weather is implied by the froth remaining stationary, but not exactly in the centre."

A Governmental Vivarium. A small steamer, the *Favori*, constructed for the surveillance of the oyster beds of the Mediterranean, has just arrived at Toulon. This vessel contains a reservoir for receiving fish and molluscæ, the reproduction of which, from the efforts of M Coste, has given such brilliant results. That savant is now organising on the sea coast at Concarneau (Finisterre) an immense basin for facilitating the study of different species of fish, with an aquarium and a building for microscopic researches and dissections. The works were commenced at the expense of the Department of the Marine, but the Minister of Public Works has now lent his assistance by a grant of 15,000 *francs* towards the cost of their completion.

Chemistry at the Exhibition. Three classes are devoted respectively to chemistry, food, and raw materials. The chemico-pharmaceutical section of the Exhibition can boast of a collection which, for variety and excellence, has never yet been equalled. The exhibitors include more than two hundred of the greatest manufacturers in the country. Hardly a name of eminence is missing in any branch of chemical manufacture, from magenta and borax down to matches and blacking. A complete series of drugs, systematically arranged by a committee of the most eminent members of the Pharmaceutical Society, assisted by Professor Redwood, has been prepared. Fine collections of cinchona and alkaloids are shown by Messrs. Howards and others; and a trophy is in course of formation, consisting of large crystals of copper, alum, etc., arranged artistically together so as to form splendid masses of colour. One single block of alum, which is said to weigh no less than seven tons, is coming from the Metropolitan Alum Works. Dr. Stenhouse, F.R.S., and Professor Brodie, each exhibit collections of rare chemical substances discovered by themselves.

Suicide of a Physician by taking Prussic Acid. An inquest was lately held at Wolverhampton, on the body of a physician, named John Norman, a young man who had been in that town about a year, and had gone there from the University of Edinburgh with high testimonials. He does not seem to have been successful in his efforts to establish a practice; and having to write frequently to his father in Carlisle for money appeared so much to affect him, that for the past two months he has appeared greatly distressed—wishing that he were in another world, and saying that to sit day after day at home with nothing to do was "enough to drive him mad." This depression induced him to give way to occasional intemperance. After being out all the previous night, he returned to his lodgings on Sunday evening, and on retiring to bed took some prussic acid that had before been lying on the table of his surgery. Within five minutes of his swallowing the fatal draught he was a corpse. A *post mortem* examination showed that the deceased had taken enough poison to kill six men. He had nearly £8 in his possession, and left a letter addressed to his father in Carlisle, saying that he was unworthy of such a father, alleging that he was about to commit suicide from the cause mentioned, and desiring that there might not be a *post mortem* examination. The jury returned a verdict of "Suicide whilst under the influence of a fit of temporary insanity."

Sale of Diseased Meat. In the City markets, in the course of the last fortnight, the officers had seized 4,763 lbs. of meat and 111 head of poultry and wild fowl as unfit for human food. The practice of sending diseased meat to the City markets was again on the increase. It was a common practice with farmers and cow-keepers at the present time to slaughter animals affected with hopeless disease, in order that their carcases might be saved for the shambles. There was hardly a cow-house in the metropolis which was not continually furnishing diseased animals to the butcher. Very recently these houses had been inspected by Mr. Gamgee, the Principal of the Veterinary College of Edinburgh; and he stated publicly in the last number of the *Edinburgh Veterinary Review*, and elsewhere, that the diseased cows of the London cow-houses were invariably sent to the City slaughter-houses to be killed for food. One of the cowkeepers of the City told him that in July last, out of an average stock of thirty cows, he sent upwards of a score to the butcher.

Junior Medical Society of London. The annual general meeting of this society was held at King's College, on March 11th; W. Fairlie Clarke, Esq., in the chair. The Report of the Council for the past year was read by Mr. F. W. Cooper (Charing Cross). It displayed a very prosperous condition of the society, and was unanimously received and adopted. Certain additions to the laws and bye-laws were submitted by the council for the consideration of the meeting; the majority were carried *nem. con.* It was also resolved—"That the expenses of the society, including those of all ordinary and general meetings, be defrayed by a contingent furnished by each Hospital Medical Society in union *pro ratâ*—the rate to be levied according to the number of new members admitted during the preceding year, and that refreshments be discontinued." The laws and bye-laws were ordered to be printed and circulated; and a vote of thanks to the president terminated the meeting.

The Effects of Diseased Food on Man. Dr. Letheby writes: "In 1860, a quantity of cow-beef was bought in Newgate Market by a sausage-maker at Kingsland, and made up into sausages in the usual way. The meat was not of first quality; for, as the sausage-maker observed, such meat never was. It was part of a cow that had been sent to the butcher from a London cow-house. Epizootic diseases were prevalent at that time in the cow-houses of London, and it was probable that the animal was affected with one of them. Of sixty-six persons who partook of the sausages made from it, sixty-four were attacked with symptoms of poisoning; and the severity of the symptoms was in direct proportion to the quantity eaten. In several cases, where one or two members of a family did not partake of the sausages, they alone escaped; and people far away from Kingsland, who had bought the sausages of a second dealer, suffered likewise. The effects were those of an animal poison; they were sickness, purging, giddiness, great prostration of the vital powers, intense irritation of the bowels, and in one case death. It was not an uncommon practice for butchers to dress for the market the bodies of animals that had not been slaughtered, but had died from accident or disease. The rules which he had laid down for the guidance of inspectors of the commission required them to seize the meat of animals which had not been slaughtered by the butcher, but had died from accident or disease; also of animals which had been killed while in a state of a
disease, or which had wasted from lingering illn
and to seize it when it was unsound from putrefactio
decay. These were the wholesome rules which
been acted on from very early times; and they v
most religiously observed in the present day by
Jews, who had brought them down from the remo
antiquity. They were the rules of almost every cc
nental state, and strictly followed by the Ædiles of
cient Rome. Finally, they were indicated as wel
sanctioned by the laws of the City, and had been n
or less observed in every town of England in all tim

College of Physicians (Ireland) Bill. The
lowing are the provisions of the bill to define the po
of the President and Fellows of the King and Que
College of Physicians in Ireland with respect to
election of its Fellows. The preamble recites tha
the 40 Geo. III., ch. 84, sec. 42, no person is now ca
ble of being elected a Fellow of the College of Physic
who has not taken the degree of bachelor or maste
arts or doctor in physic in one of the universitie
Dublin, Oxford, or Cambridge, unless the numbe
Fellows shall at any time be reduced to six. And t
as such restriction is unjust to universities and coll
other than those of Dublin, it is deemed expedien
alter the law by this act as follows:—1. This act s
commence and take effect from and after the 1st
of September, 1862. 2. From and after the comme
ment of this act, so much of the said recited act as
vides that no person shall be capable of being ele
a Fellow of the said College of Physicians in Irel
who shall not have taken the degree of bachelo
master in arts or doctor in physic in one of the uni
sities of Dublin, Oxford, or Cambridge, unless the n
ber of Fellows shall at any time be reduced to six
which case only, whenever it may happen, such q
fication of the degree of bachelor or master in art
doctor in physic may be dispensed with respecti
shall be repealed. 3. From and after the comme
ment of this act it shall be lawful for the President
Fellows of the King and Queen's College of Physici
in Ireland to elect to the Fellowship of the said Coll
under such limitations as may to them seem fit, suc
its licentiates as are graduates in arts or doctors
physic of any university or college of the Kingdom
Great Britain and Ireland, or of any foreign univer
or college; and also such of its licentiates, not be
such graduates in arts or doctors in physic, as
appear to the President and Fellows to merit s
distinction.

Varieties.

A Druggist's Error. The daily papers annou
the death of one of our most eminent statesmen,
Hon. Wm. Pennington, of Newark, New Jersey, by a
dental poisoning. It seems that he was suffering fr
fever, and was attended by Dr. Parker, of New York,
Dr. Pennington, of Newark. He was ordered ei
grains of quinine; the apothecary, by mistake, put
eight grains of morphine, which the patient took a
dose, and which quickly proved fatal. We are not s
prised at this accident; indeed, it is more surpris
considering the want of system among druggists in
arrangement of poisons on their shelves, and the gr
ignorance of their assistants, that these casualties
not of every-day occurrence. (*American Medical Tim*

Doctors' Bills. The present system of doctors' b
is unjust to the medical man and to the patient. Wh
a doctor devotes his time to visiting at a distance, he
serves an equivalent determined by his position, a ren

n according to his rank; the patient sends for th his eyes open, and he should know the exact e he incurs by so doing. . . . . We are sure uch of the unmerited dread of "the doctor" vanish were the items of his annual account rennore satisfactory by their implying the amount of fessional attention, and not simply setting forth dable array of "mixtures as before." It would o difference in his receipts, and would add a dighis professional position which the purveying of d unguents is assuredly calculated to destroy. *Telegraph.*)

Science of Medicine does not consist in one r a single remedy, the offspring often of a dised imagination, "a maggot in the brain." The of Le Sage upon Sangrado and his apt pupil, s, is as true in its application to our day as it was Profuse bleeding and plentiful draughts of ater, nor any other exclusive plan of treatment, nal; nor does science consist in treating all ilments by excising the tonsils, clipping the pa- cauterising the upper air passages with nitrate of r probing so deeply with an imperfectly guarded ent as to penetrate the gullet, and let out the the patient suddenly. Neither is statistical meentirely scientific. We cannot bring mankind, ied as he is in character, both moral and phynd changed from his original nature by modifyumstances of sex, climate, culture, situation in l occupation, wholly under the tyranny of figures. may be made to as often falsify as tell the truth, tion is more readily stated than fact. (*Dr. il's Address.*)

Voice of Fish. Dr. Dufossé has addressed a the Academy of Sciences, in which he lays down lowing propositions: 1. The sounds of fish, refrom the vibration of the intrinsic muscles of umatic bladder, are distinguishable from the y their purity, their duration, and the variety of ne. 2. In those kinds of fish which emit such the mullet, for instance, the pneumatic bladder ites a distinct apparatus for the generation of 3. The instrinsic muscles of this apparatus are t from the others, and the nerves which animate re peculiar to it. 4. It is these muscles which the sounds in question. 5. The pneumatic has a very perceptible motion, frequently rewhen the sounds are heard. 6. The intensity of nds produced by a large mullet or other fish of *gla* or *Zeus* genus, may be heard from a distance twenty feet. 7. The fish that are most perndowed with the property of emitting sound it to the extent of an octave. 8. These sounds er be instantaneous, or last for several minutes. pitch of the sound varies not only according to viduals, species, and genera, but also during the nission. 10. The Trigla lucerna possesses the sound in the highest degree. (*Galignani.*)

Military Stock. I would next, at once, end for ever, abolish that infinitely worse than instrument of torture—the leathern stock. It hat of late years the stock has been somewhat l both as to material and size, but why should it at all? Would any man, not a maniac, wear hing willingly at any time, more especially when undergo as much physical exertion as a soldier n on a common field-day? Why should our be the only men in England or the colonies indpipes must be compressed before they are ed fit for duty? Have we not the written testi- the best writers on military surgery, and the pinion of nearly every medical man who has done n soldiers, that the stock has caused or aggrainnumerable diseases, and is answerable for a number of deaths in the ranks? What is the last article of dress every soldier puts on when getting ready for parade, and the first he takes off when parade is over? The stock. When a man falls out of the ranks sick or faint, what is the first—the only—part of his dress of which his comrades relieve him? The stock. Or, when too ill to speak, to what does his hand move mechanically, if it be still griping his neck? Always the stock! I have seen again and again, both in England and India, men fall out from the ranks during the manœuvres, looking deadly pale, and almost as if about to die; but when their stocks were removed they at once revived. Yet to this abominable relic of stiff Prussian dress, which Frederick the Great considered soldierlike, our military authorities adhere with a tenacity that would be absolutely incredible if it were not within our positive knowledge. (*All the Year Round.*)

Paraffin, or Coal Oils. Paraffin has been for some years past largely used as an illuminating agent. The cleanliness and the economy of the paraffin lamps, with the brilliancy of the light produced, have led to their very general adoption. Paraffin, and all the oils sold under this name, are compounds of carbon and hydrogen. They are produced by the distillation of coal, of certain carbonaceous shales, and the different varieties of petroleum which are now so largely obtained in America and Asia. These oils, according to the temperature at which the distillation is effected, are heavy or light oils, as they are termed by the manufacturers. Their boiling points also range from 46 deg. to 600 deg. Fahr. Hence it is that explosions have arisen from the improper admixture of the lighter with the heavier oils. In some cases this has arisen from insufficient purification of the oil for burning and in others (by far the larger number of cases), by the mixture of volatile oils obtained from other sources with the less inflammable oils distilled from coal. In the early stages of this manufacture Cannel coal was almost exclusively used as the oil-yielding material, but since the discovery of the oil wells of Pennsylvania and other places, petroleum has in a great measure supplanted the use of coal, some establishments using the natural oil alone. The object of this is readily appreciated. The petroleum being naturally in a liquid state, there is no necessity for a preliminary distillation, as in the case when coal is used, in which event the crude oil must be first produced by exposing the coal to distillation at a low heat, and the resulting product be treated in the same manner as the oil already formed in the wells. By the use of petroleum the retorts for the first distillation are dispensed with, and thus a saving is effected in apparatus as well as in time and labour. When petroleum alone is used in the manufacture of kerosene oil the product contains a much larger proportion of volatile hydrocarbons than when coal is wholly or partially employed, and, therefore, more precautions are necessary, and greater labour is requisite, to effectually get rid of these dangerous substances. Some manufacturers not only neglect to remove these volatile compounds from the oils, but actually purchase the light oils from more conscientious refiners, in order to mix them with heavy oils to make them burn. This is an exceedingly reprehensible practice, and deserving severe punishment, for the heat generated by the heavy oils in burning vaporises the volatile portion, and renders it liable at any time to explode. The oils distilled wholly from coal, or those with which but a small proportion of petroleum has been mingled, are much more easily freed from dangerous portions. By a careful refining, and after distillation, steaming, and a large surface of atmospheric exposure, every dangerous compound can be removed, and no fear need be apprehended from oils which are known to be subjected to a rigid and conscientious refining.

OPERATION DAYS AT THE HOSPITALS.

Monday.......Royal Free, 2 p.m.—Metropolitan Free, 2 p.m.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 p.m.

Tuesday. .... Guy's, 1½ p.m.—Westminster, 2 p.m.

Wednesday... St. Mary's, 1 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—Royal Orthopædic, 2 p.m.

Thursday.....St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—London, 1·30 p.m.—Great Northern, 2 p.m.—London Surgical Home, 2 p.m.

Friday....... Westminster Ophthalmic, 1·30 p.m.

Saturday..... St. Thomas's, 1 p.m.—St. Bartholomew's, 1·30 p.m.—King's College, 1·30 p.m.—Charing Cross, 2 p.m.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Medical Society of London, 8.30 p.m.: Clinical Discussion. Dr. Thudichum, "On Crystallised Deposits of Xanthine: Azoturia": Dr. Cockle, "Practical Observations on Valvular Disease of the Right Orifices of the Heart,"—British Architects, 8 p.m.—Chemical (Anniversary), 8 p.m.

Tuesday. Civil Engineers, 8 p.m.—Pathological, 8 p.m.—Photographic, 8 p.m.—Ethnological, 8 p.m.

Wednesday. Society of Arts, 8 p.m.—Geological, 8 p.m.—Obstetrical, 8 p.m.—Pharmaceutical, 8 p.m.—Obstetrical Society of London, 8 p.m,: Mr. Spencer Wells, "Case of Ovariotomy, and reply to Mr. Brown's statement respecting it made at the last meeting"; Dr. Barnes, "Ovum in Ovo"; Mr. Mitchell, "On the Nature and Treatment of Puerperal Peritonitis."

Thursday. Royal, 8.30 p.m.—Harveian Society of London, 8 p.m.: Mr. Ernest Hart, "On Secondary Syphilis as a Cause of Paralysis, Epilepsy, and other Diseases of the Nervous System."—Antiquaries, 8.30 p.m.—Linnæan, 8 p.m.—Chemical, 8 p.m.

Friday. Western Medical and Surgical, 8 p.m.—Royal Institution, 8 p.m.—Archæological Institute, 4 p.m.

Saturday. Army Medical, 7.30 p.m.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—March 22, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week	Boys .. 884 Girls .. 921	1805	1271
Average of corresponding weeks 1852-61		1959	1410

Barometer:

Highest (Sat.) 29.863; lowest (Th.) 29.212; mean, 29.559.

Thermometer:

Highest in sun—extremes (Wed.) 102 degs.; (Fri.) 48 degs.

In shade—highest (Wed.) 51.4 degrees; lowest (Fri.) 32.3 degs.

Mean—39.2 degrees; difference from mean of 43 yrs.—2.6 degs.

Range—during week, 19.1 degrees; mean daily, 9.3 degrees.

Mean humidity of air (*saturation*=100), 91.

Mean direction of wind, N.E.—Rain in inches, 1.87.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

A Provincial Physician writes:—"For my part, I would never accept any office that did not pay me for my services. I should wish for all hospital medical men to be paid for their services. I have no idea of working for the public for nothing. 'Humanity in our case is all humbug. If I were to die to-morrow, I believe one-half of my patients would not subscribe a shilling each to bury me if they thought the parish would be obliged to do it. Did you ever know a case in which a church clergyman made a present of his burial fees to the surviving relatives? Did you ever know a lawyer give up a fee, or give any advice to the public gratuitously? I have seen it recorded, that a lawyer was summoned before the Law Society for taking one guinea in full settlement of five from a client; and for such conduct he would have been expelled; but, in his reply, he said: 'that, although he has only charged a fifth of the accounts, yet he got all his client had.' Of course, he was excused."

Unqualified Practice.—Sir: As I presume your corres
of the 15th ult., "Member", has not the advantage of livin
vicinity of a Medico-Ethical Society, I would refer him for
to his questions respecting the prosecution of unqualified
tioners, to Mr. Styrap, Secretary of the Shropshire Ethical
of the British Medical Association; who, I have no doubt,
happy, from his great experience in such cases, to furnish
ber" with all particulars requisite to obtain the end he desi

I am, etc., M.

Journals Wanted.—Several members, who have joined th
ciation during the past year, are desirous of having their
complete for the year 1861; but this has been prevented b
of the earlier numbers being out of print. The publish
therefore be greatly obliged, if gentlemen who do not bi
Journal, or desire to keep it, will kindly forward him th
bers contained in the first volume for 1861 (January to Ju

SUBSCRIPTIONS.

The following Laws of the Association will be strictly enforc

15. The subscription to the Association shall be One
annually; and each member on paying his subscription s
entitled to receive the publications of the Association of the
year. The subscriptions shall date from the 1st of January
year, and shall be considered as due unless notice of withdr
given in writing to the Secretary on or before the 25th of De
previous. If any member's subscription remain unpaid
months after it shall have become due, the publications
Society shall be withheld from such member until his arr
paid.

16. The name of no member shall remain on the books
Association, whose arrears extend over three years; but th
sion of the name from the list of members shall not be d
either in honour or equity, to relieve any member from his
for the subscriptions due for the period during which he has
himself of the privileges of membership.

Philip H. Williams, M.D., *General Secr*

Worcester, March 1862.

COMMUNICATIONS have been received from:—Dr.
Hewitt; Mr. P. H. Bird; Dr. Watts; Mr. G. Gidley;
R. Mitchell; Dr. Hitchman; Dr. Althaus; Dr. W
Wadham; Dr. E. Copeman; Dr. R. Hibbert Taylor; Dr
Salter; Mr. T. P. Pick; Mr. Thomas Taylor; Mr.
Walton; Dr. Pitman; Dr. Thorp; Dr. C. R. Hall
Registrar of the Medical Society of London; a
Westley.

ADVERTISEMENTS.

The Diseases of the Breast,
their TREATMENT. By JOHN BIRKETT, F.R.
F.L.S., Surgeon to Guy's Hospital. 8vo, 12 plain and c
Plates, 12s. 6d.

London: Longman & Co.

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and the Jacksonian Prize Essay of the Royal College of Su
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to University College Hospital, etc.

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mended by the principal doctors of Paris for colds, the stubbo
fatiguing cough of the grippe, catarrhs, whooping-cough, bron
and consumption.

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ARAN, VIGLA, G. DUMONT, etc., doctors of the hospitals in
professors of the Faculty of Medicine, etc., have really prov
remarkable calming virtues of these preparations.

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Records

OF

E LOCK HOSPITAL.

BY

HENRY LEE, Esq., F.R.C.S.,

SURGEON TO THE HOSPITAL.

II.—Suppurating Syphilitic Sores.

nter's introduction to his work on the
:l *Diseases,* he divides the different kinds of
iation into *adhesive, suppurative,* and *ulcera-*
[unter, as we have already seen (*Records,* Nos.
ii), regarded the lymphatics as the only ab-
; in the body, and considered the process of
on to be due to their abnormal action. It
r been fully demonstrated that the veins ab-
a living body much more readily than the
tics ; and that the process of ulceration de-
nore upon a molecular necrosis of a part, than
e absorption of the particles, either by the
nts or by the veins. Hunter's nomenclature,
e, requires to be modified in accordance with
litional light which modern pathology has
upon these morbid processes. That which
ined ulceration to be, may now correctly be
d as lymphatic absorption ; and the absorp-
syphilitic matter into a patient's constitution
w be attributed to the action of the capillary
essels rather than to that of the absorbents.
th these modifications, the morbid processes
Hunter observed and described, are the same
which present themselves in the present
he adhesive action, suppuration, lymphatic
ion, and mortification, may be as distinctly
different cases to follow the application of
ic matter now as in the days of Hunter;
at is of very great consequence, and that
Hunter failed to recognise, is that, according
r other of these morbid processes takes place,
predict that a patient's constitution will be
with the disease or not. We may say with
e certainty, that the disease will be a local
ecting only those parts to which it is directly
; or that it will be general, and affect the
ystem.

true, that these actions may occasionally
each other in the same part. They may
t the same time, in different parts, in close
ity to each other ; and it may be difficult in
ases to say by which of the above morbid
s the disease has originally manifested itself.
ults of the different kinds of action may be
at the same time ; and thus the distinctions
these different diseases may not be recog-
individual cases. When this happens—when
ferent kinds of action follow each other, or
nd to coexist in the same patient—it will, I
be found that more than one cause for the
has been present. Sometimes the original
n has been so far modified by the application
tic or irritating lotions, that its real nature
a time marked by action of the remedies.
nes the remains of some old constitutional
affection may appear at the same time that a fresh disease has been contracted ; and sometimes a two-fold inoculation from the secretions of different kinds of syphilitic sores may occur at the same time.

It is quite possible in ordinary vaccination, that, in addition to the pure vaccine lymph, some other fluid may be inoculated at the same time, and that the effects of this second inoculation may so modify the effects of the first, that a surgeon, upon inspection, would be unable to say whether the true vaccine vesicle had been produced or not. But no one would, therefore, doubt that the action of the vaccine poison, when not interfered with by accidental circumstances, will produce a series of distinct morbid changes upon the human body, which can be distinguished from those produced by any other disease.

Equally distinct are the effects produced by the inoculation of the secretion from different kinds of syphilitic sores, when the results of that inoculation are not interfered with by accidental circumstances ; and if surgeons generally have hitherto failed to recognise and acknowledge these distinctions, the reason is that the accidental causes which interfere with the natural development of these diseases are much more numerous and varied than those which modify the actions of other morbid poisons.

Suppurating syphilitic sores are characterised : 1. By the nature of their secretion ; 2. By their inoculability upon any part of the same patient's body ; 3. By being in general not surrounded by any well defined induration ; 4. By not infecting the patient's constitution.

1. The following table gives the particulars of sixty selected cases, in which the nature of the secretion of the syphilitic sores was examined by the microscope, and found to contain well formed pus-globules. These cases were selected as furnishing a secretion sufficiently free from the admixture of other fluids, and as having been allowed to run their natural course uninfluenced by any of the accidental causes above mentioned.

The first forty of the cases occurred at the Lock Hospital, between Oct. 23rd, 1855, and Oct. 12th, 1856. The remainder occurred about the same period, at King's College Hospital, and in private practice. In all these cases, the natural secretion from the sore was distinctly purulent, and in this respect offers a strong contrast to the natural secretion from primary affections attended with the adhesive action, which will form the subject of the next number of these records.

2. A suppurating syphilitic sore may always be inoculated repeatedly upon another part of the patient's body. The action commences, as a rule, immediately upon the application of the poison, without any period of incubation. In one instance which I witnessed, a week elapsed before any symptom of the effects of the inoculation showed itself, and then the specific pustule went through its regular stages of development. But, in general, the action commences at once. Its different stages have been well described by Ricord; but he has, unfortunately, mixed up with his description the results of a very different and distinct form of inoculation ; namely, the adhesive action which accompanies a primary infecting sore.

I.—*Table of Cases of Suppurating Syphilitic Sores treated without Mercury.*

No.	Name and age.	Description of sore.	Treatment.	Result as far as known.
1	G. E. 26	Sore with secretion; which, upon microscopical examination after addition of dilute acetic acid, furnished very distinct nuclei of pus.	Tonic.	Healed in twelve days.
2	J. B. 18	Ulcer on prepuce, furnishing secretion of pus, and accompanied by suppurating bubo.	Tonic.	
3	W. B. 30	Sore on frænum; secretion, examined as in Case No. 1, found to contain pus-globules, yielding distinct nuclei.	Local.	Cured in four weeks.
4	H. M. 17	Sore, yielding abundance of pus-globules.	Local.	Cured in one month.
5	J. B 20	Sore, surrounded by induration, but yielding a distinctly purulent secretion upon microscopic examination.	Tonic.	Cured in three weeks.
6	R. S. 23	Ulcer at the back of glans penis, yielding secretion, which, examined as in Case No. 1, was found to be distinctly purulent. Suppurating bubo.	Local.	Cured in one month.
7	W. S. 31	Ulcer on penis. Discharge, examined as in Case No. 1, distinctly purulent.	Local.	Cured.
8	T. F. 24	Superficial ulceration, yielding purulent secretion, examined as in Case No. 1.	Local.	Cured.
9	H. W. 20	Suppurating sore; discharge presenting the same microscopical appearances as in Case No. 1. Bubo.	Tonic.	Cured.
10	T. S. 23	Sore on frænum, yielding secretion, shewn to be purulent upon microscopical examination. Inflamed bubo.	Local.	Cured.
11	C. F. 26	Ulcer on prepuce; discharge examined by the microscope, purulent.	Local.	
12	C. M. C. 22	Sores surrounded by induration, but yielding purulent secretion.	Local.	Induration disappeared after sores had healed.
13	E. C. 23	Superficial sore; secretion found to be purulent upon microscopic examination.	Tonic.	Cured in fourteen days.
14	A. H. 24	Sore surrounded by induration, but presenting purulent secretions upon microscopical examination.	Tonic.	Cured in five weeks.
15	A. B. 20	Ulcers presented purulent discharge upon microscopical examination.	Tonic.	Cured in three weeks.
16	G. D. 23	Sore surrounded by slight induration, but yielding, upon examination, abundance of pus globules.	Mercurial, for four days only.	Cured in six weeks.
17	H. S. 20	Non-indurated sores, accompanied by suppurating bubo. Secretion from sores purulent,	Salino aperients.	Cured in fourteen days.
18	G. F. 22	Sore, accompanied by suppurating bubo and secreting pus.	Tonio.	Absconded when nearly well.
19	T. H. 18	Sore surrounded by slight induration, but with discharge, which, upon microscopic examination, with acetic acid, yielded very distinct nuclei of pus.	Tonic.	Cured in two months.

Table I (*continued*).

No.	Name and age.	Description of sore.	Treatment.	R
20	J. W. 29	Sores surrounded by much induration, but yielding secretion containing distinct pus nuclei.	Tonic.	Cu six
21	M. S. 19	Ulcer yielding abundant secretion of pus.	Tonic.	Cu three
22	A. J. 21	Superficial ulceration, with discharge, which, when treated with dilute acetic acid, and examined, contained distinct nuclei of pus.	Tonic.	Cu seve
23	J. L. 26	Suppurating sore.	Tonic.	Cu thre
24	L. S. 19	Ulcer yielding puriform secretion upon microscopic examination.	Tonic.	
25	C. A. 17	Suppurating sore; discharge yielding distinct nuclei of pus.	Local.	Cu three
26	C. B. 21	Sore with discharge, which, upon microscopical examination, proved to be purulent.	Mercurial, until the discharge was examined; subsequently, tonic.	Cu two
27	H. H. 27	Ulcer with puriform secretion.	Tonic.	Cu one
28	T. P. 20	Numerous, about a dozen in all, secreting pus.	Local.	Cu three
29	T. W. 25	Sore, with secretion, shewing distinct nuclei of pus upon microscopical examination.	Mercurial, until nature of sore was ascertained; then tonic.	Cu five
30	F. K. 24	Ulcer, with secretion, shewing well marked pus nuclei on microscopic examination.	Tonic.	Cur three
31	J. H. 22	Ulcer on prepuce, with secretion, giving distinct pus-nuclei upon microscopic examination.	Compound iron pill.	Cur fou d
32	J. L. 20	Ulcer on thigh; secretion, upon microscopical examination, yielding distinct nuclei of pus.	Tonics.	Cu
33	E. P. 21	Sore, with secretion, giving distinct nuclei of pus upon microscopic examination.	Tonics.	Near at exp of mo
34	M. H. 18	Sore surrounded by some induration, but yielding a secretion, which, upon microscopical examination, shewed well formed nuclei of pus.	Tonics.	Cur three
35	J. R. 24	Ulcer at the orifice of the urethra, yielding well formed pus nuclei upon microscopical examination.		Cure three
36	E. G. 20	Ulcers on prepuce, yielding secretion, which contained well formed pus nuclei upon microscopical examination. Bubo.	Tonics.	
37	J. S. 18	Ulcers on prepuce, yielding purulent secretion.	Tonics.	Cure four w
38	W. E. 20	Ulcer on prepuce, secreting pus.	Tonics.	Cure three
39	J. J. 37	Ulcer on frænum, secreting pus. Paraphimosis.	Tonic.	Cure eleven
40	H. H. 27	Ulcer on glans penis Microscopical character of discharge, purulent.	Tonic.	Out-pa fourt day
41	W. S. 27	Sores at base of glans; discharge shewn to be purulent by microscopical examination. Bubo.	Tonic.	Out-pa three w
42	J. C. 22	Sore secreting pus.	Tonic.	Cure
43	R. A. 24	Suppurating sore.	Tonic.	Cure

I (*continued*).

Description of sore.	Treatment.	Result as far as known.
Five suppurating sores.	Simple.	Cured.
Suppurating sore.	Simple.	Cured.
Suppurating sore.	Non-mercurial.	Cured.
Suppurating sore, surrounded by some induration.	Some blue pill, for orchitis.	Cured.
Superficial sore, yielding purulent discharge.	Non-mercurial.	Cured.
Suppurating sore.	Non-mercurial.	Cured.
Several small pustules, surrounded by considerable induration.	Non-mercurial.	Cured.
Suppurating sore; secretion examined after disease had existed some weeks.	Non-mercurial.	Cured.
Suppurating sore; secretion examined at expiration of two weeks.	Non-mercurial.	Cured.
Suppurating sores, accompanied by open buboes.	Tonics.	Cured.
Ulcer on prepuce, secreting pus.	Tonic.	Cured.
Sore, with purulent secretion.	Non-mercurial.	Cured.
Suppurating sore on prepuce, accompanied by sloughing bubo in left groin.	Non-mercurial.	Cured in three weeks.
Ulcer, surrounded by induration, but yielding purulent secretion, and accompanied by suppurating bubo.	Tonics.	Cured in five weeks.
Suppurating sore, accompanied by bubo.	Tonics.	Cured in six weeks.
Concealed sores; secretion purulent on examination.	Tonics.	Cured in three weeks.
Concealed sores, yielding puriform secretion.	Simple.	
Sores, accompanied by phimosis, and yielding an abundant secretion of pus.	Non-mercurial.	

ppurating syphilitic disease commences by
redness within twenty-four hours from the
on of the syphilitic matter. The next day,
will be very slightly raised, and will be sur-
by a red areola. Between the third and
ys, a turbid secretion will take place ; and
ticle remain entire, it will be raised in the
n incipient pustule. From this period well
us is secreted. The sore assumes a circular
s edges are well defined, presenting a sharp
There is a loss of substance ; so that upon
tion a slight permanent depression is often
fter a small-pox pustule.

suppurating syphilitic sore is not sur-
by the accurately defined layer of lymph,
ten gives the peculiar induration to syphi-
s accompanied by the adhesive form of
The surface upon which the sore is situated
much of the pliability of the surrounding
r if some degree of inflammatory effusion
s happens in the phlegmonoid variety of the
hat effusion gradually diminishes from the
wards the circumference, so that the indur-
sed thereby does not terminate abruptly, as
appens in the adhesive action.

l cases in the foregoing table are recorded,
the suppurating syphilitic sore was accompanied by a certain amount of induration. Such sores are inoculable upon the same patient, present an uniformly purulent secretion, and are not followed by secondary symptoms. They, therefore, belong evidently to the class of suppurating syphilitic sores.

In the forty-second volume of the *Medical and Chirurgical Transactions*, I published the case of a gentleman (No. 4), in which there was much difficulty, from peculiar circumstances, in distinguishing by the touch the induration caused by the suppurative action from that which might have been caused by the adhesive. The period at which the disease had appeared after exposure, and the nature of the secretion, led to the conclusion that it was a suppurating syphilitic sore. The patient could hardly be persuaded of this ; but was induced to abstain from any specific treatment. I have had an opportunity of seeing him since the case was published; and he then (a year and a half afterwards) remained quite free from any constitutional disease.

4. The suppurating syphilitic sore, when uncomplicated by any other disease, does not infect the patient's constitution. In none of the cases in the accompanying table were there any secondary symptoms as far as could be ascertained. It will, however, sometimes happen that a two-fold inoculation will occur upon the same patient, and then some difficulty may arise with regard to the diagnosis.

During the time that some of the cases in the table were under treatment, two cases were noted as presenting the appearances of the suppurating syphilitic sores. These two cases were lost sight of, and subsequently reappeared with secondary disease. Upon inquiry, it appeared that they both exposed themselves to more than one means of contagion.

Since the occurrence of those cases, a third instance happened in the Lock Hospital, where an opportunity was afforded of tracing the progress of this two-fold action. A patient had a superficial suppurating sore, which secreted well formed pus, and was inoculable. He was treated without specific remedies. When the sore healed, it became surrounded by a well defined induration, which terminated abruptly. This induration increased instead of diminishing as the wound cicatrised. Secondary symptoms followed.

Such are exceptional cases, and depend upon the communication of a two-fold action. This double inoculation may occur at the same time; or the different diseases may be communicated at different times. When they occur at the same time, the suppurative action, as having naturally the shortest period of incubation, develops itself first ; subsequently, and perhaps after an interval of three or four weeks, the adhesive action shows itself.

When such an occurrence takes place, the suppurative disease, although it will not itself infect a patient's system, will not prevent the adhesive action from so doing.

How important in practice the distinction between these different affections are, must be sufficiently apparent without further illustration.

Fresh Air and Preaching. "A man of pithy words once said of preaching: 'No conversion after twenty minutes.' I take the liberty of adding: 'No influence upon your hearers after seventy degrees.'" (*Phil. Med. and Surg. Rep.*)

Clinical Lecture

ON A CASE OF

EMBOLISM OF THE FEMORAL ARTERY FOLLOWED BY GANGRENE OF THE FOOT.

DELIVERED AT ST. GEORGE'S HOSPITAL.

BY

PRESCOTT HEWETT, Esq.,

SURGEON TO THE HOSPITAL.

On the 18th of December, 1861, I was asked by Dr. Pitman to see a patient of his who was suffering from incipient gangrene of the left foot; and the following is the history which was given to me.

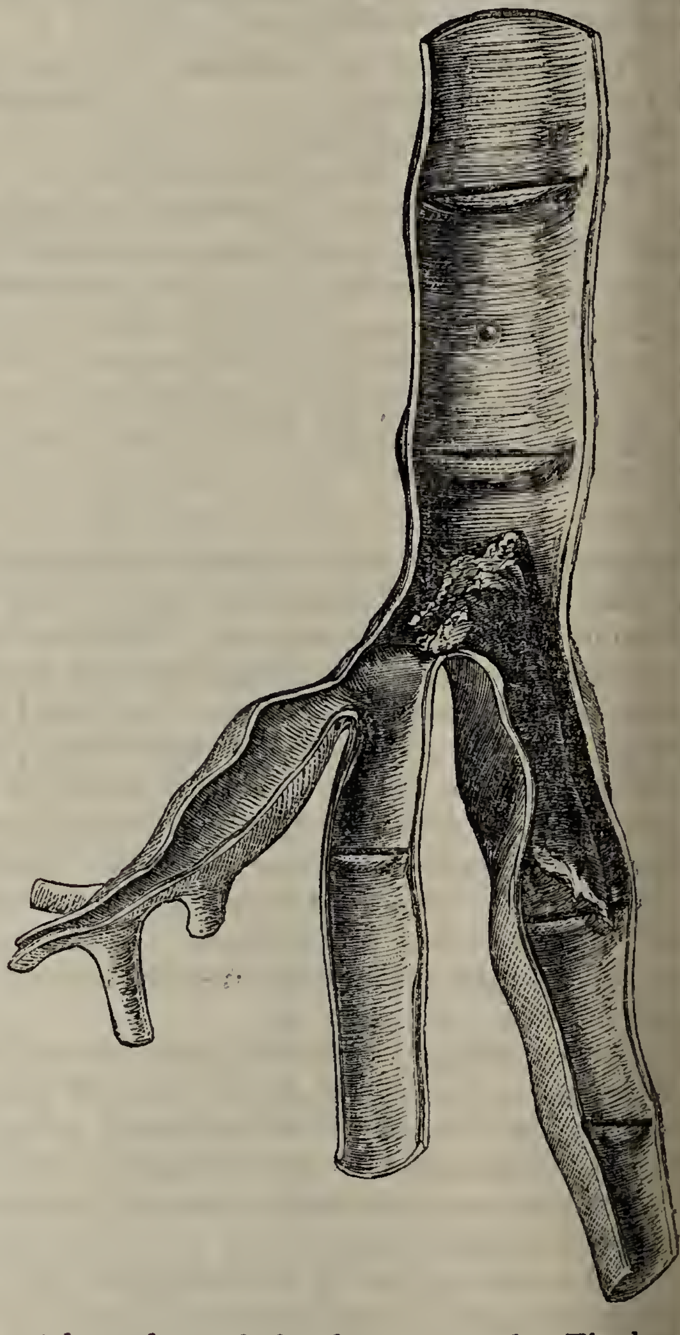
The man, aged 56, had just recovered from a very severe attack of dropsy connected with heart-disease; and he was going about the ward the day before, when he was, without any apparent cause, suddenly seized with violent pain in the left groin, "exactly as if he had been shot". From that moment the limb had been numb, cold, and quite powerless; "it felt as if it was dead"; and he was obliged at once to take to his bed again. All that afternoon and night he suffered intensely; and, when I saw him, he was still complaining of great pain in the whole of the limb, but especially in the groin. As to the limb itself, it was evidently colder than the rest of the body; and there were blotches of discoloration spreading over the toes and back of the foot, with some slight œdema, and considerable redness extending halfway up the leg. A careful examination of the groin, at the exact spot where the pain had been so suddenly and so unaccountably felt the day before, showed that the femoral artery was plugged. Reduced as the man was from long continued suffering, the size and exact limits of the plug could be distinctly made out; it began at about a couple of inches below Poupart's ligament, and thence stretched about three-quarters of an inch down the course of the artery; at this spot, the vessel was quite hard, round, and rolled under the finger; pulsation was evident immediately above the plug, but not below it; and no pulsation could be detected in any of the arteries of the leg or foot. The general aspect of the man was of the most unhealthy character; the conjunctivæ and the skin were of a yellowish tinge; the countenance sunken, very anxious, and worn; the tongue loaded, and inclined to be dry and brown; the pulse at the wrist intermittent, and exceedingly feeble. The stethoscopic examination of the heart gave irregular and very feeble action of this organ (dilated cavities with thin walls), but no valvular disease.

The diagnosis you will recollect. I told you "that the gangrene of the foot was, I thought, dependent upon sudden blocking up of the femoral artery by a fibrinous plug, which had been washed from the heart."

The limb was ordered to be wrapped up in cotton-wool; some compound soap liniment to be rubbed into the groin to ease the pain; morphine to allay the irritation of the nervous system; and stimulants to keep up the strength as much as possible.

From this time the symptoms were much the same for the next few days. The gangrene continued to advance slowly but surely about the foot, the toes of which became shrivelled, black, dry, and mummified; and the œdema and redness of the leg increased also. Then the man became weaker and weaker, notwithstanding large quantities of stimulants; and the whole skin and conjunctivæ assumed a deep yellow colour. The
could at times hardly be felt; the lips were cover
sordes; and the tongue dry and brown. In the m
all this, however, the gangrene, after involvin
thirds of the foot, stopped, and left a line of de
tion exactly corresponding to the incisions for
amputation. At this period, a consultation of t
geons was held; but such was the man's genera
that it was decided not to undertake any ope
Subsequently, he lay in a semi-comatose stat
taking all that was given him; and after lingerin
scarcely a sign of life, for a few days, he died
23rd of January, 1862.

The body was examined on the following da
the soft parts of the foot, as far as the line of de
tion, were involved in the gangrene; but the
around the heel and ankle-joint were, with the ex
of some œdema, healthy. The plug in the arter
suring about three-quarters of an inch in lengt
situated in the upper part of the superficial fe
just at the giving off of the deep femoral; and
corresponding to the seat of the obstruction, th
around were thickened, and the vessel was firn
herent to its sheath and to the vein. The plug
firmly wedged, was throughout adherent to the a
it was hard to the touch, of a rusty colour on its s
but deeper it was of a fawn colour, and like the fib
layers of an old aneurism. Above and below th
the vessel was empty; and so too were the trun



different branches of the deep femoral. The hear
large and flaccid; its cavities were dilated, and its
cular structure was thin. There was no disease o
valves, and no endocarditis; but entangled amon
fleshy columns of the left ventricle, and filling u
projecting beyond the interspaces, were several
fibrinous masses, for the most part of a fawn colou

y firm in structure, and evidently of long standd a similar mass, of large size, was also found up the left auricular appendix, and projecting cavity of the auricle itself, where it was pendu-Besides these fibrinous masses, there were also, ecially in the right ventricle, some loose coagula nt formation. The large vessels were healthy. ngs presented, at their lower and back part, patches of inflammation. The spleen was large; s upper and lower parts were two very large so-brinous concretions, of a deep yellow colour, n in texture; and the arteries leading to these re found blocked up with fibrine. The other al viscera were healthy; and so, too, were the parts of the brain and its membranes.

was the history, and such the after-death tion, of this case which offers for our consi-some important points in surgery. And, to the diagnosis. By what were we led to e that the case was one of embolism? The e of the foot and the condition of the leg y showed that there was obstruction of the system in some part of the limb. Then came tion as to the precise locality of the obstruc-he man, you will remember, had "felt as if been shot in the groin." Well; that led at he examination of the femoral artery at this nd there the vessel was found blocked up. at caused the obstruction? Was it an em-The sudden shooting pain in the groin, the te loss of the limb, the complete obstruction vessel, the limited extent of the plug, its locality—about the giving off of the deep —all tended to prove that the plug had not ed in the artery itself; but had come from ce. Whence came the plug? From the ities of the heart, in all probability. To as, however, objected, that there was nothing the existence of anything like vegetations urface of the valves. True; but there may fibrinous coagula entangled in the meshes leshy fibres of the heart, and one of these may have been washed from its locality, and ong the arterial current until it was sud-opped by getting into a vessel through which o large to pass. And, moreover, supposing at vegetations had existed on the valves, a the size of the femoral could hardly have ocked up by one of these vegetations set The portions of such vegetations when washed the endocardium are generally of too small plug the main artery of a limb; but they the lesser branches, and, for the most part, mischief about the brain, the spleen, the kid-the liver.

vas the reasoning upon which the diagnosis nded. And the after-death examination hat there were no vegetations on the sur-the endocardium, and that several large s masses were entangled among the fleshy the heart.

Nélaton's case of embolism of the right and external iliac arteries, it was from a clot, and not from vegetations, that the l proceeded; and the same was the case in an of embolism of the left common iliac artery ed by Mr. Sibley.

the plug in the femoral artery, the appear-oserved about the sheath of the vessel, and el itself, might, at first sight, give some colour to the supposition that it was with arteritis, and not with embolism, that we had to deal in this case. But we must bear in mind that an embolus wedged into an artery will, after a time, usually lead to more or less inflammation in its immediate neighbourhood. The man lived for thirty-seven days after the commencement of the attack. Hence the adhesion of the plug to the artery; hence the thickening of the vessel itself, and its adhesion to the sheath and to the vein; hence, too, the thickening of the cellular tissue around the sheath. The inflammation, then, did not precede, but followed, the plugging of the artery; and had the man died shortly after the vessel was plugged, we should, doubtless, have found the embolus loose in the cavity of the artery. And, as if still further to prove that the case was one of embolism, the spleen presented two of those large yellow patches frequently met with in this form of disease, and which are commonly called fibrinous concretions; and corresponding to these yellow patches, the lesser branches of the splenic artery were found plugged with fibrine.

The question of amputation in gangrene connected with embolism is an important one. In the case at present under consideration, this question was set aside by the patient's general condition, which was so thoroughly hopeless that all thought of operating was abandoned, even from the beginning. But had the man's general state been more promising, had he had more power, there is no doubt that, in this case, we might have amputated, and with good prospect of success. The gangrene was slow in its progress, and a few days sufficed to prove that it would not extend beyond, even if it involved the whole of, the foot. Ultimately, the line of demarcation was set up below the ankle-joint, along the course of the incisions usually made in Syme's amputation. The collateral circulation had then been quite sufficient for the supply of the thigh and leg, but the man himself was moribund.

In M. Nélaton's case, to which I have already referred, and which, by the bye, was in many points singularly like our own, there was a sudden stoppage of the arterial circulation in the right thigh and leg. No mention is made of any line of demarcation; but amputation of the leg was performed on the forty-fifth day, and this notwithstanding that no pulsation could, from the onset, be felt even in the external iliac artery. The patient died eight days after the operation, and the right common and external iliac arteries were found blocked up throughout their whole course by a fibrinous clot of some standing.

In a case of embolism, and especially where the obstruction is high up in the limb, amputation is, I think, quite useless until after the setting up of the line of demarcation, without which it is impossible to say what parts may or may not become involved in the gangrene. But in a case of rapidly advancing gangrene, in which the patient has but too evidently only a few hours to live unless something is done, and that without delay, it would be right to amputate at once, provided the plug in the artery is at a sufficient distance from the trunk to admit of removing the limb above the seat of obstruction. Some years back, I was asked to see a lad who, the evening before, had received two or three small shot in the ham. There was no other injury, but mortification had already spread high up in the thigh, and the boy was evidently sinking very rapidly. The limb was at once amputated close to the hip-joint; and, on dissection, the shot were found lodged in the popliteal artery and vein, the cavities of which were completely blocked up. The lad was in a desperate condition for some time, but he ultimately got quite well. This may be said to have been a case of artificial embolism; the artery was here blocked up by a shot, but a fibrinous plug might be suddenly driven into an artery, and give rise, as the shot did, to rapidly spreading gangrene. And under such circumstances, the right practice would be to amputate, at once, the limb above the point at which the vessel is obstructed.

And now, whilst considering embolism from a surgical point of view, let me, in conclusion, say a few words about a subject closely connected with this form of disease. I allude to the treatment of aneurism by breaking up the coagula which has been proposed by Mr. Fergusson. Such treatment is, in fact, embolism artificially produced; and, if resorted to in aneurisms connected with the current of blood proceeding to the head, it may, there is no doubt, lead to disastrous results—results the very same as those described in Dr. Kirkes' paper. Hemiplegia, doubtless due to embolism, followed the breaking up of the coagula in an aneurism of the subclavian artery in one of Mr. Fergusson's cases. And last year, another case was mentioned by Mr. Teale, of Leeds, in which an aged female was suddenly attacked with hemiplegia after the handling by several surgeons of a carotid aneurism. *Post mortem* evidence is, it is true, wanting in both these cases; but the exact condition of the parts was accurately ascertained in a precisely similar case; for the reference to which, I am indebted to my friend Mr. Ernest Hart.

The patient, aged 37, died under the care of Professor Esmarch, of Vienna; and the head-symptoms had suddenly made their appearance whilst a surgeon was pressing upon an aneurism of the left carotid artery. The after-death examination showed that the cavity of the aneurismal sac was full of broken-down coagula. The internal carotid was plugged from a point close to the aneurism, and so too were the middle cerebral and ophthalmic arteries. The left hemisphere of the brain was extensively softened, and small spots of extravasated blood were found in the pons Varolii, and in its neighbourhood.

STATUE TO WILSON THE ORNITHOLOGIST. The other day, the proposed erection of a statue to Sir H. Davy at Penzance, was recorded. Now we find Paisley proposing to perpetuate the memory of her townsman, Wilson, the ornithologist, in a similar way. The statue is to be in bronze, a little larger than life, and will represent him examining a bird which he has just shot.

A FAIR RETORT. "The BRITISH MEDICAL JOURNAL professes great surprise that the American medical journals contain no opinions in reference to the war now going on in the 'Disunited States', and concludes, therefore, that the war must be a matter of complete indifference to the medical profession, except so far as they may be professionally engaged in it. We have, on our part, examined the British medical journals in vain to find an opinion in reference to the 'Trent Affair'. Does the medical profession of England take no interest in a prospective war with the 'Disunited States'? We should be surprised, if not pained, to find the columns of the BRITISH MEDICAL JOURNAL filled with political discussions." (*Amer. Med. Times.*)

Original Communicatio

MEDICAL PSYCHOLOGY

By ROBERT DUNN, F.R.C.S.E.

III. *On the Psychological Phenomena or Sympt*
Disease.

[*Continued from page* 334.]

Delirium and Coma. Of all the psychological
mena of disease, delirium and coma preeminentl
our attention; for, as Dr. Todd, in his valuable *Lu*
Lectures for 1850, has justly observed, "the menta
of delirium and of coma involve so complete a de
from the normal condition of the intellect and
sciousness, and, as experience teaches us, are
one or the other, to accompany diseases of
other than those which form part of the nervous s
that surely nothing can be of higher practical m
than that our views of the pathology of these stat
the precise nature of the derangement of the ph
gical action of the body which is capable of pro
them in their various degrees—should be *defin*
settled, lying, as they must do, at the very founda
our knowledge of the derangements or diseases
nervous system." He reasonably asks: "Can it
pected that we shall be able to form any correct i
the effects which inflammation or other disease
brain is capable of producing, if we know nothing
intrinsic nature of the conditions which give rise
lirium and coma?"

Now in coma, indeed, when profound, there is
plete abolition of consciousness, and the phenom
life are reduced to a mere series of automatic
ments. The patient, for the time being, neithe
nor wills, nor thinks; and he awakes from this st
from a deep sleep. He knows not where he has
and he feels as if, during a certain interval, h
ceased to exist. "Delirium", to use the words
Todd, "exhibits great variety as to the extent to
the perturbation of the intellectual powers has
place, in some instances amounting to a simple w
ing of the thoughts, and an inability to fix the att
and to maintain a continuous train of though
others consisting, as it were, in an extraordina
altation of the thinking faculty, with an extreme
ment of feeling and temper, leading in many ins
to violent maniacal paroxysms, under the influe
which the patient exhibits a degree of muscular
which is very apt to deceive the practitioner as t
extent of intrinsic strength which he possesses.
indeed, is the difference of degree between the h
and the lowest forms of delirium—between the
wandering, or, as the nurses and patients are apt t
it, *light-headedness*, and delirium ferox or acute
in which the patient threatens with destruction hi
and all around him. The state of delirium, inde
its highest degree, is a complete disturbance of t
tellectual actions. The thoughts are not inactiv
rather far more active than in health: they are u
trolled, and wander from one subject to another
extrordinary rapidity; or, taking up some single su
they twist and turn it in every way and shape with
less and innumerable repetitions. The thinking f
seems to have escaped from all control and rest
and thought after thought is engendered without
power of the patient to direct or regulate them. S
times they succeed each other with such velocity
all power of perception is destroyed, and the

ly engrossed with this rapid development of
ghts, is unable to perceive impressions made upon
senses; the patient goes on unceasingly raving,
rently unconscious of what is taking place around
; or it may be that his senses have become more
, and that every word dropped from a bystander, or
object presented to his vision, will become the
us of a new train of thought; and, moreover, such
be the exaltation of his sensual perceptions, that
ctive phenomena will arise in connexion with each
, and the patient fancies he hears voices or other
ds; ocular spectra in various forms and shapes
r before his eyes, and excite to farther rhapsodies
ought." (Vide *Lumleian Lectures* for 1850, deli-
. at the Royal College of Physicians, London, by
Todd, M.D., F.R.S.)

w, the morbid mental phenomena of delirium and
ma, varying, indeed, in different degrees, are con-
ants in so many forms of bodily disease—in epi-
, chorea, hysteria, anæmia, the exanthemata, ery-
s, gout; fevers, rheumatic, puerperal, and typhus;
eases of the kidneys, delirium tremens, etc.—that
derangements of the intellectual consciousness
nvested with peculiar interest and great practical
tance, both in relation to the diseases with which
re associated, and to the pathological condition of
rebral organs through which they are manifested.
nfortunately see so much of the *delirium è potu*,
re so often called upon to witness and to treat the
oms or morbid phenomena of true delirium tre-
, that a more familiar illustration could not pos-
be adduced, nor perhaps a better or more instruc-
ne, than what such cases present, of the delirium
oma consequent upon the derangement of the
ion of the nervous centres of the encephalon
the poisoning of the blood by alcohol. How con-
y do we see the occasional drunkard, in his early
noisy, loquacious, and merrily drunk; but, at the
f his carouse, stupid, dead drunk, and comatose!

Todd has ably pointed out the distinctive differ-
between the *delirium è potu* and that of the true
m tremens; but on these I need not dwell. How-
t too often unfortunately happens that the victim
occasional outbreak or casual excess sooner or
legenerates into the habitual drunkard; and then
ence of consequences the most sad and direful are
o follow—horrors, hallucinations, vigilia, tremors,
Dyspepsia in the stomach is soon succeeded by
bance of nutrition in the brain. He becomes
ess, nervous, fidgetty, and restless, accompanied
peculiar tremor in nearly all the voluntary move-
. His hands tremble, so that he cannot write
ly; and, in extreme cases, he exhibits a marked
of nervousness and anxiety on almost all occa-

h deranged digestion and the want of sleep, the
ry and the powers of thought begin to fail; the
t loses his control over his thoughts; he is apt to
r; illusions take possession of his mind; subjec-
henomena of vision or hearing are continually
ing. In the graphic language of Gough, in his
sions, quoted by Dr. Carpenter in his prize essay,
ous faces appeared on the walls, on the ceiling,
the floor; foul things crept under the bedclothes,
aring eyes peered into mine. I was at one time
nded by millions of monstrous spiders, who
d slowly over every limb; whilst beaded drops of
ration would start to my brow, and my limbs
shiver until the bed rattled again. Strange
would dance before my eyes, and then suddenly
ry blackness of darkness would appal me by its
gloom." (Vide *Autobiography of J. B. Gough.*)

en once the stomach gets so irritable that all food
cted, then it is that delirium becomes fully deve-
and its victim often furious and unmanageable, sometimes destroying himself by jumping out of the window; but very often he sinks suddenly from sheer exhaustion—at other times, from epileptic paroxysms, or by coma. Some years ago, very early one fine summer's morning, I was hastily called to a public house in my neighbourhood, to see a gentleman well known to the landlord, who, in a state of the greatest agitation and fright, had rapped violently at his door for instant admission, under the delusion that some one was pursuing him. He had been drinking for many days, and had made his escape from his own home. He was perspiring profusely, and in a state of general tremor and nervous agitation. No trouble was spared to quiet and soothe him, but without effect. His father was sent for, and shortly afterwards I was summoned. On my arrival, his father met me at the door, and said, "Now he is quiet at last; only look at him; but pray do not disturb him." I approached quietly to his bedside. He was past disturbance, for he was dead; he had sunk from exhaustion.

During the past year I witnessed the death of another victim to delirium tremens, in coma, after a succession of strong epileptic paroxysms. I had several times previously attended him for delirium tremens, as he had for many years been an inveterate and habitual drunkard. His last attack was complicated with bronchitis; and he sunk comatose, at the close of a rapid succession of epileptic paroxysms during the last two days of his life.

The delirium and coma è potu are, nevertheless, both interesting and instructive; for they are unquestionably due to the presence of alcohol in the blood, and to its action upon the vascular matter of the encephalic ganglia. They differ only in the degrees, indeed, of the poisoning of the blood by alcohol; the lesser imbibition giving rise to and exciting *delirium*, the greater resulting in *coma*. They accordingly may be considered as typical of the *toxic delirium* and *coma* of the exanthemata, erysipelas, gout, typhus, and other constitutional affections in which the encephalic ganglia suffer in their nutrition, or have their healthy functions disturbed and deranged by the introduction of a morbid poison into the system.

But in the delirium of such cases there is often a difference not only in degree, but also in character and kind, and arising not solely from the difference which exists in the precise nature of the poisons introduced into the blood, but also from their different elective affinities for the vascular matter of special ganglia of the encephalon whose functions they disturb and derange. Thus a morbid action or deranged nutrition may be set up in one or in several of the cerebral organs; and, as its necessary consequence, the manifestation of functional disturbance will follow in such of the mental faculties as these organs subserve. This is a point of some practical importance; for, although the peculiar and emotional character of delirium in the puerperal form has arrested the attention of the obstetric practitioner, the subject presents a wide and unexplored field for observation and research. M. Flourens, I believe, was the first to point out the tendency which certain morbific agents exhibit, when introduced into the current of the circulation by the blood, to act *primarily* and *specially* on *one* nervous centre in preference to that of another, by virtue of some special elective affinity between such morbific agents and certain ganglia of the encephalon. Thus, in the tottering gait of the tipsy man we see the influence of the alcohol he has swallowed, upon the functions of the cerebellum, in the impairment of its power of coordination. Further advanced in his cups, we hear his merry and noisy delirium, as the centres of intellectual action come under its dominion; and, in the end, we behold him lying prostrate, insensible, and comatose, no longer able to move, to articulate, or to think, until he has eliminated and exhaled the alcohol from his system—in other words, slept off the effects of his intoxicating potions.*

Again, if we contrast the effects of belladonna and opium, we see that both affect primarily the nervous centres of the sensational consciousness; but that belladonna, on the one hand, causes blindness and dilatation of the pupil, from acting primarily on the nervous centres of the implantation of the optic nerves; while opium, on the other hand, causes contraction of the pupil, by exerting its influence on the centres in which the third pair of nerves is implanted. In a paper "On the Inhalation of Chloroform, its Anæsthetic Effects, and its Practical Uses", which was read before the Royal Medical and Chirurgical Society on April 22nd, 1851, and afterwards published in the *London Medical Gazette*, I have attempted to trace the order and sequence in the effects of the inhalation of the vapour upon the different nervous centres of the encephalon, and through them upon the sensational, perceptive, and intellectual phases of consciousness. The sensational consciousness is first obliterated. I have observed that, "while it is reasonable to infer that, in circulating with the blood through the encephalon, the presence of the chloroform, like that of any similar morbific agent, must more or less affect all the sensory feelings and psychical manifestations, it is nevertheless abundantly manifest that a kind of elective affinity exists, by virtue of which the vesicular matter of one centre of action becomes affected before that of another; for, during the the slow and gradual inhalation of the vapour, the function of sensation is suspended before that of intellectual action; the *consciousness of feeling* is obliterated, and consequently immunity from pain secured, before *intellectual consciousness* is totally abolished.

"The first few inhalations are attended with feelings which indicate disturbance in the action of the sensory ganglia, as 'singing in the ears, a sense of numbness, and tingling of the surface of the body, etc.,' but which are soon succeeded by a transient stage of more general excitement; of delirium in the hemispherical ganglia, for instance—as singing and incoherent talking, and of excited emotional impulses, and consensual movements in the sensory ganglia—as laughter and uncontrollable motorial actions; this is speedily followed by suspension of the function of sensation, *the consciousness of feeling*, while as yet some degree of intellectual activity remains. Sensorial impressions *from without* are no longer transmitted from the sensory ganglia to the cerebrum; but this 'suspension of ordinary sensational impressio in sleep, with persistent intellectual activity, is the t characteristic of dreaming;' and dreams often The commissural fibres between the cerebrum these ganglia—*Reil's nerves of the internal sen* being still in action, they transmit downwards the *dual intellectual activity* from the cerebrum to the sory ganglia, and frequently give rise to manifesta which impress the mind of common observers wit belief of pain and suffering being felt under the kn the surgeon, while in reality there are none.

"The function of the cerebrum, as the centre tellectual action, is next suspended; a state of co induced, *a complete abolition of consciousness, red life to a series of automatic movements.* After thi medulla oblongata and true spinal centres becom volved, reflex action is stopped, and breathing b ribs suspended. The ganglionic system is the la be implicated; but, with the arrest of the peris action of the heart, life ceases."

In all cases of blood-poisoning, it would appear the sensory ganglia or nervous centres of the s tional consciousness become primarily affected, an fore those of intellectual action or volitional power.

A true humoral pathology satisfactorily account and fully explains the different varieties of toxic rium and coma, and establishes the fact that, in cases, the delirium and coma are but varying degre the same state; the latter being only an advanced of the former affection, a small dose of the na causing functional disturbance in some of the fac of the intellectual consciousness, and an over paralysing and abolishing the action of them all.

In relation to this subject, it has been justl marked of my friend, the late Dr. Snow, by Dr. Rich son, in his biographical notice, "that his generalisa and insights into the relations of allied pheno mark the man of true power; and that his greates duction on these matters, and the proofs on which based, are to be found in his observations, where h plains that *the action of volatile narcotics is th arresting or limiting those combinations between the gen of the arterial blood and the tissues of the l which are essential to sensation, volition, intelle action, and all the animal functions;* for he de strated that these substances (volatile narcotics) m and, in large quantities, arrest the animal and m functions, in the same way and by the same pow that by which they modify and arrest combustion slow oxidation of phosphorus, and other kinds of o tion, unconnected with the living body, when they narcotics) are mixed with the atmospheric air."

[*To be continued.*]

TEN YEARS OF OPERATIVE SURGE IN THE PROVINCES.

By Augustin Prichard, Esq., Surgeon, Clifton, Bri

VI—Orthopædic and Autoplastic Operations

[*Continued from page* 306.]

Autoplastic Operations. In the great majority of following cases, the cause of the deformity which operation was intended to remedy was the loss of from a burn.

Case dclxvii. R. P., aged 17, with contracted el He burnt the anterior part of his arm as a child, the result was a large web of cicatrix extending f just below the shoulder joint to the lower part of forearm. He could extend his forearm so that elbow made an angle of 90°. The new tissue was wide that I did not divide it at once, but made a l through it, and after dissecting up a long flap from part of the forearm, I passed it through the aper- I had made, and attached it to the edge of the hole any sutures. There was hæmorrhage from the bend e elbow, requiring one or two ligatures.

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* The physiological action of alcohol has been the subject of much discussion; and, on this point, the experimental researches of Dr. Edward Smith are interesting and important. The value, indeed, of alcohol, as a therapeutical agent, in some cases of delirium, and in certain forms of exhausting disease, cannot be questioned, and the claim of *good wine*, to be *the milk of old age*, admits of as little dispute. It is against its abuse and its improper exhibition, whether as a *viande* or a medicine, that we have to protest and contend. Like chloroform, ether, and amyline, alcohol acts directly and primarily on the nervous centres. The recent experimental researches of MM. Lallemand, Perrin, and Duroy, have determined the true nature of its action, on the animal organism, to be that of a *local excitant* to the tissues, and that it is a *non-assimilable substance*. Ingested alcohol is absorbed; on entering the current of the circulation, it pervades all the tissues; by virtue of a kind of elective affinity, it accumulates in the nervous centres of the brain and the liver, but it is eliminated again as alcohol from the system by the lungs and the skin, but chiefly by the kidneys. In a few minutes after ingestion, its presence may be detected as exhaled with the breath from the lungs. Its accumulation in the nervous centres of the brain and the liver is in accordance with the well known pathogenic influence which alcohol exerts in certain constitutional and organic diseases of the liver and brain. MM. Lallemand, Perrin, and Duroy, in the course of their researches, made the unexpected discovery, that the blood did not contain the largest amount of the alcohol absorbed. On the contrary, they found, in the same animal, that, where the proportion of alcohol was in the blood, it was 1.48 in the liver, and 1.75 in the brain, but there was scarcely a trace to be found of it in the muscles. (*Vide* M. Rayer's report of the work of MM. Lallemand, Perrin, and Duroy, presented to the French Academy, and for which a prize was awarded, as quoted, in the British Medical Journal, February 8th, 1862.)

e flap united in a great part of its extent; and it became tolerably adherent I divided the rest of imb, and it healed satisfactorily. The boy could d his elbow-joint when he went out to an angle of ; and as the flap was stretching favourably, there very prospect of further improvement.

se dclxviii. S. M., aged 8, was admitted with a cicatrix on the middle of the neck, reacting from the to the chin, and drawing down her lip; she had dense band at the bend of the elbow, which kept orearm at an acute angle with the arm.

perated first of all upon the neck; and after dividing car by a transverse incision, I took a long vertical rom the chest, transferring it into a horizontal po-. The vertical wound was brought together by pins, and the flap attached in its new place by separate sutures. In the evening, there was free orrhage from the lower part of the new wound upon hest, rendering it necessary to remove the two pins, and to tie two vessels, and she became very

e point of the flap sloughed; but all the rest kept tality, and became firmly adherent to its new place. out three weeks afterwards, I operated on her arm, as in the last case, that is, by dividing the scar, aking a vertical flap from the outer part of the m and laying it in the gap. The new wound was d by pins; the flap was fastened in its position by on sutures.

mediately after the operation she was seized with ere attack of acute rheumatism, involving the , and requiring much care and attention; but, not-tanding this complication, the flap in the elbow and became firmly attached, and she regained power over her elbow-joint. When she went out as still improving in every respect, and was greatly ed of her deformities.*

se dclxix. J. P., aged 19, with eversion of the left eyelid from a scar of the cheek. After relieving elid by the division of the cicatrix, I removed a al flap from the side of the face, and turned it into w place; and brought the new wound together wisted sutures, the flap being held by several points errupted sutures. The case did very well; but nted one peculiarity which I never saw in any ; viz., that the flap united firmly by its extremity, e central portion of it died, leaving a small space, had to heal by granulation. This I believe to been due to my having been more careful in adapt- ccurately and firmly the point than the rest of the

se dclxx. M. H., aged 26, with complete ectro- of the right upper eyelid, from a burn which de- d all the integument of the lid up to the brow; hen it healed, left the eyelashes and tarsal margin ent at the edge of the orbit. The condition had existed four months when I saw her; but it pro- great inconvenience and annoyance on account of formity, and her inability to shut the eye, which uninjured.

issected down the tarsal cartilage from its ab- al position, and then removed a long flap from the ead parallel to the margin of the orbit, but consi- ly above it, and sewed it into its new place upon w surface of the lid. The cartilage had been so attached above that it had become flattened; and it was brought down and covered with its new integument, it not only did not fit to the globe of the eye, but projected in a very awkward way beyond the lower lid, being apparently much too large. I lessened the gap in the forehead by two sutures, but could not bring it well together. Two branches from the anterior temporal artery required ligatures.

The point of the flap in this case turned blue and black, and died; but the great part of it united well, and in five days the cartilage had adapted itself to the surface of the eye.

In a little more than a fortnight (sixteen days), the new lid had become firm, and looked well; and I then divided its root so as to leave the lid of the proper size, and returned the pedicle to the surface whence it was taken, and which was still granulating; for I had not been able to bring the sides of the wound in contact. It adhered well, and she went out very much improved in appearance, and able to open and shut her eye to a considerable degree.

Case dclxxi. J. T., aged 25, had received a severe blow upon the left side of the face with a winch-handle a year before I saw him. The effects of the injury had been sloughing of the integuments, with fracture of the superior maxillary bone, terminating in a scar of the cheek adherent to the bone, and great ectropium of the lower lid.

I first freed the lid by an incision parallel to the margin of the orbit running along the whole length, and then having cut a raw surface at the inner canthus, from whence the lid had been entirely dragged away by the scar, I brought the lid into place, and stretched it to the inner canthus. I then took a long flap from the cheek in a vertical direction, and inserted it in the horizontal wound with the aid of numerous sutures. Two pins with the twisted sutures brought the vertical wound together, but it was very tense.

The flap lived and united well; the lid was kept in its place; and the wound in the cheek healed readily. The external commissure of the eyelids was drawn too much outwards; but this was relieved when the pedicle of the flap had been divided, and the patient returned to Wales very much improved.

Case dclxxii. H. M., aged about 30, received an injury to his nose when a boy, which resulted in the entire loss of the septum, and flattening of the nasal bones, and from that time, without discharge or inconvenience, his nose had gradually lessened in size until it disappeared, having been apparently drawn in by suction during respiration. The alæ nasi were still attached to the superior maxillary bones, but the tip of the nose was drawn in, and the sides inverted, all of it being below the level of the cheeks.

As he had apparently lost no integuments, I agreed to operate; and he bore all my proceedings with the greatest firmness.

I slit up the nose on the left of the middle line, and separated and drew out the sides until I had loosened them thoroughly. This required a good deal of dissection, and careful clipping with a sharp scissors, but it was done satisfactorily; and I then filled up the cavity with a pledget of lint, and brought the sides of the nose over it, so as to make a respectable bridge to a fair sized organ, and introduced two pins. The immediate improvement in his appearance was very great. I removed the pins on the third and fourth days, and took out some of the lint, and for a time his condition was promising; but I was much disappointed to find the organ gradually decrease in size, until it collapsed as before, and was drawn again into the cavity more thoroughly than ever, for now it interfered with his respiration.

I tried all the means I could think of to dilate his nostrils, but in vain; and I lost sight of my patient for two years, when he reappeared in the same state, but anxious for another trial; and, after much discussion as to the best plan, I performed the following operation,

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is patient has recently been admitted again under the care of my colleagues, who operated upon the other side of the but without success, as the flap sloughed entirely. Her arm ne very well.

his nose being entirely drawn in, but no integuments being actually lost. The columna nasi remained, but no septum existed.

I made a cut through the skin of the nose on each side of the columna upwards and inwards, so that the incision met at the lower point of the nasal bones, and thus bounded a narrow triangle, the apex of which was above, on the middle line, and the base below corresponding to the width of the columna. I then cut through his upper lip on each side of the middle line, isolating a portion of a quarter of an inch in width, and after separating the frænum a little, so as to free it thoroughly, I turned it up, and laying it over the columna and triangular piece of skin left in the middle line, fastened it between the sides of the nose, which I had previously loosened, by two long pins. The lip was also brought together by pins, and the improvement was very great.

The whole of it healed well and kept in place, and he went out better in appearance, and satisfied with the possession of a nose. The red mucous membrane of the lip soon became pale when it had been exposed to the air and light some weeks in its new position forming the tip of the nose. I have seen this patient recently, and his nose remains in a satisfactory state.

Case DCLXXIII. J. B., with a dense scar on the lip and neck from a burn many years ago. He was very anxious to get it repaired; and I, therefore, operated upon him. After dividing the scar transversely, I took a vertical flap from the right side of the neck, and stitched it across by means of ten sutures, bringing together the new wound with pins. The flap was about two inches and a half in length, and fitted remarkably well. I applied some dressing over the wounds, and kept it gently bound round with a thick pad of cotton wool. There was very little bleeding, and the case promised well. He was very sick from the chloroform soon after he was taken back to the ward, and vomited and strained greatly; and when I examined his neck on the third day, I found three-quarters of the flap blue.

The greater part of the flap having sloughed, the wounds were dressed regularly; and they ultimately healed, leaving him much in his original condition, except that he could close his right eye, which he could not do before.

When all was healed, I operated on him again, taking a broader, and shorter, and more triangular flap, from the left side, to fill up another horizontal cut which I made through the cicatrix. The flap was very vascular; for it bled freely before it was fastened into its new place.

The same series of events followed this operation. He was very sick from the chloroform; and when I examined the neck, I found the greater part of the flap sloughing. The wounds healed readily as before; and he went away but little better than when he came.

Case DCLXXIV. D. L., aged 27, burnt both his eyes with melted iron; the left long before I saw him, and the right but a few months before that time. The result was that his lids were adherent to the globes of the eyes; and he was unable to see to work, owing to the attachment of the scars to the corneæ. His right eye was sightless.

I operated without chloroform on the left eye, and separated the lid from the globe until he could turn his eye freely in every direction; and then, having cut a thin delicate flap from the lower lid and cheek, leaving it attached to the inner angle, I turned it over the edge of the lid, and stitched it into the raw surface below the cornea. The eye was closed over it, and a compress was applied.

The flap preserved its vitality, and adhered to its new place; and the result was, after it had been trimmed and its pedicle divided, that the cornea cleared considerably; and the patient, having recovered also the power of moving his eye freely, was enabled to return to his The piece of skin which I had transplanted into h had not been converted into mucous membrane w saw this patient some months afterwards.

Case DCLXXV. J. G., aged 26, had burnt his eye four years before I saw him, and the lower its inner half, had become adherent to the globe eye, covering half the cornea. I treated this pati the same way, by inserting a flap of skin betwee lower lid and the globe, in the place of the cicatrix I had divided, and I used three sutures for the pu In a fortnight, I divided the pedicle, and he went I saw him about three months afterwards, and he a great measure recovered his sight, and could mo eye freely in every direction.

Case DCLXXVI. B. E., aged 27. This case rese No. 674 so completely that no separate description be given. He also burnt both his eyes at dif times, destroying the right eye, and causing so dimness of sight in the left eye from the scar be the lid and the cornea that he could not see to foll occupation. I introduced a flap of skin to replac lost conjunctiva, and it succeeded completely.

Case DCLXXVII. B. C., aged 25, had burnt his eye, causing adhesion of the two lids together by inner third, and of both lids to the globe as far inner third of the cornea, constituting anchyloblep and symblepharon.

At the first operation, I divided the lids fron another, and introduced a suture to join the con tiva with the skin of the upper lid. The plan ceeded well; and when the parts had healed, I ope again to cure the symblepharon.

I first cleared the globe from the adherent lids by a dissection, which lasted some time, and then I sep a flap of skin from the lower lid, leaving it attache ternally at the canthus, and after sewing up the w thus made, I turned the flap over the edge, an three points of suture, united it to the conjunctiv margin of the lid, and by its apex to the depth o wound between the lid and the globe.

On the second day, I removed the stitches fron outer wound; and on the third day, I remove others, and the flap remained alive in its proper After a week's time, I divided the bridle which hel flap, and found that both the cut surfaces were vas The eye became stronger; and he went home muc lieved in every way, and with better sight.

Case DCLXXVIII. J. C., aged 21, had also recei burn in the right eye, which produced adhesion bet the lid and the sclerotic and cornea; and he coul see to work without tying up this eye. I operat before; and after making a free division of the took out a long narrow flap, leaving it attached a inner canthus, and turned it over into the eye. I i duced two stitches in the new wound, and kept the between the lid and the globe with three fine sut Everything went on well; but before I had divided pedicle, he went home, and it was not till about weeks after the operation that I had an opportuni seeing him. The eye was more moveable; but the was no better. I divided the pedicle; and he grad improved, and went away satisfied with his appear and the state of his eye.

Case DCLXXIX. J. P., aged 21, burnt the right si his neck in childhood, leaving a scar which prod a certain amount of contraction and deformity; but were not excessive.

I divided the cicatrix at the posterior part, and in duced a flap taken vertically from the back of the n It fitted admirably without being stretched, and kept in place by numerous sutures. The newly m wound was brought together with pins.

Three days vomiting and discomfort followed the o ation (and the chloroform), and she became low

k. The flap seemed in a satisfactory state at first; ulceration came on, and the attachments gave way, it melted down until about half of it remained. h the aid of a lotion of sulphate of zinc, the wound ulated and healed up; the neck being a little, but much, improved. After it had become quite sound, erated again, and repeated my proceedings in the rior part of the cicatrix, taking my flap from the t of the neck. The operation was very promising; exactly a similar train of symptoms followed, and result was that about half the flap survived. I was h disappointed with the result of the case; for al-gh there was some improvement, it was not what I expected.

ASE DCLXXX. E. M., aged 15, burnt her face as a l, and the result was opacity of the right eye, with sion of the lower lid, so completely that it was really royed, and a dense scar occupied the cheek and , and she could scarcely open her mouth.

removed the surface of the cicatrix when the skin conjunctiva were in contact, and introduced a flap n in a vertical direction from the cheek. It fitted arkably well, and was kept in place by eight sutures, e the new wound was brought together by two pins. od deal of blood oozed out afterwards, interfering the union of the flap, nearly half of which turned and sloughed, but the wounds eventually healed. went away in rather less than a month, being some-t improved in appearance, and expressing herself as h relieved by the operation.

[*To be continued.*]

ransactions of Branches.

AMBRIDGE AND HUNTINGDON BRANCH.

OF EXTRAUTERINE FŒTATION, WITH A FATAL RESULT, ACCELERATED BY A POTION TAKEN WITH THE VIEW OF PRODUCING ABORTION.

By T. WALKER, M.D., Peterborough.

[*Read July 10th*, 1861.]

the morning of the 21st of June, 1860, I was ested by the superintendant of police to ac-pany him to a house, where I found on the bed e she had died, the body of a female. It lay on eft side, leaning over the edge of the bed, as if she died in the act of vomiting. On the floor there a quantity of glairy mucus, containing portions of matter, which seemed to have flowed, either before ter death, from the mouth; and on examination, I d the lips and teeth stained of a dark colour; simi-tains were found on cloths which she had apparently to wipe her mouth, both in the room below, and e bed-room where she died.

e bed appeared as if two persons had slept in it, on the side on which she lay it was found, on re-ing the body, that, by means of folded clothes and kets, the bed had been carefully prepared and ded, as for an expected miscarriage or *accouchement*. was informed—and the after-inquiry before the ner elicited the same facts—that she was a deserted the mother of three children, her age about thirty-; that for some months she had been living with a , nominally a lodger in her house, but on terms, and er circumstances, which left no doubt of the ex-ce of a criminal intercourse between them; that e weeks before she had expressed to a neighbour a icion that she was pregnant, and a wish that she v how to get rid of her burden, as she feared that, if did not, she and her children would be deprived of relief she was then receiving from the guardians of union.

I learnt that the day before, a gipsy woman, well known in this neighbourhood, had spent the greater part of the day alone with her, had left her house about half-past four o'clock in the afternoon; and that soon after the departure of Mrs. Jones, the gipsy, the deceased Mrs. Jeffray was seen by her neighbours vomiting, and they remarked that what she vomited looked black and stained the towels with which she wiped her mouth—which were shown to me—of a dark colour. About six o'clock her sickness had ceased; but up to eleven o'clock, when she was last seen by her neighbours, she continued to complain of pain in the back.

By the evidence of her paramour, it was shown at the inquest subsequently held on the body, that about twelve o'clock, when she was still complaining of pain, they went to bed together; that about two o'clock he fell asleep, but, waking about four o'clock, he found her dead at his back, and in the same position in which I found her.

Under an order from the coroner, and with the assistance of my friend, Mr. Pearce, I made a *post mortem* examination.

Externally we found a very slight appearance of bloody discharge about the vulva; but on vaginal examination, although the os uteri was patent, there was scarcely any coloured discharge in the passage.

On laying open the abdomen, there appeared a copious effusion of blood, partly fluid, partly coagulated, amounting in all to nearly five pints and four ounces, and contained chiefly in the lower abdominal and pelvic regions.

I need scarcely say our first impression on making this discovery was, that there had been some interference by instruments, and that this extensive internal hæmorrhage was the result of violence done to the uterus, and we were, therefore, the more careful in conducting our after-examination. We found the uterus in its normal situation, and of about the size indicating the tenth week of pregnancy The ovary on the left side was natural in position and appearance; but on the right side there was in front of the ovary a tumour of about the bulk of a moderately sized orange, on the upper surface of which was a laceration about an inch and a half long, through which protruded a soft spongy mass of coagulum, making it sufficiently apparent that from this rent had proceeded the fatal hæmorrhage. This rendered the nature of the case tolerably clear, as having been one of extrauterine fœtation, the right Fallopian tube being the nidus of the misplaced ovum, the walls of which being thin and tender had given way, either from the effect of the violent vomiting of the early part of the evening, or more probably from the effect of the uterine action induced by the potion taken with a view to its producing abortion, and which had continued all the evening and up to the probable time of her death.

Careful examination of the Fallopian tumour discovered, amid the vascular mass which formed its larger portion, the ovum, with its placenta and membranes, containing a fœtus, apparently about the seventh or eighth week. The uterus was lined by soft vascular tissue, simulating the decidua, but it contained no fœtus or other membrane. The rest of the abdominal viscera presented no appearance of disease, except that through the transparent coats of the upper portions of the small intestines the dark colour of the matters contained therein was visible, and that in consequence of the empty condition of their blood-vessels, they, as well as the liver and kidneys, were lighter in colour than usual.

The contents of the stomach, chiefly mucus, mixed with black flakes, resembled the fluid which I obtained from the floor of the room where she died, and gave sufficient evidence, on being tested, of the presence of iron and of hydrochloric acid, as did the black stains on the towels.

[The uterus, with its appendages, was removed and exhibited at the meeting.]

There being no direct evidence to fix upon the gipsy the administration of the drugs which had been the indirect cause of death, the jury, under the direction of the coroner, returned as their verdict: "That the death of the deceased was occasioned by her having taken the muriated tincture of iron, with intent to procure abortion; that the medicine had produced violent sickness and uterine irritation, which caused the rupture of a tumour which existed in the body of the deceased, and occasioned hæmorrhage, of which she died."

Reviews and Notices.

REPORTS IN OPERATIVE SURGERY. Series the Seventh. By RICHARD G. H. BUTCHER, Surgeon to Mercer's Hospital, and Lecturer on Clinical Surgery. Dublin: 1862.

THESE Reports comprise a description of the treatment of Deformities after Burn by a New Operation; observations on the Removal of a Large Portion of the Shaft of the Thigh-bone, and the means whereby such a loss may be remedied; also a case of Extensive Caries of the Upper and Lower Ends of the Tibia, where, after excision of the diseased parts, the functions of the knee- and ankle-joints were preserved. The Reports terminate with the narration of a complicated case of Amputation, in which recovery took place after ligature of the popliteal artery and the advent of pyæmia, the treatment of which latter scourge by mercury and stimulants is also considered.

In the treatment of the contractions resulting from burns—where, for instance, the head is pulled down to the shoulder—Mr. BUTCHER adopts the following plan. He freely divides the sound skin below the attachment of the cicatrical tissue, and, carefully dissecting it up to the spot where this begins, provides a good viable flap, which is gradually drawn upwards as the contracting bands are in all directions carefully divided subcutaneously by the introduction of a long narrow-bladed bistoury. By this means the entire mass of bands are lifted upwards, together with a large flap of sound material well calculated to form a good and permanent covering for the raw parts beneath. This mode of dividing the contracted bands in these painful cases appears well deserving of the attention of practical surgeons.

Mr. Butcher's remarks on Pyæmia following great operations are evidently the result of experience, and serve to confirm our present knowledge regarding the success that in rare instances attends our treatment of these cases. He advocates the abundant exhibition of stimulants, and the free administration of mercury and opium—a plan that, thoroughly carried out, indeed, may serve to rescue more than one unfortunate from the common gulf in which so many surgical proceedings disappear.

This series of Reports is excellently illustrated by engravings on stone, and possesses the same graphic power of description, and manifests in every line the same love of surgical science, which have hitherto characterised the publications of this writer.

A TREATISE ON THE PHYSIOLOGICAL ANATOM THE LUNGS. By JAMES NEWTON HEALE, Pp. 84. London: 1862.

IF Dr. HEALE'S account of what he has don physiology be correct, we can safely prophesy him a high place among those whom posterity delight to honour, even though in his lifeti prejudiced and ungrateful world be slow in ac ing to him that honour which he deserves. F was he, it appears, who first demonstrated the which physiologists had been committing in noring the function of breathing as possessing physiological significance or importance whatev who first controverted the ordinary views regar the "merely local nature of the respiratory op tions"; and who first demonstrated that "the spiratory changes constitute the exciting caus all the vital operations throughout the body". one, before Dr. Heale wrote, had an idea of the portance of the respiratory function; and even notions of physiologists regarding animal heat, its necessity to animal existence, amounted to thing more than an occasional admission that lungs "might sometimes be employed advant ously in 'aërating' some of the fluids of the b after the fashion of the makers of soda-water"!

We must really chide Dr. Heale for his mod Here is a man, who must have been carrying or physiological inquiries through a life approachin duration that of the antediluvian—or, at any pre-Abrahamic—patriarchs, and who only within last few years gives us the results of the labou his great intellect! Or must we fall back on or two other alternatives; either that Dr. Heale is foundly ignorant of modern physiological writi or that, being acquainted with them, he has o nately shut his eyes to all that has been writter the respiratory process and its importance to the of the animal?

Turning at once from the beginning to the en his book, we meet with the following assertion.

> "Vitality is a galvanic force existing exactly du the time and just so long and in proportion as animal breathes, and not one instant longer. Its cacy depends upon an uninterrupted circuit being blished through the whole of the living blood; this is the true import of the mechanical circulatio the blood: the meaning of the word *living* bloo comprised in this fact." (P. 83.)

We commend the statement, that vitality ex no longer than an animal breathes, to all the in tigators of the means of restoring suspended ani tion. They may as well at once desist from labo which will be only fruitless, and apply themse to something more likely to succeed, and there more useful.

A great part of the book is occupied with a scription of the structure of the lungs. On t subject—on which we must do Dr. Heale the just to say that he has bestowed much labour—he h some views differing from those entertained by ot observers. For the correction or confirmation these, we must leave him to other investigators the structure of the lungs; but, as to his physic gical notions, we must designate them as characteri by an assumption of merit for himself, and by a preciation of others, which the facts of the case no means justify.

ritish Medical Journal.

SATURDAY, APRIL 5TH, 1862.

THE SOCIAL SCIENCE ASSOCIATION.

Social Science Association can now number its annual meetings. It has visited each division of United Kingdom, and during the present im- ant year will present itself at head-quarters—in metropolis itself. The Association, as regards future which opens before it, may be said to be in its infancy; but nevertheless, gifted with the of a young Hercules, it can look back with faction on the work it has begun, and the good as already accomplished. The first step in the mplishment of any great national reform is ne- rily the instruction of the public. The public neither eyes to see nor ears to hear the good gs which science can bring them, until their es have been awakened by the teachings of a philosophy. The meetings of the Association he leading towns of the empire have been the ols in which these lessons have been taught. seed has fallen upon good ground. The meet- have been effective in spreading among intelli- men and women a belief in the truths which gathered under the term of social science, and stimulated inquiry into the facts upon which science is based. Narrow-minded indeed would e who judged of the value of this great Associa- by what it has already accomplished. It may point with pride to its labours recorded in the able pages of its *Transactions;* but, great as are enefits which in its short career it has already wed upon humanity, we may most truly say immensely greater will they be in the future. re the husbandman can gather in the full mea- of his harvest, he must, as we have said, pre- his soil, and plant his seed, and remove the mbrances to its growth. This is the great work hich the Social Science Association is now en- d. It is clearing away those vain and pernicious ths which hang heavily and painfully on so- ; and it is doing so by the slow but sure and istible hand of instruction and the spread of ledge.

e Society has taken firm root in the hearts in the minds of thinking men. Here and on ontinent (for the good idea is no longer insular effects) philanthropic souls are engaged in the mulating of social facts. Liverpool, Edin- h, Bradford, and Aberdeen have their branch iations; and Dublin is linking itself with the The continent also is haply about to take its in the great work, a project being afloat for the forming of an *Association Internationale des Sciences Sociales.* No better proof of the value of the Society could be shown than in the fact that from all parts of the continent—from France, Belgium, Italy, Germany, Sweden, and even from Russia and Wallachia—the energetic Secretary of the Association receives inquiries concerning the social condition, etc., of Great Britain. His answer is the gift of the Association's *Transactions*; and, as he says, "no small gratification must it be to the members to know that they have thus been the means of spreading a knowledge of English laws and usages among some of the leading statesmen and philosophers of the continent".

How different, again, from that desolating trail left behind by the furies of war, in their passage through the land, are the marks which it leaves in whatever spot it may select as a temporary resting-place. Its passage is a philosophic and a Christian progress. Municipalities are stimulated to a more active and more correct discharge of their duties—to efforts for the prevention of moral and physical evils, and the thousand miseries and crimes which are inevitably connected with them. The authority of the teacher—the *prestige* of the Society—has brought the truths of these valuable lessons home to the consciences of men who might otherwise have hardly been brought to give ear to them.

Moreover, the mere intercourse (thus brought about) of philosophic minds, engaged in various directions, has been of immense service.

> "Our meetings", says Mr. Hastings, "have brought together men who had hitherto held aloof from each other, each intent on his own pursuits, and absorbed in his peculiar ideas; in the atmosphere of free discussion, in the exchange of information on social facts, in the debate of principles, and the collision of opinion, such men discover each other's excellences and acquirements, and shake off in a day the prejudice of years. This liberalising influence is not a quality which can be accurately estimated; it cannot be described in figures, or measured by a rule; but it is not the less real and potential: its existence is known and appreciated best by some who have been most constantly among us, and who have felt in their own experience the benefits of this commerce of minds."

And, in all this great work of social regeneration, Medicine plays a prominent part. The Secretary's words are: "No one of our departments has been productive of so much practical good as that of Public Health." "The few enlightened men, chiefly of the medical profession, who had previously to our meetings advocated sanitary improvements in any town we have visited, have found their exertions materially aided by the impression made during the discussions of the Association."

Then, again, we find that, through a petition presented by the Council of the Association to the House of Commons, setting forth the large amount of preventible disease in the country, and the miseries, etc., thence resulting, an Act was passed which carried into effect the representations of the Council.

An Act for repressing the adulteration of food was another fruit of the labours of this department; and to Mr. Postgate belongs the credit of initiating the Act.

Mr. Rumsey's views on Registration have been adopted by the Council, and are now being urged on the attention of the government as the soundest basis on which the system of registration about to be commenced in Ireland could be carried out.

The Quarantine Laws, our readers may recollect, have been closely investigated by a Committee appointed by the Association; and their efforts will doubtless lead to great modifications and improvements in these laws, and in the condition of the mercantile seamen.

The subject of Hospitals and their construction has also formed a prominent subject of inquiry.

We are sure that we are only echoing the feeling of the whole profession when we wish a great success to this Association; and we sincerely trust that medical men will continue to take the foremost part in the management and direction of all matters which affect the public health—which, in fact, belong to the province of medicine.

In conclusion, we beg to call attention to the particular matters which come under the head of the Department of Public Health.

> "This department considers the various questions relating to the Public Health; it will collect statistical evidence of the relative healthiness of different localities, of different industrial occupations, and generally of the influence of external circumstances in the production of health or disease; it will discuss improvements in house-construction (more especially as to the dwellings of the labouring classes), in drainage, warming, ventilation; public baths and wash-houses; adulteration of food and its effects; the functions of government in relation to public health; the legislative and administrative machinery expedient for its preservation; sanitary police, quarantine, etc.; poverty in relation to disease; and the effect of unhealthiness on the prosperity of places and nations."

THE POSITION OF HOMŒOPATHY.

It is interesting to note how quackery preserves its vitality. Having within itself none of the power of growth which belongs to a genuine article, it necessarily exists by drawing from without materials for existence. We all know well enough, and none better than the homœopaths, that if homœopathy were, to-morrow, severed from all legal connexion with the old parent *stipes* (from which it has virtually separated itself, and which repudiates it as a base offspring), it would at once drift away into the more obscure and less equivocal regions now occupied by Morrison and Co., and that sort. The credit and the position of homœopaths as curers of diseases, and they well know it, depend mainly on the fact of their connection with the unive and colleges, which utterly reject them, thei trine, and their practice ; and which would have admitted them into the legal ranks of me had they boldly professed at their exami the doctrines they now hold or pretend to hold course, we must, in justice, believe that these tlemen all became homœopaths after they b medical men. But how is it that so import body, the professors of so grand and solemn a —of this new revelation, this homœopathic cr does not separate and start on its own hook ? is it that the professors of the new art are fo dangling after medical men, hanging on their s and whining, and abusing, and attempting t cule us ? The answer we have given above. homœopath lives, like *hirudo*, by suction, a pa of medicine. Here is a proof of this lying b us : a pamphlet, the newest and last of its From the beginning to the end of it, we fin one word of proof of this great fact obtained Hahnemannic principles (?) ; but all its argu in favour of homœopathy are derived from the of our leading medical men. Our best author Lathams, Neligans, Abercrombies, etc., are al mœopaths, if they only knew it. Their wri prove them to be such. Then, again, every erased from medicine is a new proof in favo homœopathy. Every medical man who attem reform, or aid the progress of his art, is sim homœopath, only he has not the wit to see it. are thus robbed of our honest names. But we are also actually robbed of our "poisons ?" drugs. It has been long a well accredited fact many *soi-disant* homœopaths administered dru the same nature, and in the same doses, as me men. Indeed, many of that class boldly assert infinitesimality has nothing to do with ho pathy. And here comes Dr. Roberts of Manch with the proofs of the fact in his hand. Ho pathy is in a thriving way in his city ; and he us the why. It not only borrows our titles to its nakedness, and give it a seeming of science ; it actually uses our remedies to work its cures. at all events, is an advance—an homage paid t virtue of medicine ; which, we trust, will meet its due reward. But is there no shame left in professors of such a quackery ? Why do not really honest professors of the delusion rise up, indignantly repudiate this trickery played off o public by their unscrupulous brethren ? Wh they not move off in glorious dissent, and cu connection with medical men and their colleges ; by such a capital act of abnegation declare unswerving belief in the practices and theori Hahnemann, and in the fearful injury inflicte mankind by the art and practice of medicine ?

DYSENTERY AND TYPHUS.

notorious Egyptian frigate, *Scheah Gehaed*, after
rmy passage of thirty-two days, reached Liver-
from Malta on February 16th, 1861. Her
were chiefly Arabs, four hundred and seventy-
in number. Two hundred of them were con-
s, had never been to sea before, and were brought
oard in chains. These *seamen* were "driven"
n deck to their turn of work. They were badly
ied, and badly fed; suffered much from sea-
ness, and, *sans façon*, discharged the contents of
stomach and bowels in and on all parts of the
l. The vessel was overcrowded; the force of
stench overpowering; and the filthy condition of
nen and the ship so bad that, on the arrival of
vessel at Liverpool, she was sunk in the graving
by way of purification. The only hygienic
sures taken by the captain, whose nobility ap-
s to have been offended by the stench, were the
ring of the crew to be flogged in platoons of
ty to thirty *per diem*. The native doctor was
rently on a par with his patients. All that
d be learnt from his sick-records of the voyage
that a man had died. On arriving at Liver-
the captain reported one dead man on board,
six ill from cold. The pilot, however, had heard
hirty-eight on the sick-list; and some agents
e pacha put the number at eighty!

e Egyptian surgeon, happily for his clients,
fell sick also; and Mr. Irvine was called in.
truth consequently soon began to shine out of
larkness of this Egyptian bondage. Mr. Irvine
d sixty-four sick—six of dysentery, five of diar-
, two of ague, and forty-nine of constipation;
to these twenty-three more were afterwards
d, of dysentery, bronchitis, and constipation.
now comes the strangest part of this eventful
ry. Not a case of fever was there to be found
g the sick. Here in the pest-house, as it
been, where pythogenesis had had her full
g; where men, weak in body and in *morale*, had
soaked in foul air, putrefying animal matters,
dirt; in fact, where hygienic rules had been su-
ely despised and disregarded,—not a case of
appeared. The dysentery was severe; for it
ed off, from first to last, eleven of the men,
y-five having suffered from it.

t, though no trace of fever could be found
g the crew, that they had the fatal gift of com-
cating fever to others was only too painfully
ed. Men who visited the vessel fell sick of
The sick of the crew spread fever through
ospital in which they were received for the
of their dysentery, pneumonia, etc. Others of
rew, filthy, but (as supposed) in good health,
undergoing purification at the public baths,
here the fatal seeds of fever. In this way, thirty-one cases of fever and eight deaths were produced by these Arabs among the Europeans of Liverpool. One bath-attendant died. Two visitors to the ship and five in hospital died. Three bath-attendants, twenty-five hospital patients, and three visitors to the ship, took the fever. The deadly disease was reported in all cases as undoubtedly exanthematous typhus.

The very important and apparently unavoidable conclusions which may be gathered from these facts are:—1. That the matter which produces typhus may be carried about in the garments or on the persons of those who are in health, or, at all events, not suffering from typhus, and so communicated to others; or, in other words, typhus may be conveyed from A through the streets of Liverpool by B, who has it not, and communicated to C. 2. We have the other remarkable fact: that this Arabian crew, who were soaked in the generated typhus fomites, suffered not from it. They could imbibe it; they could carry it about on their garments, and communicate it to others, and themselves be impenetrable to it! Dr. Duncan explains the fact thus. He suggests that the systems of the crew were gradually fortified against the poison by the daily habit of imbibing it; as the Styrian peasants, we are told, get wonted to lumps of arsenic, habit being a second nature. He also adds, that dark races are but little liable to typhus. In slave-ships, for instance, fever is said to be unknown; it is dysentery which reduces the profits of the Cuban slave-jobber. Is the generated morbific matter therefrom, which produces typhus in the white men and dysentery in the black man, identical? Dr. Copland says it is. Sir Gilbert Blane is also quoted by Dr. Duncan to the same effect: "These two diseases—fever and dysentery—may be considered as vicarious."

But we have facts on record which show that the white man may also dispense around him this silent destroyer, himself free from its action. We have the famous Oxford Black Assize, and the Old Bailey Session of 1750, for example, where the judges, jury, and spectators were the victims of fever communicated by the unaffected prisoner at the bar. Other striking instances are referred to by Dr. Duncan.*

BLEEDING AND STARVATION.

The following summary of a case of rheumatic fever treated by M. Bouillaud in this year 1862, and learnedly discoursed upon by him in a clinical lecture, needs no comment. "Despite," he says in his clinical lecture, "the energy of our treatment, we are often forced to remain a powerless spectator of the progress of the disease."

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* The facts here given are taken from a very interesting paper by Dr. Duncan, Medical Officer of Health, Liverpool. We have probably not yet had the whole of this tale told. Some curious facts are said to have transpired on board the *Voyageur de la Mer*, which took the crew back to Alexandria.

On the 3rd January last, a man, 37 years of age, attacked with rheumatic pains, found his unfortunate way into the wards of M. Bouillaud. The state of the patient, said M. Bouillaud, justified the details given of him on his admission. He was pale, and thin, and apparently utterly exhausted. The left side of his body was almost alone affected. The heart was unaffected. He was highly nervous, very anxious, had not slept for three days, and was extremely feeble; had anorexia, was very thirsty, with white tongue, hot skin, confined bowels, clear urine. He suffered extremely in being brought into the wards. *Treatment.* 4th. Cupping of both knees, and of the diseased joints on the left side, three *palettes;* bleeding from the arm, three *palettes; diète* (*Anglicè*, starvation.) 5th. Diminution of pain in the joints; no reaction. 6th. The left side joints are relieved; but the elbow, wrist, and thumb of the right side are violently affected; the other symptoms as on the first day. *Treatment.* Cupping of the affected joints of right side, three *palettes;* bleeding, three *palettes.* 7th. Friction-sound over the heart; pulse, 88, 92; pain in joints diminished; sleeplessness; anxiety; blister over the heart. In the middle of the day, delirious. At 2 P.M., found uncovered in bed, but tranquil; when questioned, he jumped out of bed, and refused to return; he was forced into bed, and then became outrageously violent; hard to restrain, even when his legs and arms were tied together; cried, threatened, and supplicated. At 3 P.M., he was comatose; and at 4 P.M., dead.

THE WEEK.

THE following remarks on medical evidence in courts of law, made by Dr. Radclyffe Hall, in his presidential address before the meeting of the British Medical Association at Torquay, are worthy of attention at the present time.

> "More potent exhibitions of discordant views appear on almost every important occasion on which our profession comes prominently before the public to give medical testimony in legal questions. The public cannot, if we can, estimate at their respective value the expressed opinions of novices anxious for the notoriety of differing from their elders, and the careful statements of expert and experienced authorities. And so, because one whose exponent figure in *our* esteem is very low, chooses to propound an absurdity from which a competent witness is obliged to differ, medical science is made to bear the obloquy—judge and councillors nothing loath. After all, this is our own doing; and we have chiefly ourselves to thank for the inadequate estimation in which medicine is held in courts of law. Scarcely does a trial for poisoning take place in which we fail to find evidence betraying not only the imperfection of existing knowledge when that is so—for which no one as yet is blameable—but far more constantly an imperfect acquaintance with the existing state of knowledge. And for this the witness is justly shamed. He ought to feel ashamed, for unless competent he should decline giving evidence. For his inexperience no one need blush. And in the practice of our daily duties, it is impossible for most to acquire or retain the dexterity and skill necessary for deciding a difficult case of poisoning in which chemical analysis is concerned. And he is no friend to his own credit, or to that of his profession, who makes the attempt. But granting that such a case is submitted to an eminent chemist for analysis. Unfortunately, such is human infirmity, that *his* decision
> seldom escapes questioning by other experts as
> brated as himself. For this the remedy is ob
> and it seems to be the only one. Conjoin three e
> in the inquiry. In observing facts, each will hav
> advantage of the other's acuteness, and the three
> sure to agree in their decision. And in a decis
> obtained the confidence of the public would be
> The ends of justice would be gained, and the se
> but unreal inconsistencies of medical science av
> Government is not without blame in this matter.
> them remunerate medical experts a little afte
> fashion of legal experts, for labour, knowledge, skil
> time, in such a case so far more important, thou
> far less lucrative. But, apart from all this, how
> would be gained if medical witnesses in all cases
> merely to observe the simple rule of keeping clea
> distinct in their own minds, and, consequently, in
> expressed evidence, that which is proved; that wh
> only probable; and that which is only possible.
> so self-evident that its transgression would be
> cusable were it less frequent at the bar, in the s
> in the pulpit, and in the medical witness-box."

DR. ROBERT LEE, in lectures given by him a
College of Physicians, has been doing for the
phagus, stomach, and duodenum, what he ha
ready done for the uterus and the heart. He
us that these parts are abundantly supplied
nerves and ganglia. From the par vagum ne
branches proceed to the cardiac portion of
stomach, spread in every direction through its
and, perforating the muscular layer, are at
chiefly directed to its mucous membrane. Ga
are found placed upon these nerves; and out
these ganglia pass off, in various directions, ne
twigs, larger than those which enter them.
other parts of the stomach, nerves are brougl
a similar way by the arteries, and thus the
organ is surrounded with a mesh-work of ga
and nerves. As it is with the stomach, so is it
Lee tells us, with the œsophagus and duodenum

IN the discussion going on in the papers about
future site of St. Thomas's Hospital, it is wo
of note that two or three striking facts are
steadily out of sight, or at least are not taken
cognisance of. In the first place, as regards
thousands of out-patients who now receive reli
the hospital, and of whose case much is made,
evident that they do not require St. Thomas's
pital for their treatment. A dispensary is all
need. Then again, that partisan journal the *T*
(which, as we all know, when it is not very rig
apt to be very wrong in its conclusions) has n
so far as we know, once alluded to the fact
facing St. Thomas's stands Guy's, with its 500
Why are we not candidly told that, if St. Thon
were removed, there would still exist in the hea
the Borough a hospital fully capable of accom
dating all the accidents and all the acute cases w
the neighbourhood could properly afford? As
the statistics which have been published of
sources whence St. Thomas's patients are deri

clearly enough show, if they are of any value
ll, that the removal of the hospital into the
rbs of London will in no way interfere with
enefit of those classes of the sick whom it now
mmodates. Another very remarkable fact is that,
ese days of hygienic science, medical men should
und who have the courage to tell us that they
ve a well-constructed hospital situated in the
t of the Borough is just as healthy as a well-
tructed hospital situated outside the smoke of
lon, where the sun can penetrate the atmosphere,
where leaves will grow and become green. A
tical commentary on this point may be found in
act, that the French Bureau of Health has just
lished a dwelling place outside Paris, for the
purpose of giving the surgeons a chance of per-
ing certain grand and special operations success-
. The *Times* has, characteristically, permitted,
r as it is able, only one side of the question to
lly ventilated in its pages.

ENCE JONES has resigned his office of physician
. George's Hospital, adding another to the good
ples of latter days, of not holding office when
ressure of private practice renders proper hos-
work and teaching impossible. All those who
attained great eminence in the profession have
ed their hospital appointments early; viz., Dr.
ie, Sir Henry Halford, Dr. Chambers, Dr. Wat-
ir Benjamin Brodie, etc. Dr. Bence Jones was
nted physician to St. George's Hospital in 1846.
Barclay, the senior assistant-physician, will
ally succeed Dr. Jones. For the office vacated
r. Barclay, there will, no doubt, be plenty of
cants.

overnors of the Westminster Hospital are about
point an additional assistant-physician and as-
t-surgeon. The candidates for these offices are
. Latham and Mr. Heath, who has been for
time teacher of anatomy in the school.

ecommend the following rough and summary
of administering justice to the attention of our
ry minded legislators. The process, we must
, smacks strongly of military law :—

he legislature of the state of New York," says the
can Medical Times, "has passed the following act
event the adulteration of milk, and prevent the
in impure and unwholesome milk. 1. 'Any
or persons who shall sell impure, adulterated,
wholesome milk, shall be deemed guilty of a mis-
nour, and, on conviction, shall be punished by a
not less than fifty dollars, or be imprisoned for
ss than thirty days in the penitentiary or county
r until said fine and cost of suit shall be paid. 2.
erson who shall adulterate milk with the view of
g the same for sale; or shall keep cows for the
ction of milk for market, or for sale or exchange,
rowded and unhealthy condition, or feed the same
d that produces impure, diseased, or unwholesome
shall be deemed guilty of a misdemeanour, and, on conviction, shall be punished by a fine of not less than fifty dollars, or be imprisoned for not less than thirty days in the penitentiary or county jail, or until said fine and cost of suit shall be paid. 3. Any person or persons who shall engage in or carry on the sale, exchange, or any traffic in milk, shall have the cans in which the milk is exposed for sale or exchange, and the carriage or vehicle from which the same is vended, conspicuously marked with his, her, or their names, also indicating by said mark the locality from whence said milk is obtained or produced; and for every neglect of such marking, the person or persons so neglecting shall be subject to the penalties expressed in the foregoing section of this act. But every violation of this act, by so marking said cans, carriage, or vehicle, as to convey the idea that said milk is procured from a different locality than it really is, the person or persons so offending shall be subject to a fine of one hundred dollars or imprisonment in the penitentiary or county jail, or both, in the discretion of the court. 4. This act shall take effect immediately. We may congratulate the people of this city that a blow has, at last, been struck at the iniquitous system of milk adulteration, which has annually largely increased the mortality among children. We hope it will not be allowed to remain a dead letter on the statute-books."

A French journalist says that, if the inhabitants of the Seine Department were equally divided among the doctors, each doctor would have one thousand persons out of whom to get his clients. The moral to be drawn from the fact, he adds, is this: that the young doctor who has not means of existence besides what he may get from practice, and settles in Paris, is a madman.

M. Piorry, in a most severe and dangerous case of nasal hæmorrhage, which had resisted all the ordinary methods of treatment, and had continued for several days, arrested the hæmorrhage in the following way. Reflecting upon the fact that he had at times arrested pulmonary hæmorrhage by causing the patient to draw deep and frequent inspirations, he thought that the plan might be adopted in this case. He therefore made the patient sit down, removed the charpie plugs, and ordered him to breathe deeply and quickly. The hæmorrhage ceased almost immediately, to the great satisfaction of the professor and his pupils. Ligatures were then applied for a time above the calves of the legs and above the forearms. The hæmorrhage did not return.

It is a curious but a true fact, that the lately revived *gobemouche* tale of spontaneous combustion has gone the round of French and German medical journals, and by some of them is spoken of as a sort of properly accredited fact. In no single instance, as far as we know, has the thing been repudiated as an egregious absurdity.

Dr. Oppolzer says that bicarbonate of soda is an improper remedy for pyrosis. It unites with the acids of the stomach, and produces salts which themselves produce pyrosis. He prefers the use of calcined magnesia, and sometimes uses carbonate of ammonia.

Association Intelligence.

ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD DISTRICT MEETINGS, IN CONNEXION WITH THE SOUTH-EASTERN BRANCH.

The third of the present series of these meetings was held on Friday, March 28, at the Bull Hotel, Rochester; John W. Woodfall, M.D., Maidstone, in the chair.

There were present nineteen members and four visitors, who, with a gentleman not present, subsequently became members.

The minutes of the last meeting were read and confirmed.

New Members. The following gentlemen were duly admitted members of the Association and of the Branch:—T. E. F. Seabrook, M.D., Brompton, Chatham; Geo. White Martin, L.R.C.P.Ed., Rochester; F. Wright, M.D., Hoo; George John Seeley, Esq., Maidstone; George F. H. La Fargue, M.D., Chatham.

Communications. The following papers were then read:

1. On a Peculiar Case of Variola. By C. L. Allwork, Esq.

2. Cases of Tetanus. By A. Martin, M.D.; F. J. Brown, M.D.; and J. Grantham, Esq.

3. Case of a Bean in the Right Bronchus, which was successfully removed, and followed by complete recovery. By J. Armstrong, M.D. The instrument used for the purpose of removal was also exhibited.

These papers, having been discussed, will, by the request of the meeting, and with the consent of their authors, be published in the Journal.

Dinner. At 5 P.M., the members dined together, when they were joined by Mr. Bottomley of Croydon, who, as President of the Branch, occupied the chair.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, March 5th, 1862.

W. Tyler Smith, M.D., President, in the Chair.

ON OVARIOTOMY; THE MODE OF ITS PERFORMANCE, AND THE RESULTS OBTAINED AT THE LONDON SURGICAL HOME. BY I. B. BROWN, ESQ.

Mr. Brown first made some observations upon the operation of ovariotomy, its now recognised character, the increasingly favourable results attending it, the conditions rendering the operation justifiable, the difficulty of diagnosis, the management of adhesions, the mode of performing ovariotomy, the preliminary measures to be adopted, and the after-treatment. He then gave an analysis of nineteen cases of ovariotomy performed by him in the London Surgical Home. Of these, thirteen had been recoveries, and six deaths. The ages varied from eighteen to fifty-six. Of the successful cases, eight were under the age of thirty, and five above; whilst of the unsuccessful, one was twenty-one, and five were thirty and upwards. The duration of the disease in the successful cases was from four months to six years; six were within the first year, or ten within two years, and three over the latter period. Nine were single, and four were married, and of the latter, two only had had children. Five had undergone tapping from one to three times. In the unsuccessful cases the duration of the disease was from two to ten years; four were married, three of whom had had
families of from three to six children. Four
fatal cases were tapped from one to six times.
general health was very good in five of the succ
cases; in six it was but middling; in one it was
tered, and in another bad. In the unsuccessful
four had bad health; one was in good health
another had good health up to six weeks befo
operation.

With respect to the operation, the incisions
from three to seven inches long; in eleven it di
exceed five inches. The tumours were multilocu
eleven, and unilocular in two of the successful
in the unsuccessful they were multilocular in
unilocular in one, and more or less solid in the
containing hair, teeth, bones, etc., and no doubt
genital. Adhesions were found in all except four
successful and one of the unsuccessful cases.
varied very much, being either very slight and
broken down, or firm, strong, and unyielding;
were numerous in all directions, requiring to be
ligatured. Chloroform was given in all the case
two it had to be discontinued, but the patients su
no pain; in two instances ether was substituted
the latter part of the operation. The pedicle w
tained outside of the abdomen in all but two of the
the calipers being used for the purpose of holding
all the operations performed lately, the wound had
closed by silver-wire sutures, simply twisted. O
causes of death in the six fatal cases, in two inst
it clearly arose directly from the operation itself:
other four, conditions were found which chiefly br
about this result; in one case—that of the solid tu
—there was much old disease found; in another
patient had been a hard drinker, was tapped five t
the belly being filled with forty-five pints of
fluid, independently of the contents of the ovarian
there was softening of the liver, and death occurr
six days. In the other two cases, diarrhœa carrie
both—one in eight days, and the other in eighteen
the operation. In one of these cancer of the duod
was found, wholly unsuspected during life.

Mr. Spencer Wells said that the recommendati
the author to tie adhesions with silver wire, to divi
adhesions, and then cut off the wire short, leaving
tion of dead tissue strangulated by the wire withi
peritoneal cavity, was advice which he should n
disposed to follow. He preferred a ligature of
rope, tightened by a screw to the caliper-clamp; a
thought (after trying both seton wire and hareli
for the closure of the wound) that harelip-pins
generally to be preferred. He differed entirely fro
author in his preference to flannel over sponge in
where it was necessary to cleanse the peritoneal
from blood or ovarian fluid. A soft, clean spong
the work more effectually, and there was not the da
as there was with flannel, of leaving portions of
wool or *fluff* adhering to the peritoneum. He
thought that the author's advice would lead to a
of care in thoroughly cleansing the peritoneal c
from ovarian fluid. He had had exactly the same
ber of cases in the Samaritan Hospital as Mr. Brow
had in his Home—namely 19. Mr. Brown's re
showed 13 recoveries and 6 deaths. His (Mr. We
11 recoveries and 8 deaths. His cases in private
tice had been 15, of whom 8 recovered and 7
The total gave 34 cases, with 19 recoveries and 15 de
He trusted that Mr. Brown would also give the So
the result of his *whole* experience of ovariotomy.
was also of opinion that in some of the fatal cases bro
before the Society, the operation ought not to have
performed. The patients died of serious organic di
of the heart, or of some other important organ—ca
of the intestine, for example; or the uterus wa
closely surrounded by adhering pelvic portions of
ovarian tumour that separation could not be effecte

. **Tanner** made some observations on the import-
of not resorting to ovariotomy in cases where the
ation was almost certain to prove fatal. There were
patients afflicted with ovarian tumours, where ex-
tion was quite impracticable.

. **Hall Davis** observed that such success as
presented by the nineteen cases now reported
Ir. Brown, and the equal success of Dr. Tyler
h, Mr. Spencer Wells, Dr. Clay, and of other
t operators, of 67 per cent. of recoveries, as com-
with the unfavourable results of former years,
n advance in surgery of which we might well be
l. For many years he had taught, in his lectures,
ovariotomy was not justifiable; but the mortality
then attended it, of at least two in every three
tions, as fully authorised his so doing as the pre-
improved method of operation, with its happy re-
justified a change of opinion.

. **Routh** believed we could never be certain before-
on some of the most important points of diag-
in ovarian disease. He had known some of the
eminent men in the diagnosis of ovarian disease
ke a large cyst of the kidney, extra-uterine preg-
, and fibroid disease of the uterus, for ovarian
y. Mr. Wells objected to the expediency of opera-
n cases of cancer of the intestines, which he stated
lways to be made out before operation. In one
. Brown's cases there was cancer of the duodenum
large ovarian cyst in front of it. How could such
ase be made out? It was simply impossible. His
ssion was that the non-existence of adhesions, and
fectly healthy peritoneum, were not necessarily
rable to recovery. He had seen such cases fol-
by severe peritonitis; while others, in which the
neum was almost entirely disorganised by exten-
dhesions, which needed very great force to tear
asunder, recovered without one bad symptom.
, he thought that the practice of sponging out the
nts of a cyst, if accidentally effused during the
tion, was better than leaving the fluid in the
of the peritoneum.

. **Graily Hewitt** thought the facts contained
. Brown's paper interesting, as showing the im-
ments which had occurred of late in the results
ed in the operation of ovariotomy. He thought
uld be interesting to the Society if Mr. Brown
state to what he considered the very marked
nce in the results of his recent and former ex-
ce was due. Further, would Mr. Brown inform
ciety whether the results related included all his
tomy operations, both those carried out and
only attempted, as was done in Mr. Clay's statis-
ccount? With reference to adhesions, and their
nce on the mortality of the operation, his own
ations induced him to think that the point was
ratively unimportant. Any danger attending the
sponges in the operation was, he believed, con-
with want of attention to cleanliness, and conse-
introduction of noxious matter into the system.

Tyler Smith observed that he believed the semi-
bent position of the patient to be superior to the
ntal, inasmuch as it facilitated the removal of fluid
he abdominal cavity, was convenient to the opera-
d it certainly did not produce syncope. In some
ts the horizontal position was impossible. He
lad Mr. Brown had modified his plan of giving
s as the rule after operations. His own plan had
not to place ligatures upon adhesions when
ng took place immediately after their division,
wait till towards the end of the operation, by
time all bleeding from adhesions had generally
. He used warm flannels to prevent the protru-
f the intestines, but thought soft and perfectly
sponges preferable to flannel in removing fluid and
a.

Mr. **Brown** stated that he had used the silver wires as ligatures with the best results. In one instance, in the presence of M. Nélaton, of Paris, and others, he had used four silver sutures to a wound in the uterus, and the patient made an excellent recovery. His experience of the injurious effects of sponges on the peritoneum was founded on actual facts, first suggested by observing that Mr. White Cooper avoided the use of sponges in operations of the eye, and by also hearing the practical experience of Mr. Webber on the same subject. Mr. Well's observations about leaving any of the ovarian fluid within the peritoneal cavity were controverted by the non-injurious results of spontaneous rupture of ovarian cysts. He (Mr. Brown) stated that the results of his whole practice, in private and in St. Mary's Hospital, had been nineteen cases, with six recoveries; and in the London Surgical Home, nineteen cases, with thirteen recoveries; total, thirty-eight cases, and nineteen recoveries. He believed that the greater beneficial results obtained in the London Surgical Home over his former practice were due to the skilled nursing and perfect organisation of that establishment affording such facilities in the after-treatment.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 11TH, 1862.

B. G. BABINGTON, M.D., President, in the Chair.

FURTHER OBSERVATIONS ON ANCHYLOSIS, WITH AN ACCOUNT OF A NEW OPERATION FOR THE RESTORATION OF MOTION WHEN ARTICULAR INFLAMMATION HAS RESULTED IN SYNOSTOSIS.

BY BERNARD E. BRODHURST, ESQ.

This paper was a continuation of one which was published in vol. xl. of the Society's *Transactions*. The author desired to make that communication more complete by adding some observations on bony anchylosis, and on anchylosis occurring after dislocation. Bony anchylosis, he remarked, was rare, especially in young persons. When, however, it occasioned great inconvenience, as when it occurred at the hip, or when the limb was fixed at an inconvenient angle, motion might be restored by cutting through the bone, and making a false joint; and he contended that this should be done as near to the seat of the normal articulation as possible, thus to allow of the more free action of the muscles. The details of a case of bony anchylosis of the hip were given, where the neck of the thigh bone was divided, and a false joint was established. This operation had on no former occasion been performed. The case was seen with Dr. Brown, of Brighton.

A young lady, 25 years of age, began to suffer from hip-joint disease when she was six years old. Abscesses formed, and at length bony anchylosis ensued, the limb being fixed in such a position that the foot remained five inches away from the ground when the patient stood erect. The sole of her boot was four and a half inches in thickness. The patient was only able to move about on crutches, and in consequence of her great discomfort, and of her desire to obtain some motion at the hip, it was determined to divide the neck of the thigh bone, to remove the necrosed portions of bone and to form a false joint. The operation was commenced by making an incision two and a half inches in length, which commenced one inch and a half above the great trochanter, and which was carried downwards and outwards to the outer side of the trochanter itself. The upper portion of the incision was extended upwards and inwards for two inches and a half, until it fell into a suppurating sinus immediately below Poupart's ligament. The neck of the femur was sawn through, and the sharp edges of the bone were removed, as well as the necrosed bone from the acetabulum. The upper half of the wound healed by the first intention, and in three weeks the whole had healed. At this time the patient had some power of flexion and extension. Passive motion was employed, both to prevent osseous union and to give shape to the new head. In six weeks an instrument was adapted to the limb, with which the foot could be firmly planted on the ground. The soles of the right and the left boot were at this time of the same thickness. Three months after the operation she could bear considerable weight upon the foot; she could sit comfortably in a chair, and could walk, using the joint, but still supported by crutches.

Also the details of the following case, which, as well the former, were seen with Dr. Brown, of Brighton, were given—

In September, 1860, a midshipman, falling from the main-rigging on to the deck of the vessel, dislocated the femur on to the dorsum ilii. Various attempts were made to reduce the bone, which were unsuccessful, until the fourth attempt was made, three months after the accident. The head of the bone was then returned to the cotyloid cavity, and the limb was kept motionless so long that it became anchylosed, in which condition the patient was seen by the author, thirteen months having elapsed since the accident occurred, and ten months since the restoration of the head of the bone. The thigh at the hip was immovable; the heel was two inches and a half from the ground; the foot was everted; the limb was wasted. The patient could only move with sticks or other support. It was determined to rupture the adhesions and to endeavour to regain motion. Under the influence of chloroform they yielded readily. There was no pain after the operation, so that it was unnecessary to administer an opiate. Considerable voluntary power was soon gained; it was found, however, that the adductor longus muscle being retracted, controlled unduly the motions of the limb. Its tendon was, therefore, divided subcutaneously, and the entire range of motion was then restored. After four months the patient could bring his heel firmly to the ground; he could move the limb in every direction, and he could walk a distance of five miles without resting, and without subsequent pain or fatigue.

Correspondence.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS OF IRELAND.

Sir,—When "Veritas," in your Journal of March 15th, asserted the right of the King and Queen's College of Physicians in Ireland to confer the degree of doctor of medicine on its licentiates, I had a right to expect that he was prepared to prove what he so positively affirmed, and that he would have complied with my request to furnish an abstract of the charter or act of Parliament which conferred the power in question. But no; instead of this, he appeals to another to extricate him from his difficulty. Veritas refers me "to Dr. Atthill, Fellow and Registrar, who will no doubt furnish me with an abstract from the charter of William and Mary, and the Irish Act of Parliament 1 Geo. III, cap. xiv, made perpetual by the Act 30 Geo. III, cap. xiv, which will clearly prove to 'Probitas' the right the said College has of conferring the title of doctor."

My present business is not with Dr. Atthill, but with Veritas; and although this ready reference to charter and acts might lead some to suppose he is in the secret and will not tell, all will not be so deceived; his statement as to these acts will be found at page 911 of the *Medical Directory*; and as the second act is there
curately given, and the error copied by Veritas,
clude that his knowledge of these acts of Parli
equals that he possesses of the charter. Veritas
quotes the form of admission to the licentiateship
College, as another proof in support of his asse
equally convincing, I admit, as the form of licence
he forgets, or may probably not be aware, that th
sent license and form of admission have been adop
the Irish College within these two years. If their
tiates have been, as Veritas states, entitled fo
hundred years "to the degree, title and qualificat
doctor of medicine," how is it that the licence gr
and the form of admission used, up to the year
were such as to lead to a contrary belief? Will V
explain this?

One word in conclusion. In my former letter I s
and correctly, when speaking of the degree of doc
medicine granted by the King and Queen's Coll
Physicians, "that no such *degree* was recognised
Medical Act, and that it was not a registrable qua
tion." Veritas, in reply to this, substitutes "diplom
"*degree*," and writes, "the Medical Act *does* rec
the diploma of the said College, and it is registra
common with those of all other examining bodi
this country." Veritas must excuse us for pointin
his errors. I am, etc.,

Probi

March 29th, 1862.

THE TITLE OF DOCTOR.

Sir,—I would ask you, in a spirit of fair dealir
insert a few remarks and inquiries in answer to
editorial comment of last week. I will promise tha
shall be brief, as I have no desire *alere flammam*
gards the oft foughten field about the title of Doct

But I ask you to inform me how, seeing that th
pointment of physician to all, or nearly all, of ou
pitals and dispensaries is open to Fellows and Me
of the London College of Physicians (whether
matised or not), you are to designate those gentle
They are mostly men in the upper ranks of the
fession, practising purely as physicians. Can you
gest a better mode of distinguishing them than b
use of the prefix Dr., recognised for many long yea
the public as denoting a physician?

Then, if you seek an analogy, it is readily found

A "literate person" is admitted to holy order
being a member of an university. He is styled the
Mr. So-and-so by his bishop, his brother clergymen
the public. Would it not be a churlish thing to
hold this, because he cannot put M.A. after his na

Or, again, a man is called to the bar repeatedly, h
no university degree; but he is on all occasions
barrister-at-law, just as is his fellow barrister, who
be M.A. of Oxford or Cambridge.

So a peer's son, Lord Robert Montagu for inst
has, in all the concerns of daily life, the title of
given ungrudgingly; although, as every one know
is, by the law of the land, only "the Hon. Robert
tagu, commonly called Lord Robert Montagu."

So much for the courtesy of the matter.

Then, as to the dignity of the College of Physic
which you speak of maintaining, seeing that, offic
this body now drops the title of Dr. to its non-gradu
Fellows and Members, I would ask, was it really
fied to invite medical practitioners to come to the
lege as the sole body authorised to license physicia
England and Wales, nay to threaten them if they
tised without this license, as was done before the pa
of the Medical Act, to address them on all occasion
to 1859) as Dr., and then to turn round upon them,
assigning no cause or offence, suddenly abandon
title?

ould not this conduct, in transactions between indi-
al gentlemen, be open to the imputation of obtain-
noney under false pretences?
grant that a "stick is a stick"; and I feel sure that
ılso will admit that justice and fair dealing should
nd, I trust, still are, something more than names.

I am, etc., M.R.C.P.

[arch 29th, 1862.

a,—It is quite time the assumed power of conferring
ees by King and Queen's College of Physicians,
nd, should be disposed of, because the persistance
ie claim is very likely to lead some of our junior
ıren astray. "Veritas" asserts in his letter, pub-
d in the Journal of the 15th ultimo, that the Li-
ates of King and Queen's College of Physicians,
nd, are "entitled to the degree, title, and qualifica-
of Doctor of Medicine." In his letter of 29th ult.,
ates that "the diploma (?) of the said College is
trable in common with those of other examining
s in this country"; but he neglects to state the im-
nt fact that they are registered only as Licentiates,
ıot as Doctors of Medicine. It is also a fact that
teele, Registrar of the Branch Medical Council for
ıd, refuses to register these Licentiates as M.D.s.
as this very Dr. Steele was, for some years, Regis-
f King and Queen's College of Physicians, Ireland,
ıe can know better than himself what the real
's of this College are. That they are not legally
ed to the doctorate, I need not do more than re-
vhat "Probitas" has already stated, that Mr. Barker,
s case before the Lord Chief Justice of Ireland
to show that the College had conferred, or had
ower to confer, the degree, which the astuteness of
ounsel would not have done had the Charter or
f Parliament given such power to this corporation.
ord Chief Justice, in giving judgment on this case,
"There is a marked distinction between a Doctor
ysic, which is a degree, and a Licentiate, because
edical corporations cannot grant a degree entitling
ırty to be entered under their diploma as a Doctor
dicine; but they may give a licence, thus creating
ırty a Licentiate, as in the present case. The dis-
n is taken in the most marked manner."
ıve gone over the present Charter and the several
of Parliament relating to the powers of this Col-
but neither of them confer on King and Queen's
e of Physicians the power of granting or con-
; the degree of M.D. or Doctor of Physic, which
laim; and I challenge "Veritas" to prove the con-
y any extract from the Charter or the Acts he has
l. He has asserted that the College has the power;
e *onus probandi* clearly rests with him. The at-
s to hold out this questionable doctorate is an as-
ion. It should either be proved or abandoned.
"Veritas" should have the same difficulty that I
procuring a sight of the Charter, I beg to inform
ıat it is enrolled in the Irish Chancery, and any
n inspect it there. "Veritas" must surely have
oted 30 Geo. III, c. 14, sect. 11, as this Act simply
to the licensing of hawkers and pedlars.
uld beg to refer "Probitas" and others interested
question, to the letter in the Journal of April
1, where an abstract of the Charter, etc., relating
College will be found.

I am, etc., Δ

il 2nd, 1862.

MEDIAN LITHOTOMY.

ETTER FROM CAMPBELL DE MORGAN, ESQ.

—A case recently occurred to me of median litho-
ollowed by death, which, I think, bears out the
ness of Mr. Henry Thompson's estimate of the occasional danger of the operation. It is especially desirable that the unsuccessful cases should be recorded whenever there is a divided opinion as to the relative merits of two operations; and I therefore have no hesitation in troubling you with this communication.

A man, aged 64, was admitted into the Middlesex Hospital with symptoms of stone, which had existed for eighteen months. He had a sallow, unhealthy look; but there did not appear to be any serious disease about him. A full sized sound entered the bladder readily; and, on examination by the rectum, the prostate did not appear to be larger than is often found in men whose urinary functions are in no way deranged. It seemed a good case for the median, or, indeed, for any other operation; but my colleague Mr. Henry had had a very successful case by Allarton's method the week before, and I was led to try it. The operation was performed in the usual way; and the bladder was reached, and the forceps introduced into it with the greatest ease. So readily did the prostate yield to the pressure of the finger and of the forceps, that I did not anticipate any difficulty in the removal of the stone. But the stone could not be got through; and the difficulty arose from the enlargement of the median lobe of the prostate, and the firm resistance given by it and by the inferior portion of the prostate, which presented itself as a hard unyielding ridge. The attempts to free the stone having failed, incisions were made on each side of the prostate, but without removing the difficulty. A vertical incision was then made in the median part of the prostate, which allowed the stone to be extracted. There was some free hæmorrhage during and after the operation. For the last twenty-four hours, the man appeared to be doing well. At the end of that time, there was evidence of urinary infiltration into the scrotum, though urine passed in large quantity and continuously through the wound. Without any other symptoms, the man gradually sank, though he took nourishment and stimulants freely; and he died on the seventh day after the operation.

The stone was an inch and three-fourths long, and an inch and three-eighths broad; and weighed 1 oz. 16 grs.

On examination after death, the parts around the opening into the bladder had a sloughy appearance, with no indication of any restorative action. There was no infiltration around the bladder, nor in the pubic region; no peritonitis, nor pelvic inflammation. The kidneys were slightly degenerated, and in one there was a cyst. The urine had, however, been free from albumen. The liver was in a state of incipient fatty degeneration; many of the cells were filled with oil-globules.

My conviction is, that, had the lateral operation been performed, there would not have been the difficulty in the extraction which was experienced in this case. The general condition of the patient, no doubt, rendered the injury which was done to the tissues more serious than it otherwise would have been, and prevented that rallying which would readily have taken place in a more healthy subject. The amount of infiltration and sloughing was trifling, compared with what takes place in ruptured urethra from stricture. There was, in fact, no extension of unhealthy action beyond the part immediately interested in the operation, and the scrotum. But, putting aside the obstacle which a rigid prostate might offer, I conceive that the median operation must be a very excellent one. The paper by Mr. Prichard in the Journal shows that large stones may be extracted as readily as by the lateral incision; and the operation is certainly simpler, and involves less cutting of soft parts, and less risk of hæmorrhage. Its comparative merits can only be decided by the full publication of all cases, successful and unsuccessful.

I am, etc.,
CAMPBELL DE MORGAN.

April, 1862.

Medical News.

Royal College of Surgeons. The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such at a meeting on April 3rd:—

Baillie, Herbert, H.M. Indian Army: diploma of membership dated May 9, 1842
Cordwent, George, Taunton, Somerset: August 21, 1840
Jones, Thomas, Manor House, Chesterfield: April 5, 1841
Kempe, Arthur, Exeter: April 27, 1838
Marson, James Furness, Whittington Place, Upper Holloway: February 7, 1834
Turner, John, H.M. Indian Army: April 3, 1839
Veasey, Henry, Woburn, Bedfordshire: May 18, 1840
Walsh, James, H.M.S. *Hogue:* May 27, 1842

APPOINTMENTS.

*Beddoe, John, M.D., elected Physician to the Bristol Royal Infirmary, in the room of W. Budd, M.D.
Blair, William H., Esq., appointed House-Surgeon to the Royal Infirmary and Dispensary, Windsor.
*Budd, William, M.D., appointed Consulting-Physician to the Bristol Royal Infirmary.
Eastlake, Henry E., M.D., appointed Medical Officer to the British Lying-in Hospital.
Eves, Augustus, M.D., appointed Consulting-Surgeon to the Cheltenham General Hospital.
Maclagan, Thomas J., M.D., elected Resident Medical Officer to the Jersey General Dispensary.
*Murray, Gustavus C. P., M.D., appointed Medical Officer to the British Lying-in Hospital.
Payne, William, Esq., appointed Resident Medical Officer to the Public Dispensary, Carey Street, Lincoln's Inn.
Watson, W. Spencer, Esq., elected Assistant-Surgeon to King's College Hospital.
Williams, Samuel W. D., Esq., appointed House-Surgeon to the Northampton Lunatic Asylum.

Royal Army. The following appointments have been made:—

Baker, Staff-Assistant-Surgeon T. Y., to be Assistant-Surgeon 27th Foot, *vice* J. H. T. King.
Donaldson, Staff-Assistant-Surgeon J. Y., M.D., to be Assistant-Surgeon 100th Foot, *vice* T. M. O'Brien.
O'Brien, Assistant-Surgeon T. M., 100th Foot, to be Staff-Assistant-Surgeon, *vice* J. Y. Donaldson, M.D.
Stewart, Assistant-Surgeon W. K., M.D., 99th Foot, to be Staff-Assistant-Surgeon, *vice* T. Y. Baker.

Royal Navy. The following appointments have been made:—

Martin, James, Esq., Assistant-Surgeon, to Greenwich Hospital.
Meiklejohn, John W. S., M.D., Assistant-Surgeon, to the *Asia*.

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Barringer, T. S., Esq., to be Assistant-Surgeon 4th London R.V.
Duke, S., Esq., to be Assistant-Surgeon 46th Middlesex R.V.
Reid, J., M.D., to be Assistant-Surgeon 3rd London R.V.
Simpson, H. E., Esq., to be Surgeon 4th London R.V.

To be Honorary Assistant-Surgeon:—

Armstrong, G., Esq., 1st Cumberland Engineer Volunteers.
Beere, W. H., Esq., 3rd Oxfordshire R.V.
Tibbits, J., M.D., 4th Warwickshire R.V.
Wilson, J., Esq., 19th Lancashire A.V.

DEATHS.

Brodhurst. On March 24th, at 20, Grosvenor Street, William W., only son of *Bernard E. Brodhurst, Esq.
Buck, Thomas, M.D., at 11, Princes Place, Kennington, aged 46, on March 27.
MacDiarmid, John D., M.D., late 71st Regiment Highland Light Infantry, at Rochester, aged 55, on March 31.
Morris, William P., M.D., half-pay 53rd Regiment, at Craig, Ayrshire, on March 28.
Weekes. On March 26th, at Brompton, Kent, aged 20, Ellen, second daughter of Henry Weekes, Esq., Surgeon.

Bequests. A lady, who recently died in this town (says the *Wilts Standard*), has left to her spiritual adviser and her physician legacies of from £4,000 to £5,000 each. The Rev. Dr. Brown and Dr. Abercrombie are the fortunate legatees. (*The Star.*)

Teetotalism in the Prussian Army. An ord
been issued, by authority, to the effect that in
coffee shall be served out to the Prussian soldier in
of brandy.

Quarterly Naval Obituary. Surgeons: F. F
len, M.D.; W. Graham, M.D.; S. Blandford; J.
(a); F. Kiernan; A. Simpson; and W. E. Met
M.D. Assistant-surgeon: J. Cocks.

Bequests. The late Mr. William Block has left
to each of the undermentioned charitable institut
—The London Fever Hospital, St. Mark's Hos
London Female Penitentiary, Hospital for Consum
and Diseases of the Chest, City of London Hospit
Diseases of the Chest, Royal London Ophthalmic
pital, Cancer Hospital, Royal Free Hospital, Govern
Benevolent Institution, Metropolitan Free Hospita

Vacancies. The following appointments are va
—Surgeon to the Birmingham Eye and Ear Hos
resident medical officer to the Norwich Public Di
sary; medical officer for the Upper Deptford Distr
the Greenwich Union; medical officer for No.
Fernhurst District, of the Midhurst Union, Su
assistant-dispenser at the City of London Hospit
Diseases of the Chest; physician to the Sheffield P
Hospital, vacant by the resignation of Dr. Shearm

Pepsine. Of a large number of specimens of pe
procured by Dr. Pavy, of Guy's Hospital, from the
houses in the trade—houses above a suspicion of i
tional unfair dealing—all but one were found to po
no digestive power whatever; in fact, to be utterly w
less. The increasing demand for pepsine, its
price, and the great amount of benefit said to be de
from its use, furnish an interesting comment on
facts. (*Med. Times.*)

Anatomy in London. Referring to some ren
made last week in this Journal respecting the a
dant supply of *subjects* during the past session
Dublin Medical Press says: "Had we not better
truth and shame the devil'? The students do no
sect; they are ground and examined on dissec
made for them by others; and hence the clamour ag
dissection as part of the examination-test. If th
the state of things in Brobdinag, how may it be in
put or Laputa? It *is* worthy of investigation."

Royal College of Surgeons: Prizes. The
legiate Triennial Prize has been awarded to Dr. Ge
Harley, of Harley Street, Cavendish Square, Prof
of Physiology to University College, for his Disserta
on the Anatomy and Physiology of the Supra
Bodies, illustrated by drawings and preparations.
Jacksonian Prize has been awarded to Mr. John W
of Montague Street, Russell Square, Assistant-Sur
to King's College Hospital, for his essay on the
Method of Effecting the Radical Cure of Ingu
Hernia, explaining the principle of the operation ado
and illustrating the subject by Cases and Drawings.

Opium *v.* Belladonna. Dr. Lopez of Mobile desc
the case of an apothecary at the Marine Hospital,
poisoned himself by the application of a large b
donna plaster to the knee after the cuticle had bee
moved. There existed nausea, giddiness, mydri
and extreme prostration. Having frequently tested
reciprocal influence of opium and belladonna, Dr. L
at once prescribed a drachm of laudanum, to be
lowed by fifteen drops every half hour until the sy
toms abated. The first dose sufficed to antagonise
belladonna in thirty minutes. (*American Journa
Medical Science.*)

Suicide by a Lunatic. Last week, William Par
a butcher, who had been pronounced insane, arrive
the Highbridge Station, Bristol, in charge of his bro
Mr. Parker, for the purpose of being conveyed to

s Lunatic Asylum. Shortly after his arrival at the
n, he contrived, unnoticed, to leave the platform
limb the railings which divided the railway station
the bridge over the River Brue. He then pulled
s coat, and dashed into the water, which was run-
fast at the time. At this juncture, his brother,
aw him get over the paling, called out to him ; but
s only answered by a wave of the hand ; and before
uld get to him, the poor fellow was being carried
by the torrent of water. Endeavours were made
n to rescue the body; but the water was rushing
great rapidity towards the Highbridge Pill, and the
, in all probability, is washed into the Channel.

TUS OF AMERICAN PHYSICIANS. The *American*
al Times says:—"In commenting upon our re-
on the *status* of American physicians abroad,
RITISH MEDICAL JOURNAL disclaims, on the part
e profession of England, any distrust of their
can brethren. We are glad to receive such as-
es of good-will and professional consideration
journal which directly represents the sentiments
great body of the English profession. That this
al feeling is reciprocated on this side of the At-
every page of our periodical literature bears ample
ce.

MEDICATRIX. Many accidents and diseases are
of by the gradual reparative process of growth ;
und heals, the disturbance subsides, the normal
of the organs is regained. There is no doubt
fact, it is as certain as that a "bad debt," and
nger it for a time may have threatened to the
of a firm, will be "wiped off," and the balance
d by the slow accumulation of profits. On this
poses the idea of the *vis medicatrix naturæ*; but
there are "bad debts" which involve bankrupt-
less some immediate external aid be secured, so
re accidents and diseases which are too great for
's normal rate of cure! Who would leave a rup-
rtery to Nature? Nature will not set a dislocated
or remove a cancer. The physician cannot be
for not having found the truth, but the quack
e stigmatised, for not having bought it. (*Black-*
Magazine.)

AL SCIENCE ASSOCIATION. The following are the
of the medical men on the Public Health Com-
of the Social Science Association:—E. Lankester,
N. Arnott, M.D., F.R.S.; Sir Jas. Clark, M.D.;
lly, M.D., D.C.L.; E. H. Greenhow, M.D.; Sir C.
gs, M.D., D.C.L.; Waller Lewis, M.D.; G. Milroy,
J. O. McWilliam, M.D., C.B., F.R.S.; T. Watson,
F.R.S.; H. Letheby, M.D.; W. A. Greenhill,
A. Bryson, M.D., F.R.S.; T. G. Balfour, M.D.,
J. B. Gibson, M.D.; T. G. Logan, M.D.; W. A.
.D.; E. Smith, M.D., F.R.S.; — Elliott, M.D.;
Aldis, M.D.; W. O. Markham, M.D.; T. Abra-
.D.; A. W. Barclay, M.D.; A. P. Stewart, M.D.;
d, M.D.; F. C. Skey, Esq.; Charles Hawkins,
Bissett Hawkins, M.D.; W. Farr, M.D., F.R.S.;
n, Esq., F.R.S.; Sir John Liddell, M.D.; Sir
Martin; A. E. Durham, Esq.; E. A. Hart, Esq.;
ell, Esq.

NS FOOD FOR ACARI. Mr. Attfield has shown in
rmaceutical Journal, that mites may live and
n the (to man) most virulent of poisons. "To
stably prove that mites live and thrive upon
at is to man a deadly poison, I secured some
owing specimens from the nux vomica extract,
er searching them with a high magnifying power,
r to be certain that no extract was accidentally
g to their bodies, confined them singly in glass
ope cells, giving to several pure strychnine. In
n two days, the foodless ones were all dead—
loubtless, by starvation; while those supplied with strychnine were as lively as ever. Three weeks after mounting, they were as well as at first; and specimens were exhibited to the members of the Chemical Discussion Association of the Pharmaceutical Society. Some have lived on for two months, and are apparently still healthy and increased in size. Moreover, acari taken from the extracts of taraxacum and colocynth have lived on strychnine equally well as those from nux vomica; and, to show their indifference to the quality of food presented to them, will partake of strychnine, morphine, or cheese, with equal avidity. The fact, then, that substances which are intensely poisonous to the higher animals do not affect acari, is thus substantiated. This is more especially astonishing in reference to strychnine, which is of all poisons one of the most energetic, its frightful effects on the nervous and muscular systems being but too well known."

PETROLEUM. Professor George Hadley says:—"The manufacture of coal oil, closely followed by the discovery and opening of immense sources of petroleum in Western Pennsylvania and in other regions, is introducing a new era in the art of illumination. Already a marvellous improvement has been effected in the comfort of many homes. Tallow candles no longer make the darkness visible; whale oil and sperm are abandoned to the railroads and machine shops; and even the clear brilliancy of wax, and stearine, and spermaceti suffers eclipse. 'Burning fluid', so popular and convenient, is far inferior in economy, safety, and illuminating power, to its new rival; and with the single exception of coal gas, these substances seem likely to supplant, in common use, every other material employed for purposes of illumination. Not only their brilliancy, but the great abundance and consequent cheapness of the new burning oils, is fast contributing to this result. This is particularly true of petroleum. The productiveness of the 'Oil Wells' is truly astonishing. From some of them petroleum has continued to flow spontaneously for many months at the rate of several hundred barrels a day. The total product of those on Oil Creek alone has been estimated at not less than ten thousand barrels, or four hundred thousand gallons a day. And in other localities are enormous reservoirs, which are now pouring forth their treasures, stored up for ages, to give a new fulfilment to the ancient fiat, 'Let there be light.'" (*Buffalo Medical and Surgical Journal.*)

POOR-LAW MEDICAL REFORM. Mr. Griffin, in a letter to the Committee of Poor-law Medical Officers, dated March 29th, states that he has made an appeal to all the Poor-law medical officers, asking them "if they approve *in the main* of the evidence already furnished by him that they should send their subscriptions". This letter has been responded to by upwards of 230 medical men, which number Mr. Griffin considers sufficient to justify a continuance of the course hitherto pursued. The amount received up to the present time is £102 : 16, the greater part of which is paid into the Bank, to the account of the Association, less the expenditure, £29. But, Mr. Griffin observes, an affair of this magnitude, to be carried on with vigour, requires extensive funds. He has also addressed the medical corporate bodies in the United Kingdom, soliciting their aid; and has sent a letter to the Select Committee now sitting. He has also been in correspondence with Sir Charles Hastings and Dr. P. H. Williams. He desires to be informed if any of the Committee of Poor-law Medical Officers, or any gentlemen they know, wish to tender evidence before the Select Committee, as it is very desirable, if possible, to act in unison. He objects to the plans for payment proposed by Dr. Fowler and Dr. Rogers, as most injurious to many of the country medical men; whereas the plan recommended on behalf of the Association is well calculated for both town and country, and is just to the ratepayers as well as the medical officers, it being a payment for work actually performed. To the Select Committee on Poor-law Relief Mr. Griffin has addressed a letter, reminding them of the circumstances attending his examination before the Committee in the session of 1861; and stating that he is prepared to attend the Committee whenever they may think fit to summon him for the purpose of being examined on the documents put in by him, as they reveal a large mass of information of a most important character, compiled by him. In addition to the documents already delivered in by him, he desires to tender evidence relative to other branches of medical relief, and especially to that of the vaccination of the poor. By judicious arrangements he believes the poor-rates may be be lessened, the vaccination of all classes insured, and at the same time the medical officer relieved of much of his labour, and yet be better remunerated for the legitimate work he has to perform. In a letter addressed to each of the Presidents of the Royal Colleges of Physicians and Surgeons of England, Scotland, and Ireland, of the Faculty of Physicians and Surgeons of Glasgow, and to the Master and Wardens of the Society of Apothecaries, Mr. Griffin asks them to render their aid, and requests the favour of their sending a memorial or petition to the Select Committee on Poor Relief (England) now sitting, pointing out to them the desirableness, in their opinion, of a searching inquiry into the existing system of the medical relief of the poor, who in 1857 numbered 1,349,452, in order that they may be insured good medical and surgical advice, and the Poor-law medical officers, upwards of 3,000 in number, that remuneration which their important services to the nation so imperatively demand.

A Slight Error. In the last English edition of Samuel Cooper's Surgical Dictionary, a singular error has been committed by Mr. Erichsen, the author of the article upon ligature of the Internal Iliac artery. It is stated that this artery was first tied, and that successfully, in 1828, in the United States, by "Mr. Hudson, of New York." To be correct, it should have read by "S. Pomroy White, M.D., of New York; formerly of Hudson, in the State of New York." (*American Medical Times.*)

OPERATION DAYS AT THE HOSPITALS.

Monday.......Royal Free, 2 p.m.—Metropolitan Free, 2 p.m.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 p.m.

Tuesday. .... Guy's, 1½ p.m.—Westminster, 2 p.m.

Wednesday... St. Mary's, 1 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—Royal Orthopædic, 2 p.m.

Thursday.....St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—London, 1·30 p.m.—Great Northern, 2 p.m.—London Surgical Home, 2 p.m.

Friday. ...... Westminster Ophthalmic, 1·30 p.m.

Saturday..... St. Thomas's, 1 p.m.—St. Bartholomew's, 1·30 p.m.—King's College, 1·30 p.m.—Charing Cross, 2 p.m.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Entomological, 8 p.m.—Odontological, 8 p.m.—Medical Society of London, 8.30 p.m.: Mr. De Méric, "On Syphilitic Metritis."—Epidemiological, 8 p.m.: Dr. Greenhow, "History of an Outbreak of Fever at Over Darwen in the Autumn of 1861."

Tuesday. Civil Engineers, 8 p.m.—Zoological, 9 p.m.—Syro-Egyptian, 7.30 p.m. (Anniversary).—Royal Medical and Chirurgical, 8.30 p.m.: Dr. Murray Humphry, "On the Effects of Excision of the Knee, Rickets, etc., upon Growth"; Mr. T. Bryant, "Analysis of 230 Cases of Lithotomy."

Wednesday. Society of Arts, 8 p.m.—North London Medical, 8 p.m.: Dr. Cockle, "On Cystico-Cutaneous Fistula."—Royal Society of Literature, 8.30 p.m.—Archæological Association, 8.30 p.m. (Anniversary).

Thursday. Antiquaries, 8.30 p.m.—Philological, 8 p.m.

Friday. Astronomical, 8 p.m.—Royal Institution, 8 p.m.

Saturday. Asiatic, 3 p.m.—Royal Botanic, 3.45 p.m.

POPULATION STATISTICS AND METEORO
OF LONDON—March 29, 1862.

[*From the Registrar-General's Report.*]

		Births.
During week	Boys ..1041 Girls..1083	2124
Average of corresponding weeks 1852-61		2091

Barometer:
Highest (Sun.) 29.551; lowest (Fri.) 29.052; mean, 29.284.

Thermometer:
Highest in sun—extremes (Mon. & Th.) 108 degs.; (Sun.) 5
In shade—highest (Mon.) 63.6 degrees; lowest (Sun.) 34.9
Mean—47.9 degrees; difference from mean of 43 yrs.+5.5
Range—during week, 28.7 degrees; mean daily, 12.7 degre
Mean humidity of air (*saturation*=100), 93.
Mean direction of wind, Var.—Rain in inches, 0.84.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be a*
to the Editor, 37, *Great Queen St., Lincoln's Inn Fields,*

Correspondents, who wish notice to be taken of their com
tions, should authenticate them with their names—of cou
necessarily for publication.

J. S.—The following specimens of uncompromising certifica
been forwarded to us. We must say that they beat
which we have yet met with in this line.

"In conclusion, I have no hesitation in expressing
that the public may rely at all times upon the purity and
someness of every article bearing the name of J. S. Fry a
of Bristol." (A. H. Hassall, *Lancet*, October 19.)

"Blockley's stout, less heavy and consequently more d
than London stout in general." (A. H. Hassall.)

A. S.—A correspondent has sent us the following; which,
he cut from a page where, he thinks, it ought not to have a
"It was the first and most prominent advertisement in
number of a Dublin medical journal."

"L'Eau de Lichelle confines and heals the diseases
blood, the bronchi, and lungs, however severe; blood-
asthma, etc. Beware of counterfeits. Wholesale depôt
don—M. Pereau, 11, Moorgate Street, London, E.C.
M. Lemaout, 57, Princes Street, Leicester Square; M. B
Lower Street, Islington."

Journals Wanted.—Several members, who have joined th
ciation during the past year, are desirous of having their
complete for the year 1861; but this has been prevented
of the earlier numbers being out of print. The publis
therefore be greatly obliged, if gentlemen who do not bi
Journal, or desire to keep it, will kindly forward him th
bers contained in the first volume for 1861 (January to Ju

SUBSCRIPTIONS.

The following Laws of the Association will be strictly enfor

15. The subscription to the Association shall be One
annually; and each member on paying his subscription
entitled to receive the publications of the Association of the
year. The subscriptions shall date from the 1st of January
year, and shall be considered as due unless notice of withd
given in writing to the Secretary on or before the 25th of D
previous. If any member's subscription remain unpaid
months after it shall have become due, the publications
Society shall be withheld from such member until his ar
paid.

16. The name of no member shall remain on the book
Association, whose arrears extend over three years; but th
sion of the name from the list of members shall not be
either in honour or equity, to relieve any member from his
for the subscriptions due for the period during which he has
himself of the privileges of membership.

Philip H. Williams, M.D., *General Sec*
Worcester, April 1862.

Communications have been received from:—Dr.
Walker; Mr. R. Dunn; Mr. W. S. Watson; Mr. J. P
Mr. Dulvey; Dr. H. Marshall; Dr. Hitchman; Mr. R
Griffin; Dr. T. K. Chambers; Dr. Althaus; Mr. P
Hewett; Dr. Althaus; Dr. Haldane; Dr. J. C. Hal
Registrar of the Medical Society of London; Dr
ron; Mr. E. Phillips; M.R.C.P.; Mr. J. Gardner; M
Morgan; Mr. James Reid; Dr. J. O. McWilliam; Dr
Russell; and Mr. T. M. Stone.

Lecture

INTRODUCTORY TO THE COURSE OF LECTURES
ON THE

ATOMY OF THE LIVER:

WITH
OBSERVATIONS ON CERTAIN CHANGES
OCCURRING IN DISEASE.

elivered at the Royal College of Physicians.

BY
LIONEL S. BEALE, M.B., F.R.S.,
W OF THE COLLEGE; PROFESSOR OF PHYSIOLOGY AND OF
ENERAL AND MORBID ANATOMY IN KING'S COLLEGE,
LONDON; PHYSICIAN TO KING'S COLLEGE HOSPITAL.

Influence exerted by Scientific Inquiries, and ecially by Minute Anatomy, on the Progress of licine.

RESIDENT AND GENTLEMEN,—From the earliest , progress in medicine has been associated with ess in various departments of science, and espe- with an increasing perfection of anatomical edge. Many of our greatest practitioners have most distinguished anatomists; and several of ost eminent physicians and surgeons have important discoveries in this branch of science. resent high position of British medicine and y is doubtless in great measure due to the gh anatomical knowledge acquired in early y physicians and surgeons. Many eminent tioners have been eminent anatomical teachers; everal have pursued their anatomical investi- s, and added important facts to our know- while they were engaged in the active duties ctice.

ing the present century, anatomy has kept ith other branches of science. Of late years, id has been its advance, that its aspect has ompletely changed. Many facts which could seen by the unaided eye, have been revealed use of lenses of various construction; but it during the last thirty years that important ements in the compound microscope have d observers to advance in a most striking r our knowledge of the minute structure of sues of the body. So rapid has been the in- of our knowledge of microscopic anatomy the last quarter of a century, that it has ecessary to make this a study distinct from y anatomy; and by many, the investigation minute anatomy of the tissues of man and s is regarded as a distinct branch of science, ch the name of Histology has been given.

ute anatomy is taught by special teachers; ch more attention has been paid to this sub- some schools than in others. Although Eng- as produced many distinguished microscopic rs, histology has been more studied in Ger- than in this country or in France. It has aught in all the German schools; and the r of successful labourers in this branch of ical inquiry, in Germany, is undoubtedly far than in all the rest of Europe and America. doubtful if this new department of anatomy prosecuted in this country by physicians and s with the same zeal that anatomy was by our predecessors in the last century; neither is it considered by many to hold the same intimate relation to the medicine of the present day, that the anatomy taught here a century or more ago bore to the medicine of that period. The opinion that minute anatomy did not possess any important bearing on the practice of medicine, has been often stated; and it has been urged very frequently that this continually increasing knowledge of detail had not led to a corresponding improvement in medical practice.

It seems, however, reasonable to infer that the direct advantages of anatomy to medicine will become more and more manifest the more anatomical investigation advances; for it is clear that all the symptoms with which we are familiar in cases of disease result from changes occurring in anatomical elements, which, by their minuteness, are far removed from unaided observation. What a number of the minute anatomical elements of nervous tissue must be similarly affected to give rise to the slightest ache or pain which we experience! and doubtless important modifications in nutrition are produced by the occurrence of changes which are not sufficiently intense, or do not affect a sufficient number of elements to render them appreciable by our senses.

Although the general anatomy of most of the important organs and tissues of the body has been ascertained, there remains much to be discovered as to the relation of the tissues to each other, structurally as well as physiologically. The investigation of the changes occurring in these organs as they grow forms almost a new field of inquiry. This investigation involves most important general questions, such as the nature of the processes of nutrition and growth; and it involves the consideration of many phenomena, which form, as it were, the starting point of those alterations which we regard as morbid, and which subsequently lead to the most important changes in structure. The very earliest modifications occurring in the nutrition of a part are of the greatest interest to us, practically as well as in a purely scientific sense.

An immense field, requiring long continued laborious microscopical and chemical research, yet remains to be explored, before we can give a clear account of the phenomena which succeed each other in regular order in diseases with which we are most familiar; and by such investigations alone can the actual effects of medicines in the organism ever be arrived at. As yet how little we know of the action of the simplest medicines in daily use! We are, nevertheless, convinced that all such matters are to be, and will be, discovered by careful and intelligent observation. How much there is yet to be learned with reference to the changes in the blood in health and disease! and how important is it that we should *learn* the *nature* of the actual changes which take place in the healthy blood-corpuscle, and obtain an insight into phenomena connected with its development, decay, and removal!

The alterations occurring in the capillaries during the nutrition of tissues, and the early changes occurring in inflammation, are examples of important processes, the exact nature of which has not yet been conclusively determined. Questions of this kind form the very foundation of medical science, and how much remains to be worked out in connexion with them.

But, in truth, we do not lack that encouragement to prosecute laborious inquiries which can alone be afforded by the actual establishment of useful results in the course of previous inquiries of a similar character. The anatomy, the action, the morbid changes and the pathology of the kidney, have been most minutely investigated by a very large number of observers. There are few diseases, the course of which is better known, few in which we can obtain such positive evidence on which to ground our diagnosis, few which can be treated with greater confidence, and very few in which the course and result of the case can be determined with greater certainty at a comparatively early period of the malady.

But it is not difficult to point to a still stronger proof of the very important and direct influence which scientific investigation exerts upon the practical treatment of disease. Almost within the memory of young practitioners, the minute anatomy of the most important structures connected with the action of the eye has been worked out. The exact changes taking place in its adaptation to vision at different distances, have been demonstrated. Most important discoveries connected with the mechanism of its various parts have been made. New instruments for the detection of various imperfections, structural, as well as optical, have been designed, brought to a state of perfection, and introduced into general use. New principles in the treatment of diseases of the eye have been laid down, and their truth demonstrated by experience. New operations have been performed, carried out on a large scale, and the results carefully recorded and analysed. Some of these operations have already been brought into general use, and numerous cases have been relieved, which, a few years ago, would have been considered hopeless. But this is not all. From the changes which may be seen to have taken place in the structures of the eye during life, we may form some conclusions as to the changes which may have affected corresponding textures in other parts; and there is even much reason to hope that by the use of the ophthalmoscope, the diagnosis of diseases of the brain may be assisted in the same degree as the diagnosis of pulmonary diseases has been advanced by the employment of auscultation.

Earnest scientific work is now being carried out with continually increasing activity and ever increasing success in every department of natural knowledge in almost every part of the world. Most important changes are also being accomplished in medicine. It is not merely that opinions are being modified as they have been from time to time ever since the foundation of our science, but every question seems to be undergoing the most searching examination. The evidence upon which many facts generally received have been based, is being re-investigated. At every step new facts are discovered, new lines of inquiry are proposed. The changes going on in medicine cannot be attributed to the successful promulgation of any special doctrine, nor are they due to the rise or fall of any particular school. The number of men who devote much of their time to advancing knowledge is daily increasing. The careful examination to which every new conclusion is subjected, ensures its confirmation as true, or its rejection as erroneous.

There are few subjects which afford scope for so
many different kinds of research as medicine;
the progress of our medical knowledge clearl
pends upon the development of several dis
branches of science. Various departments of phy
chemistry, anatomy, and statistics, have been p
cuted by physicians, and the results of thei
searches have been found to have a direct bea
upon the progress of medicine. Indeed, to be
ficial to medicine in the greatest degree, the s
tific work must be prosecuted by physicians t
selves; for it is the physician alone who can u
stand the medical bearing of many questions, w
are also of great general interest.

Those who study the normal changes occurri
the tissues of the body as these tissues grow
learn that all the organs, the elementary pa
all the organs, and the particles of which these
mentary parts are made up, like the entire orga
pass through certain definite stages of existence
and are resolved into compounds of a more si
constitution. These stages of existence, which
continuous and uninterrupted, and pass by i
sible gradations one into the other, neverthe les
quire a certain definite time for their comple
and the periods of time are constant, and
within very narrow limits.

The changes referred to, occur with a certain
and regularity which are repeated in every hea
individual of the same species. We learn
although these changes are influenced and modi
by certain external conditions, they are not ca
by them. That they are intimately connected
certain conditions, which are brought about wi
the organism, is undoubtedly true; but the e
ence of these so-called conditions can be tra
backwards as the consequence of prior conditi
The cause of all must at last be referred to ce
peculiar powers existing in the living being, u
which its very nature depends—powers which it
derived from its predecessors, and which it
transmit to its offspring, but which cannot mani
themselves in any other manner.

The period of duration of life, like other peri
cal phenomena, varies in different classes of ani
and in different species; but in each species
normal period is constant within a certain range,
is never extended beyond a certain limit.

The average period which life lasts in a commu
of individuals may, there is every reason to beli
increase considerably beyond the present avera
but we conclude that the duration of life canno
extended beyond a certain definite limit, becau
can be shown that the limited period of life re
from the occurrence of a certain definite and
broken series of changes which are due to po
resident in the living structure itself, and which c
menced to run their uninterrupted course at
first moment of existence. Although many diffe
kinds of scientific investigation are being pursue
physicians in this country, and to a much gre
extent on the continent, in physics, chemistry,
minute anatomy, which to a general observer s
to have little or no connexion with practical m
cine, such observations will contribute in no s
degree to the attainment of the end which those
devote themselves more exclusively to observing
recording symptoms by the bedside, rightly reg
as the real objects for which medical investigatio
prosecuted; viz., increasing the average duration

ıge health of human life, as well as relieving
ıse.

is only reasonable to believe that, as we gain
exact knowledge of the laws which govern the
ıges occurring in man's organism, and of the
itions by which these may be modified injuri-
or beneficially, this improved knowledge will
ırned to practical use. As the physical condi-
under which life is carried on become improved,
ıverage amount of labour performed by the dif-
ıt individuals of a community will be greater;
will do more work in his time, because he will
better health and live longer. The work
be better work, and its performance will be
npanied with a greater amount of happi-

is clear that, as our means of investigation be-
more perfect and more exact, the inquiry into
ature of physiological and pathological changes
e more minute and our knowledge more exact.
results of these inquiries may lead us to reduce
umber of reputed remedies now employed in
nent; but we shall certainly learn more exactly
at cases and in what particular manner we may
ere with the best prospect of success. Such
ries will teach us more of the real nature of the
sses we have to excite, oppose, or modify, and
ıall, therefore, act with more confidence and
on.

[*To be continued.*]

E OF KLEPTOMANIA. According to Tallemant des
, Henri Quatre was troubled with this disease.
ys of the King: "Il estoit larron naturellement;
pouvoit s'empescher de prendre ce qu'il trouvoit;
l le renvoyait. Il disoit que s'il n'eust esté roy,
esté pendu."

WIN'S HYPOTHESIS. One of the difficulties in the
ıian hypothesis is the want of evidence of progres-
species. Progression in form as in the verte-
seems probable from the geological record, though
ıere there is a difficulty relating to the adaptation
ıs to surrounding circumstances; but progression
separate forms is not yet conclusively shown.
cation is not necessarily progression even though
dified animal should have some forms and pro-
superior in certain senses to those of its an-
Here I may notice the controversy between
sor Owen and two continental anatomists, Schrœder
r Kolk and Vrolik, both of whom, following
ann and Gratiolet, have demonstrated the ex-
of a posterior lobe of the brain in the higher
mana. Owen denies the existence of any such
ment, and on this founds an argument against
winian hypothesis. The Dutch anatomists com-
hat, while Professor Owen compliments them
e great accuracy of their dissections and plates,
this portion of the brain is clearly shown, he
es to deny its existence altogether, and in its
thinks he finds a triumphant refutation of the
ıeory. Van der Kolk and Vrolik pertinently ob-
at if he had studied their dissections and plates
have seen the posterior lobe with its constituent
ıd are at a loss to understand why the accuracy
drawings should be lauded, while Mr. Owen still
the absence of the parts which they have de-
. But it is plain that even if in the brain of the
outang and chimpanzee, there was no posterior
would make little or nothing against the views of
for it could at once be argued that this was but
missing links. (*Professor Stokes' Address.*)

Original Communications.

INFLUENCE OF CONSTITUTIONAL SYPHILIS IN MODIFYING THE CHARACTER OF ORDINARY DISEASE.

By THOMAS WILLIAMS, M.D., F.R.S., Physician to the Swansea Infirmary.

IF there be truth in the axiom, "Naturam morbi remedium ostendit," the following cases afford not only practical instruction, but open up to the student a new sphere of inquiry. The nature of the disease is shown by the action of the remedy. This is a point of view from which disease has been little studied. Within certain limits, our knowledge upon this subject has already assumed a complete and convincing form. Vaccine lymph in relation to small-pox, bark to ague, mercury and iodide of potassium to venereal disease, are illustrations. It is not intended here to apply these general statements in too abstract and absolute a sense. They will be adopted only as guides, by which the mind may be conducted upwards from facts and details to interpretation and principles. Syphilis, in its multitudinous and endless forms, has immemorially engaged the study of the ablest men. But there remain, even at the present time, many bearings and relations in which this animal poison has been little, if at all investigated. The following paper is a humble contribution towards a better knowledge of syphilitic disease, in one only of its consequences. Let the point be put under the form of a question:—

Does any or every disease* of any or every organ, internal as well as external, of the body, assume the same pathological characters, and yield to the same remedies in a system which has never been syphilitically tainted, as in one which has been affected with constitutional syphilis?

Preparatory to the further discussion of the subject, the following cases—only a few out of a considerable number which might be related—which present materials well adapted to aid in the solution of the question, may be studied with advantage.

CASE I. Two years ago, with Mr. Cook, of Morriston, I attended a married lady who was suffering under rupia syphilitica. She was about 29 years of age. She was not aware that she had ever had any primary affection whatever. The child born before the occurrence of the attack is now alive, and is quite well. Another, born about six months ago, lately died of undoubted syphilis, viz.: mucous patches on skin and mucous membranes, cracked and coppery erythematous blotches about the lips and anus and thighs: it died in convulsions. Now, between the conception and birth of this child, the mother never had any manifest syphilitic affection whatever, and during the same period the father was quite well. Therefore, although the attack of rupia which the mother experienced more than two years before the birth of the last child was apparently cured, and although during this period of two years she looked and considered herself "quite well," the child born at the end of this term in two months became the subject of constitutional syphilis, and died. It fortunately happened that, when I was called to this lady in six weeks after her last labour, I remembered that I had attended her two years before for syphilitic rupia. In listening to her story, and that of her friends around her, the question immediately occurred to my mind, "*I wonder whether it is possible that this can be another manifestation of syphilis?*" She was submitted to a most careful examination. The lochia had stopped; the milk had stopped; she had not suckled the child since birth; she was cadaverously pale and sallow, the sallowness wearing a jaundiced tinge, *the white spots of the rupia appearing on this yellowish ground;* the pulse was 120; the breathing about 23 per minute; the skin was profusely wet, especially at night; the state of the lungs was such as at first sight to lead me to believe that she was dying of consumption—the chest afforded no unquestionable evidence; there were sibilant and sonorous rhonchi, abundantly sufficient to prove the existence of a congestive, turgescent condition of the mucous membrane of the bronchial tubes; no sign of tubercular or other consolidation could be discovered; the sputum consisted only of mucus; our patient was extremely prostrate and exhausted, and she seemed to be dying, as if of consumption.

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* Of course, I mean a supposed non-syphilitic disease, such as pneumonia, bronchitis, etc., not any of the recognised syphilitic diseases.

In consultation it was argued that, although the case seemed to approach most closely to that of a person in the last stage of pulmonary consumption, the physical stethoscopic signs were wanting. The conclusion was at length arrived at, that it was better to regard the peculiar group of symptoms of which the case consisted, as dependent upon the syphilitic taint still lurking in the system. It was accordingly determined that it should be at once treated by antisyphilitic remedies.

Ten grains of the iodide of potassium, with three of sesquicarbonate of ammonia, in camphor mixture, were ordered three times a day. In six days afterwards this lady was literally quite well. The strength of muscle and nerve had returned; the sallow tint of the skin had almost disappeared; the profuse perspiration had ceased; the pulse had come down from 120 to 80; the appetite had become vigorous; and the mind had regained its wonted energy and activity. This patient's restoration was as complete as it was rapid.

Does the preceding case justify the acceptation of the theoretical rule, "Naturam morbi remedium ostendit?"

CASE II. Some months ago I was requested by my friend, Mr. Hall, to visit with him a man who was supposed to be dying of softening of the brain. He had been lying in this state for six weeks. He was 49 years of age, an engineer, and a strong, hearty man. Though his head was shaved, and his features altered, I immediately identified the case as that of a man who some three or four years ago had been treated by me for syphilitic sore throat and leprous coppery spots over the body, of which he was cured by mercury and iodide of potassium. He was now labouring under the following symptoms: his pulse was about 40; his respiration slow; he had a sallow, dirty, state of skin; he had entirely lost his appetite; he appeared to have almost entirely lost his mind; he could not understand a question—even to the shortest, put to him in a sharp, loud tone, he would only give a slow, broken, dubious answer; he spoke idiotically; he would creep out of bed, and steal in the middle of the night to the garret; his wife could not obtain from him an intelligible answer to any question; his countenance wore a vacant, staring expression, the pupils being somewhat dilated. He had been treated for "ramollissement" of the brain with all sorts of things, but nothing seemed to have the slightest effect upon his case.

In consultation, I related to Mr. Hall the circumstances under which the patient had been under my care some four years previously, and I raised the question whether it was not possible, even after the interval of four years, that the assemblage of symptoms then present in the case might in truth be due to a syphilitic taint still prevalent in the system. It was agreed that nothing but pure antisyphilitic remedies should be tried. Ten grains of the iodide of potassium with ammonia were advised, three times a day. In five or six da man was literally quite well. His pulse had inc in frequency; his skin had assumed a cleansed his eye had reacquired life and intelligence; he talk and laugh, eat, drink, sleep, and walk abou room. In a fortnight he was again about the road any other man!

What inference is deducible from this case, if it embodied in the classic maxim, "Naturam remedium ostendit?"

CASE III. A short time since, a German, aged 4 admitted into our infirmary, under my care. He nasally. I looked at his throat and found that h lost the uvula, and was still the subject of a perfo or excavating ulcer, which threatened soon to c soft palate into two parts. It was also evident some time before he had been the subject of r white spots were distributed over his dirty, sallow tenance. He confessed that he had. Mr. Thoma house-surgeon, then drew my attention to a pneu crepitation which he had discovered under th scapula. We made a careful examination wit wooden, and with Alison's differential stethoscope. crepitations were found to be somewhat larger than of ordinary pneumonia, and were very audible during expiration and inspiration. The sputum some places (in the vessel) rusty, in others pu in others streaked with blood. We could not co ourselves that any dulness existed in the perc note, nor could we discover any tubular or puerile b ing. The pulse was rapid, and the perspirations profuse at night, and the man seemed altogethe ill. My diagnosis was that, the ulcer in the thro unquestionably syphilitic, and that the condition lung, though differing from ordinary pneumonia in ral of its characters, was also syphilitic. He was t accordingly. The throat almost immediately go and the lung and the constitution in a short rallied.

Now, what lesson does this case teach? It t nothing if it be denied that there is any truth i axiom, "Naturam morbi remedium ostendit."

CASE IV. Ten years ago, a gentleman, about years of age, became the subject of secondary toms, for which he was carefully treated. Durin nine subsequent years, no syphilitic disease of an occurred. He reports himself as having enjoyed health. Two years ago, in the tenth year aft attack of syphilis, he became the subject of "ep fits." These fits, with variable frequency, had lasted for nearly two years. They had been t with belladonna, quinine, etc. All these re appeared only to intensify the attacks, and to in their frequency. In consultation upon the case called to his mind the fact that ten years a suffered under symptoms of constitutional syphilis recollected and admitted the fact. It was then gested that those remedies which exerted an syphilitic power were the most likely means by to effect the cure of his epilepsy. The iodide tassium with ammonia were accordingly given From that moment no epileptic fit has occurred. S months have now elapsed since the last fit; befor were of almost daily occurence.

What inference does this case justify? It is, convinced, expressed in the aphorism, "Naturam remedium ostendit."

No merit for subtlety of diagnosis is claimed in cases. In the first two and in the fourth the pr history was known; it was so suggestive that on idea could arise in a reflective mind. In the the whole character of the disease was engrav its outward aspect, and only one suspicion cou seized.

But suppose that all these associative and sugg

mstances had been wanting, I ask who could have
ed (except *possibly* in the third), in any of these
s a judgment even approximating a correct diagno-
In the physical evidence there was nothing dis-
ive; nothing but the *remedy* brought proof as to
nature of the disease. If antisyphilitic remedies
not been used, what would have become of these
nts? There rests upon my mind the deepest con-
on that all would have died. Let us reflect. Will
t be admitted by every practitioner in the country
syphilis ramifies under thousands of veiled and ob-
forms into the great mass of society? Does it
r to any physician in treating disease, to inquire—
ve you ever suffered under constitutional syphilis?"
primary syphilis I entirely exclude.) Think of the
ses of the eye which Mr. Jonathan Hutchinson has
ght into notice in connection with this subject!
n the history of the syphilitic poison is better
n than it is at the present time, it is certain that
Henry Lee will have to withdraw the remark "that
yphilitic poison in a very great majority of cases
ices its principal effect upon the skin." The child
lies of constitutional syphilis does not die of the
affection of which it is the subject, but of the opera-
f the virus upon the internal vital organs of the body.
ime will assuredly come when many diseases, which
ow supposed to be classifiable under the category
linary non-syphilitic diseases, will be referred to
right causes. In hundreds of cases of death
in this country occur every year under a syphi-
aint, it is my firm conviction that death takes place
om disease of the skin, but from a general conta-
ion, poisoning of the body, in which the blood,
us system, all the vital organs, every tissue in the
are affected, even though the skin may show no
of disease. In me it would appear presumptuous
anything on any of several important points in
ction with this subject. I leave them to those
is men more favourably situated than I am. But
put questions which, as far as I know, have never
asked before, and which I hope will evoke an
r from some one of those experienced observers in
ction with the large lock hospitals of the country,
re so much more able than myself to afford the
nation required.

s it possible to prove by credible data that a per-
ho has once become the subject of constitutional
is, throughout after life, *in all diseases* under which
y suffer, is benefited more by antisyphilitic or
l remedies, than by those which apparently under
me morbid conditions suffice to effect a cure in
s who have never been the subject of syphilis?

Are there any one or more signs which may be
ed in the present state of our knowledge, as proofs
he system is still subject to or radically purified
syphilitic taint, in a person who has once been the
t of constitutional syphilis?

t were possible to determine these questions in
n to syphilis, the solution of similar questions
ation to other diseases would soon become prac-
.

we in a position in the present state of know-
to declare that every germ of constitutional syphi-
ce planted in the system, is capable of being
ghly, radically, and for ever, beyond all possi-
of recurrence, extinguished? Numerous cases
have been brought under my notice during the
n years compel me to answer—No: we are not
position. One invasion of constitutional syphilis
shes a "diathesis," that is, a peculiar tendency to
ial form of disease in any or every part or organ
body, which may manifest itself in the system of
ected person for at least very many years after-
Under an apparent absence of all disease, the
taint exists, though veiled and concealed by the deceptive garb of health, and may be communicated by the parent to the child. Now, here the question of diathesis (*i.e.*, a latent vital power which is capable of imparting a special direction to all morbid processes which may occur in the body during the period of its prevalence), is brought in the clearest and most incontrovertible manner within the satisfactory bounds of direct demonstration. In the cure of constitutional syphilis, the chief indication should obviously be not alone to remove an outward disease or sign, but permanently to correct the diathesis. In those cases in which I know that secondary symptoms have happened, I strongly advise a *periodical recurrence* to the use of antisyphilitic remedies for years after the first outbreak of the disease. If a second vaccination can do anything, it must be that it intensifies the protective power of the first. A second, a third, or a fourth repetition of an antisyphilitic "course of medicine" will only augment the force of the guarantee afforded by the first. The system of the patient must necessarily be *more certainly* in a purified state after the second than after the first use of special remedies. Mercury does little constitutional harm, if administered endermically as recommended by Mr. Lee and Mr. Parker. Iodide of potassium is far more rapid than mercury in the cure of secondary syphilitic disease; but mercury is positively required to destroy and eradicate the syphilitic diathesis or taint. After the former, the disease will manifest itself again and again; by mercury, when properly administered, it is believed by many able men that it is curatively and permanently uprooted.

MEDICAL PSYCHOLOGY.

By Robert Dunn, F.R.C.S.E.

III. *On the Psychological Phenomena or Symptoms of Disease.*

[*Continued from page* 358.]

Cerebritis and Pressure. There is, however, a form of delirium and coma dependent upon other and very different pathological conditions, and which it is of the utmost importance in practice to recognise and detect. I mean the *delirium* which is manifested in inflammation of the superficies of the brain and its investing membranes, and the *coma* that is caused by compression of its substance, whether from the effusion of blood or of serum. Inflammation of the superficial cerebral substances, and of the meninges of the brain, is a fearful, but happily, in adult life, a most rare disease. In the traumatic form, it is occasionally met with; and sometimes, idiopathically, among children of a strumous habit. While I agree with Dr. Abercrombie that it is impossible to separate, either in diagnosis or treatment, inflammation of the arachnoid and pia mater, I am quite of Mr. Solly's opinion, that it is equally as impossible to diagnosticate inflammation of the membranes from that of the superficies of the brain. Nor need this be a matter of surprise, seeing that no part is more abundantly supplied with blood-vessels. "The pia mater, which lies in contact with the whole of the undulating surface of the convolutions, is a membrane of blood-vessels, from which innumerable minute vessels penetrate the vesicular matter. A piece of this grey matter of the convolutions, successfully injected, appears perfectly red, from the multitude and proximity of these blood vessels." Dr. Abercrombie, in my opinion, justly considers the *phrenitis* of former writers to be *meningitis* or inflammation of the membranes of the brain, and "as characterised by fever, watchfulness, acute headache, impatience of light, suffusion of the eyes, and maniacal delirium."

Out of a number of well-marked cases of inflammation of the brain and its membranes among children, which have come under my own observation in general practice, as an illustrative instance, I shall give the particulars of one, and also of a case of coma from pressure, without delirium, and both of which to me, at the time, were alike interesting and instructive.

The first case was one of local tubercular deposit upon the surface of the hemispheres, occurring in a fine, intelligent, but strumous boy, of two years old, who died at the end of six weeks from the time I was called to him. I brought the case under the notice of the Royal Medical and Chirurgical Society, and it is published in vol. xxv of the Society's *Transactions.* My friends the late Dr. Todd and Mr. Bowman were present at the autopsy, and the following is Dr. Todd's account of the *post mortem* appearances.

"The scalp was pale and bloodless, like the rest of the body, which was much emaciated. The dura mater was healthy. The vessels on the superficies of the brain were tinged with dark blood, but there was no subarachnoidal effusion. The arachnoid cavity was natural. On the surface of the right hemisphere of the brain, both under the arachnoid and pia mater, there was a deposit of tubercular matter, in patches of irregular shape and size, but the whole occupying a surface of about two inches square. The deposit was most abundant upon the surface of the convolutions; it nevertheless descended into the sulci between them—a circumstance which proved its connexion with the deep surface of the pia mater. The cortical substance of the brain in contact with the tubercular matter was *reddened* and greatly softened, and, on microscopic examination, evinced a nearly total destruction of the tubules in it; a great enlargement of the proper globules of the grey matter, and of the pigment-granules which adhere to them. The softening extended a slight way into the subjacent white matter. On the edge of the left hemisphere, corresponding to the diseased patch on the right, a slight tubercular deposit had taken place in a similar manner, producing a red softening of the grey matter in contact, but not occupying more than half an inch square in surface. The ventricles contained more water than natural—about double—and did not collapse when laid open. The cerebral substance throughout, excepting at the diseased part, was firmer than usual at the patient's age. The firmness was, no doubt, owing to the compression of the fluid, which probably, at an earlier period of the disease, was more abundant."

In this case, the motor phenomena were peculiar and striking, and induced the belief of the existence of tubercle. When I was first called to the child, he had awoke as usual between six and seven o'clock in the morning, and his mother was alarmed by observing his left hand begin suddenly to twitch and jerk convulsively. The intellectual faculties were not then affected; the child was laughing and talking, and perfectly sensible. He had fallen down stairs fourteen days previously to the attack. On the third day from the first occurrence of the convulsive action of the arm, there was an imperfect paralysis of the hand and arm. On the fourth day, the convulsive jerkings were not confined to the arm, but involved the whole of the left side, with twitchings of the eye and angle of the mouth. As the fits increased in violence, he became excited and delirious, cried and screamed out violently. They were followed by profound sleep for several hours. Towards the close, he continued delirious; his head was hot; face flushed; pulse hurried; pupils dilated; eyes squinting, insensible to light; eyelids constantly open, and only able at times to recognise the persons about him. He sank comatose. Now, the motor phenomena in this case were most probably due, in the first instance, to a local irritation or disturbance in the integrity of that part of the medullary substance of the hemisphere situated immediately beneath the tubercular deposit, and which
had possibly been occasioned by the fall which
child had met with; for at first there was no cons
tional derangement nor mental excitement. But
the accession of fever came irritability of mind
temper, delirious excitement and fits of screaming,
an extension of the convulsive movements to the w
of the left side of the body, indicating the spread o
membranous irritation, and the implication both o
grey matter and of the medullary substance in th
flammatory process.

There was a peculiarity—a psychological phenom
—in this case, which is worthy of record. Both
parents of the child, for four or five months previo
his attack, had been particularly struck with a ma
change in his disposition which had been grad
taking place. From being a happy, placid boy, he
become irritable, peevish, and petulant, impatie
control, very determined to have whatever he se
mind upon, and not to be driven from his purpose;
word, to use their own language, he had become a
self-willed and obstinate little boy. So marked, in
was this change in his disposition, that it had beco
subject of serious consideration with them wheth
was to be attributed to some latent disease under
he might be labouring, or to mere infirmity of tem
but, as the child continued to eat, drink, and sleep
and did not appear to be suffering from any bodily
plaint which they could detect, they did not take
medical opinion, but contented themselves with en
vouring to correct, by moral discipline and man
ment, what they were induced to consider rather a
infirmity of the mind than of the body.

Now, it is certainly a significant fact, and worth
notice, that the tubercular deposit should be foun
be situated on that part of each of the hemisp
where Gall and Spurzheim have located their org
firmness; it extended a little, perhaps, beyond
boundary line, especially on the right side, and
croached upon the site of the organ of *self-esteem.*
such a case as this, it is but reasonable to infer
among the first of the morbid effects arising from
tubercular deposit would be an irritating exciteme
the grey substance, which would lead to an abno
development of its functional power; and, as obst
is an abuse of firmness, if we associate the chan
disposition which had taken place in the child with
structural disturbance induced by the tubercular
posit, we cannot resist the phrenological inference
the site of the organ of *firmness.* The attempt, ind
to trace the connexion between structural disease
particular portions of the substance of the brain,
deranged, impaired, or obliterated manifestations of
mind, however it may be beset with almost insuper
difficulties, is nevertheless one of vast interest and g
importance; and, to this end, I cannot suppress my
viction that it is an incumbent duty upon the me
practitioner to make himself thoroughly acqua
with the principles and facts of phrenology, and
the respective sites or localities of the different or
in the cerebral convolutions; and to let no opportu
slip of bringing phrenological doctrines to the te
experience. If I am not greatly mistaken, it is to
mortem examinations of the brain, and to patholo
investigations, more than to any other source, tha
are to look, not for the discovery of normal functi
but for evidence in support or refutation of the dog
of phrenology. In the case I have related, while
peculiarity of the motor phenomena at the beginni
the attack led to the belief of the existence of tube
in the brain, the psychological phenomenon, or
served change in the disposition of the child, was
only indication of the *local* seat of the disease.

The case of coma from compression of the brain
that of a tradesman of middle age, living near to me
was called to him on Monday, Nov. 12th, 1855; an

from coma. at the end of a fortnight. He was a
of a placid disposition and regular habits; but,
ng the last year of his life, he had, in consequence
illing some parochial offices, been subjected to a
l deal of irritating excitement and annoyance. On
Wednesday of the week before I was called to attend
he first began to complain of pain on the left
of his head. The night previous, he had attended
of those stormy parochial vestry meetings which
not unfrequent, and had been unusually excited.
got about his business, however, as usual, and on
Saturday night took a dose of aperient medicine.
he Sunday evening, he went to church with his
; but such was the feeling of drowsiness, that his
assured me he slept the greater part of the service,
very heavily throughout the night afterwards. In
quence of this excessive lethargy, I was sent for
e Monday evening. He then complained of the
on the left side of the head, and great drowsiness.
was perfectly collected, nor was there any febrile
rbance. His pulse was quiet and regular, but he
eavy and depressed. Leeches were applied to the
of the pain, and a brisk mercurial purgative was
. I found him the next day about in his business
ual, in better spirits, and not so lethargic; but the
ollowing he became worse, and complained of sick-
of stomach, great sleepiness, and depression of
. He was cupped from behind the left ear to
or ten ounces, and I began giving him a grain
lomel every four hours. The following morning,
g him in a semi-comatose state, hemiplegic on the
side, with marked rigidity of the muscles of the
nd leg, I had a consultation with Dr. Todd, and
lvantage of his assistance in the future treatment
e case. It was a point of discussion between us,
er the symptoms were due to the pressure of a
ficial apoplectic clot, or to a patch of inflamed
on the left hemisphere. I had looked upon the
oms from the first as indicative of pressure, but
odd had a leaning towards the latter condition.
greed, however, to push the mercury to salivation,
o keep up counterirritation by blisters. Under
eatment, for six or eight days, he appeared gradu
o improve. He recovered his consciousness, al-
h retaining a certain degree of somnolency; the
sed limbs regained a greater degree of power; and
uscles became less rigid. We looked hopefully
d as to his ultimate recovery; and, as the gums
ecome affected, thought that the mercury was
for good. But our hopes were short-lived. A
n relapse into continued lethargy, with paralytic
oms in a more severe form, ended in profound
under which he succumbed.

he *post mortem* examination, we found a consider-
poplectic clot on the surface of the left hemi-
, causing a deep indentation on the convolutions,
did not disappear when the clot was removed, such
he degree of pressure on the cerebral substance.
tting through the clot, it was seen to consist very
tly of two portions, one brownish in colour, and
g old; the other consisting of dark currant jelly-
oagulum, which had only been recently effused.
it was evident that the original cause of the symp-
was a meningeal effusion of blood compressing
ain to a very great extent. The shock which the
had received at the first effusion of blood having
ed, and the watery part of the coagulum having
absorbed, a restoration of consciousness and a
l improvement in the other symptoms took place.
, however, gave way before the second hæmor-
which led to the fatal issue.

Burrows, in his valuable *Lumleian Lectures*, de-
l at the College of Physicians in 1843, and which
the pleasure of hearing, has proved to demonstra-
at the blood in the brain is a *varying quantity*; and has shown that in certain diseases of the heart, even where there is no evidence of any deterioration in the quality of the blood, the disturbance of the balance in the cerebral circulation occasioned by the embarrassed action of the heart is a frequent cause of delirium. But, in cases of gout, the delirium is greatly aggravated by the circulation through the brain of an impure and impoverished blood with diminished force; for, as Dr. Todd has well observed, "the cerebral battery being excited by a thin watery blood, deficient in its colouring matter, and perhaps also in some other of its staminal principles, and which at the same time contains a poisonous element, it is easy to understand how it will exhibit more rapid and active chemical and physiological changes; and, consequently, will develope the nervous force with a rapidity and force which disturbs the mind, exciting repeated and irregular acts of thought, and refusing to be controlled by it. In gout, and especially in the more aggravated cases, as in asthenic gout, we have a deranged state of the blood—a poorness of blood, from deficient colouring matter; and a poisoned condition, by lithic acid, or whatever other material it may be which forms the *materies morbi* of this disease."

There can be as little doubt that an anæmic condition of the brain gives rise to delirium, as that a sudden stoppage of its circulation is followed by syncope and coma. There was a time, indeed, when delirium was considered an unerring sign of inflammation of the brain, and when pressure was thought to be the chief, if not the sole, cause of coma; but now every obstetric practitioner must give his adhesion to the doctrine of Dr. Marshall Hall, "that *loss of blood* is by far the most frequent and influential source of delirium and coma in the puerperal state". "If a woman", says he, "has a profuse hæmorrhage after delivery, she will probably have a distressing headache, with throbbing in the head, noises in the ears, a colourless complexion, and a quick, weak, often thrilling pulse, all which symptoms are greatly increased by any exertion." He adds: "I have seen blood taken away from the head, and it has afforded relief for a few hours; but then the headache, throbbing, noises, have returned worse than ever. The truth is, that this is the acute stage of what in a minor degree and in a more chronic form occurs in chlorosis, by which I mean pale-faced amenorrhœa, whether at puberty or in after life." There is abundance of evidence that delirium is but too often the consequence of an *excessive loss of blood*, and that an inadequate supply to the brain is as surely to be followed by coma.

To Dr. Marshall Hall and Dr. Gooch we are also indebted for pointing out the true nature of a comatose condition arising from *exhaustion*, with which every general practitioner is so familiar, but which had previously been thought to be occasioned by inflammation and effusion. It is chiefly met with in infant life, and has accordingly been designated by Dr. M. Hall "an hydrencephaloid affection of infants, arising from exhaustion"; but it is not confined to the period of infancy. He divides the affection into two stages—"the first, that of irritability; the second, that of torpor. In the former, there appears to be a feeble attempt at reaction; in the latter, the nervous powers appear to be more prostrate." If improperly treated, by leeching and purgatives, instead of nourishment and cordials, "the countenance becomes pale, and the cheeks cold; the eyelids are half-closed; the eyes are fixed, and unattracted by any object placed before them, the pupils unmoved on the approach of light; the breathing, from being quick, becomes irregular and affected by sighs; the voice becomes husky; and eventually the strength of the little patient has been subdued, and the vascular system exhausted, by the abstraction of blood."

Now we have seen in what a large class of diseases, and how in all cases involving a deterioration or poisoning of the blood, quite independently of that dire affection, inflammation of the brain and its membranes, the mental phenomena of delirium and coma are so frequently if not constantly developed, in varying degrees, but closely associated in the sequence of effects or consequences. Here a correct diagnosis is of paramount importance in respect to the treatment we ought to pursue. It makes all the difference whether the delirium is due to inflammation of the cerebral substance, or to mere functional excitement; for, I would ask, how can the delirium or coma of the pale-faced chlorotic, or where uterine hæmorrhage has been excessive, be benefited by any form of depletion? And, again, how can the morbid element in toxic delirium or coma be eliminated from the system by blood-letting, local or general? Mr. Solly has well observed, "that one of the most important laws of vital action, which pathology has unfolded to us in relation to the nervous system, is this—that the first effect of the first stage of inflammation of *neurine* is to excite and exalt to an unnatural degree exactly the same kind of power which we have reason to believe resides in it in a normal state. For instance, the first effects of inflammation of the surface of the brain is to excite the mental faculties, to produce great irritability of temper, and constant restlessness or desire for action. If the inflammation be arrested at this point, the patient recovers his reason; but if it pursues its ravages undisturbed, limiting its destructive effects to the spot where it commenced, without extending to that portion of the brain which is beneath it, it *annihilates the intellect*, but does not affect the muscular system; while, on the other hand, if the inflammation extend farther, reaching the instruments by which the will travels to the muscles, it produces *convulsive action* on those muscles, which afterwards become paralytic; in this case, the integrity of the *neurine*, through which volition traversed to call these muscles into action, is comprised, and its power, therefore, as an instrument for the production of voluntary motion, destroyed." (Solly on the *Brain.*)

I cordially agree with him in ascribing the mental disturbance, excitement, excessive pain, intolerance of light, delirium and insanity, which have been observed as the diagnostic marks of inflammation of the arachnoid and pia mater, not to a simple lesion of either a serous or vascular membrane, but to the *injury* which that portion of the brain that is in contact with these membranes has received from the inflammatory process; and still farther, that "the condition of the intellectual faculties has not hitherto been sufficiently attended to, as a part of our chain of evidence, when we attempt to diagnose affections of the brain."

[*To be continued.*]

SNAKE-BITES. Underwood, the discoverer of a supposed antidote for snake-bites, died near Melbourne (Victoria) on the 28th December. For some time past public opinion has been divided as to the efficacy of the discovery, and the death of Underwood from the effect of a snake-bite, after the application of his so-called antidote, has settled the question in favour of the non-believers in it. Underwood has for some time past been in the habit of exhibiting snakes in and around Melbourne, and tempting the reptiles to bite either himself or his little daughter, in order that he might apply the antidote, and publicly test its goodness, and it was at one of these disgraceful exhibitions, at the bar of a public-house, that Underwood met with his death. This is the second victim of the fallacy of these supposed discoveries, and the jury at the coroner's inquest, in returning their verdict, expressed an opinion "That persons ought not to be allowed to exhibit poisonous snakes, and allow themselves and others to be bitten." Underwood was 57 years of age, and was formerly a prisoner of the Crown. (*Melbourne Age.*)

Reviews and Notices.

THE PATHOLOGY AND TREATMENT OF PHLEGM
DOLENS, AS DEDUCED FROM CLINICAL AND
SIOLOGICAL RESEARCHES; being the LETTSO
LECTURES IN MIDWIFERY, delivered before
Medical Society of London during the Se
1861-62. By F. W. MACKENZIE, M.D., M.R.C.
Fellow and Member of the Council of Unive
College, London; etc. Pp. 131. London: 1

DR. MACKENZIE, having been chosen last ye
deliver one of the Lettsomian courses of lec
before the Medical Society of London, select
his theme the Pathology and Treatment of P
masia Dolens—a subject, to the elucidation of
he is well known to have for several years de
much labour. His views regarding the diseas
ferred to were first laid before the profession
paper read before the Royal Medical and Chirur
Society in 1853, and published in the thirty-
volume of the *Medico-Chirurgical Transac*
Many of the facts formerly brought forward b
author are repeated in the present lectures;
here clinical observation, rather than phy
gical research, is put in the foreground, whil
reverse was the case on the former occasion.

The first lecture is on the Pathological Histo
Phlegmasia Dolens. Here Dr. Mackenzie gi
summary of the views which have been held
the nature of the disease, and describes its local
racters, its etiology, symptomatology, and m
anatomy. The theories which ascribe the pheno
of phlegmasia dolens to crural phlebitis, or to
pression of the lacteal or lochial secretions, or
jury, inflammation, or any peculiar state of
uterine system, are, in Dr. Mackenzie's opinion
tenable. Regarding phlebitis especially, he a
the following conclusions:—

> "1. Crural phlebitis, in a pure and uncompli
> form, cannot give rise to all the local and general p
> mena of the disease, and therefore cannot be its
> mate cause.
>
> "2. Phlebitis itself is, for the most part, not a pri
> but a secondary affection; and, in a great majori
> cases, is a consequence of the circulation of impu
> morbid blood in the veins.
>
> "3. The proximate cause of the disease is, ther
> presumably, a morbific condition of the blood, wh
> have experimentally shown to be capable of produ
> not only the lesions of the veins met with in the di
> but all its other phenomena." (P. 6.)

These three conclusions, in fact, contain the
of Dr. Mackenzie's views on the pathology of p
masia dolens.

In speaking of the etiology of the disease, a
the conditions which may give rise to its pr
tion, Dr. Mackenzie shows that it is not o
cessity dependent on the puerperal state; f
occurrence has been noticed in non-puerpera
males. Among the cases of this kind which h
collected,

> "In one series, the attack was found to follow
> or to occur during, the course of some ordinary
> In another series, it occurred in connection with
> inflammation or disease of the pelvic organs......
> another series of cases, the attack followed upon
> posure to cold.......In a fourth series, the attac

ed in connection with constitutional disease, such etes, consumption, etc. Lastly, in a fifth series, it wed upon suppression of the menstrual secretion."

hese several conditions, Dr. Mackenzie points have their analogies in various states under ch puerperal females are liable to be attacked phlegmasia dolens.

n speaking of the symptomatology, the author gnises two forms of phlegmasia dolens; the ple or uncomplicated, and the complicated form. simple or uncomplicated form arises under four cipal circumstances.

1. During the convalescence from some form of rperal fever; 2. In connection with large losses of d, sustained either during or subsequently to labour, ith anæmia antecedently existing; 3. As the result xposure to cold during an otherwise prosperous con- scence from childbirth; 4. As the effect of a febrile ement consequent upon some error or irregularity iet." (P. 27.)

he complicated form occurs,

During the progress of some form of puerperal r; in connection with pelvic inflammation and sup- tion; with malignant disease of the uterus or pelvic ns; with constitutional disease of a grave character, as phthisis, diabetes; with zymotic fevers; or with mmatory disease of various important organs." (*Ib.*)

he first of these forms presents comparatively no ger; while in the second, or complicated form, disease is always very grave, and sometimes even l.

rom what has just been said, it may be inferred the opportunities of examining the morbid tomy of phlegmasia dolens have been mostly cted by the severe or complicated form of the ase; and in perusing the summary which Dr. kenzie gives of these appearances, we see, as we eve, the key to the fatality of the disease when th takes place. Nearly all the *post mortem* nomena which Dr. Mackenzie mentions are indi- ve of pyæmia—connected, no doubt, with the dition of the contents of the obstructed veins; ch contents, in advanced cases, Dr. Mackenzie ribes as being

Generally softened down into a pultaceous puriform ing matter, often regarded as pus; but, as far as I e observed, not presenting the genuine appearance pus under the microscope, but rather those of ened fibrine, and evidently produced by the liquefac- of the obstructing coagula." (P. 38.)

n the second lecture, Dr. Mackenzie gives an ac- nt of his Physiological Researches into the gin of Phlebitis as connected with the Pathology Phlegmasia Dolens. Under this head, Dr. Mac- zie describes the results of a number of experi- nts which he has performed. He finds that me- nical injury or irritation of the external mem- ne of veins does not essentially produce obstruc- phlebitis. In another series of experiments, he luded the blood from portions of the venous tem, and irritated them by solutions of bichloride mercury or other salts; no lymph nor pus was sed in the veins thus irritated, as long as the od was excluded; but, when allowed to enter, the od coagulated immediately.

n the next series of experiments, Dr. Mackenzie ceeded in producing the phenomena of phlegmasia ens by injecting lactic acid into the veins of dogs. quote, with slight abridgement, the details of one of these experiments. He tied the right femoral vein of a dog, but produced only a little œdema, which disappeared in seventy-two hours.

"The left femoral vein was now ligatured, and above the ligature half a drachm of lactic acid diluted with ten drachms and a half of tepid water was injected towards the heart. In twenty-four hours the corresponding extremity was greatly swollen throughout, its temperature was raised, it was painful on pressure, and the dog moved it with difficulty. In forty-eight hours its general condition was the same; the swelling was still considerable; the limb was tender on pressure, and the dog still moved it with difficulty. It was now killed, and the parts examined.

"*Dissection.* The left posterior extremity was generally swollen. The subcutaneous and intermuscular cellular tissue was morbidly vascular and infiltrated, and the muscles themselves were in places swollen and congested. The external and common iliac veins were filled with a firm coagulum, which was throughout adherent to their lining membrane; and, on removing it, some red gelatinous-looking matter was left upon the interior of the veins, which for the most part could be readily brushed away, but here and there portions of it were firmly adherent. The lining membrane of those veins was somewhat redder than natural, but for the most part smooth and glistening. At its junction with the femoral, the coats of the external iliac vein were thickened and opaque, and it did not collapse on being cut through. The left femoral vein was filled with a dark coagulum, which was somewhat soft and grumous immediately below the ligature, but which elsewhere was of firm consistence. It was slightly adherent, and, on removing it, a little gelatinous looking matter was left upon the lining membrane, which could be easily brushed away. This vessel was neither thickened nor opaque, nor was any increased vascularity of its coats observed. The principal branches of the femoral vein were all filled with firm coagula, but these were very slightly, if at all adherent to the interior of the veins. The posterior tibial vein was thickened, and its coats did not collapse on being divided; it was throughout filled with a coagulum. The right femoral vein contained a firm coagulum, which was slightly adherent, and on removing it, a little red matter was left upon its interior. This vein was neither vascular, thickened, nor opaque. A small coagulum was also found in the right popliteal vein. On making transverse sections of the different coagula found in the veins, it was observed that their exterior was much firmer than their interior. The former consisted of firm coagulated blood, the latter of little more than a grumous semifluid material. Hence it seems reasonable to conclude that coagulation had commenced at the circumference of the coagula, where the blood was in contact with the lining membrane of the veins." (Pp. 59 60.)

From this and similar observations, Dr. Mackenzie infers that the coagulation of the blood in the vessels below the point of obstruction was the result of the action of the vitiated blood after it had gone the round of the circulation; that it was produced by an altered state of the vitality of the lining membrane of the venous system—that is, by a disturbance of the normal relation of repulsion which exists in health between the blood and venous tissue. He believes that this idea is supported by the coagulation of blood in the interior of veins to which chemical irritants have been applied, and by the fact that the addition of "devitalised matter," such as warm water, to blood drawn from the body, hastens coagulation—by abstracting from the blood, he supposes, "the principle of vitality on which its fluidity depends."

Now these experiments of Dr. Mackenzie, and the deductions he has drawn from them, are open to grave objections. In the first place, in hastening the coagulation of blood by the addition of warm water, he has entirely overlooked the fact that a moderate amount of heat promotes coagulation by producing, as Dr. Richardson has demonstrated, a more rapid evolution of the ammonia which holds the fibrine in a state of fluidity. Again, if Dr. Mackenzie had tried the effects of certain other fluids, quite as "devitalised" as warm water—such as solutions of various salts of the alkalies—he would very frequently have found coagulation *retarded*, instead of being hastened.

Admitting that phenomena resembling those of phlegmasia dolens were produced by injecting lactic acid into the femoral veins of dogs, we are disposed to give a different interpretation from that adopted by Dr. Mackenzie. We regard the condition of the leg below the point of injection as a result of the complete obstruction to the venous circulation produced by the action of the lactic acid on the blood—an obstruction which, extensive as it was, interfered with the relief of the limb by the collateral circulation. One of Dr. Mackenzie's experiments, indeed, bears out this view. He injected lactic acid (diluted with water in nearly the same proportion as in the experiment already related) into the jugular vein of a dog. *The dog was not materially affected by the operation*, and was killed the next day, when "the jugular vein was found closely obstructed throughout by a coagulum which adhered to its interior". Now how can the non-production of severe local symptoms in this case be explained, otherwise than by supposing that the head was relieved of its venous blood by the veins of the opposite side?

More might be written on this subject; but enough, we think, has been said to show that Dr. Mackenzie's experiments do not bear out the conclusions which he has derived from them; and that there is no necessity for referring the state of the veins in the limb operated on to any mysterious "altered state of the vitality of the lining membrane of the venous system".

While we are thus compelled to object to Dr. Mackenzie's explanation of the first steps in the pathological process inducing phlebitis, we are much more satisfied with his explanation of the consecutive phenomena. If the plastic force be high, complete obstructive phlebitis is produced; while, if the powers of life be low, the result is a disintegration and softening down of the obstructing fibrine, which, taken into the circulation, gives rise to the assemblage of symptoms commonly known as pyæmia.

We have but little space left for an analysis of the third lecture, the subject of which is the Application of Pathological and Physiological Inferences to the Prevention and Cure of Phlegmasia Dolens. This lecture exhibits Dr. Mackenzie as a much better practitioner than physiologist. In speaking of the preventive treatment of phlegmasia dolens, he notices the influence, in its production, of irritations connected with after-pains, with urinary distension, with overloaded bowels, with certain conditions of the mammary glands, with the spinal ganglia and nerves, with inflammatory conditions of the pelvic and abdominal organs; as well as of irritations of the blood leading to febrile diseases. And he points out the importance of meeting these
ditions, when presented, by appropriate mean
as, if possible, to obviate their influence in the
duction of phlegmasia dolens.

In the curative treatment, the author recog
a sthenic or inflammatory, and an asthenic or s
type. In the sthenic form, the curative treat
consists in the use of emetics and purgatives, a
means to maintain the renal and cutaneous s
tions; while, in the corrective treatment, Dr. Mac
zie, recognising the presence of an excess of fi
on the blood, and the solvent power of ammoni
this substance, advocates the use of salts of
alkali, and those of potash, with moderate but
tained purgation by bitartrate of potash, as the
cipal means of diminishing the excess of fibrin
of maintaining its fluidity. Some remarks follo
the management of the patient during convalesc
and on the local treatment.

In the asthenic form, Dr. Mackenzie uses pu
tives and antiseptics; among the latter of which
places the greatest value on hydrochloric acid an
sesquicarbonate of ammonia. The latter he pr
in cases "in which the vital prostration is
great", and in those "in which there is an inf
matory tendency". To renovate the blood and
store constitutional power, suitable food, wine, sti
lants, and quinine in conjunction with mineral a
are indicated. Finally, Dr. Mackenzie insists
the "necessity for the freest ventilation in t
as well as in other forms of septic fever"—a reme
measure the importance of which, he observes,
recognised even by physicians of the past age,
by none more than by Dr. Lettsom himself.

We must conclude our notice of these *Lect*
of the merits of which our estimate has varie
the course of our reading. In the first lecture,
noticed the indications of a laudable desire to
plain an undetermined question in pathology,
of a highly creditable amount of industry and pe
verance in endeavouring to obtain the end propo
as far as clinical observation would lead to it.
the second lecture, we have been obliged to st
objections to Dr. Mackenzie's physiological ar
ments; and, if we have expressed our objecti
with any force, we have done so because of
esteem for one who has laboured so earnestly, and
our regret that he should allow himself to ad
such a faulty line of reasoning as that which he
followed. But, while the second lecture fails
show the author in a favourable light as a p
siologist, the third lecture exhibits him to m
advantage as an observant practical physici
adopting a line of treatment which seems b
sanctioned by experience, and based generally
rational physiological principles.

An Effectual and Simple Remedy ror Scar
Fever and Measles. By Charles Wi
M.R.C.P.L., and M.R.C.S.L. Third edition.
31. London: 1862.

Mr. Witt tells us that a long and varied experie
enables him to say that sesquicarbonate of ammo
is a sure and simple remedy for the cure of scar
fever and measles; that it is as efficacious in th
fevers as quinine is in ague. His attention was f
called to the use of the remedy thirty years ago,
the late Mr. Wilkinson, who asserted that he h

lost a case of measles or scarlet fever during
ty years of this ammoniacal treatment. In this,
hird edition of his pamphlet, Mr. Witt appeals
any medical men who have successfully adopted
reatment as recommended by him; and he now
ders that he has given ample medical testimony
s virtue and efficacy. The late Dr. Baly, he
us, "at once adopted this treatment as soon as
uthor made it known to him; and he often ex-
ed his conviction that its merits were by no
is overstated, and that he had thereby been en-
l to save many patients who, he believed, would
rwise have died."

e remedy is, we need hardly say, a cheap one;
its administration, as recommended, very simple.
e to six grains of the sesquicarbonate of am-
a may be given in solution every hour or so,
rding to the severity of the case, and during all
s of the fever; but almost any quantity may be
n with safety and advantage. Great care must
ad to give with it no acid drinks; toast and
r is the best drink.

e have thought it right to bring before the no-
of our readers this so highly praised remedy—
sserted specific for scarlatina—one which, Mr.
believes, actually neutralises the poisonous
t in the blood. Unfortunately, in this sceptical
of therapeutics, when men hear of a specific
dy, they somehow call to mind the deceptions
hich they have been so often subject—the many
s of specific remedies which have already been
vered for the cure of every incurable disease—
so are not unnaturally nor unwisely led to be
ious in its reception. Here, however, is a re-
whose value in scarlatina is certainly attested
ood evidence, and therefore merits the serious
tion of the practitioner.

ere is certainly, *à priori*, nothing unreasonable
e theory of the neutralisation or destruction of
nous essences present in the blood; but, unfor-
tely, medical experience has hitherto given us
tle to hope for in that direction, that we must
strong proofs of such a fact before we accept
One thing, however, is very clear: the proof is
readily given in a case of this kind. If sesqui-
onate of ammonia do really act as a "*specific or*
lote" in scarlet fever, we shall soon be master of
act, and Mr. Witt will obtain all the merit to
h he is justly entitled for having brought the
dy thus before the profession.

ICAL EVIDENCE IN OUR LAW COURTS. By Dr. J. G. DAVEY. Bristol: 1862.

DAVEY has seized upon the present opportune
ent for the reprinting of his paper which ap-
ed in the ASSOCIATION MEDICAL JOURNAL of
. We strongly recommend its perusal to all in-
sted in the question it treats of. In his preface,
Davey tells us:

> The newspaper press appears, just at this time, in
> ery good humour with medical men considered as
> esses in our law courts; and scarcely less is to be
> cted, regard being had to the medical facts of a
> recent lunacy case. However, a perusal of the
> wing pages might prompt both the *Morning Star*
> the *Western Daily Press* to admit that the *lawyers*
> e, to say the least of it, the blame attributable to our present shortcomings, whilst the *doctors* are not unwilling to endorse a '*progressive theory*'.
>
> "It is hoped that Lord Westbury *will* carry through his 'Bill by which he intends to amend our lunacy laws', and that anything like a repetition of 'the recent Windham commission' will be rendered unlikely; but it is *not* hoped by those of a matured judgment, and in the enjoyment of a healthful moral sense (*i. e.*, moral sanity), that 'the opinion or conclusion of any medical practitioner', to quote the Lunacy Regulation Bill itself, shall be sought only when a 'Lord Chancellor' shall see fit and proper; or what is the same thing, that the *opinions* and *conclusions* of non-medical persons shall be held as sufficient at any time either to prove or disprove insanity in 'the alleged lunatic'.
>
> "The author feels satisfied that 'the present anomalous relative position of law and medicine, *i.e.*, of lawyers and doctors', must cease; that 'the practice now adopted of obtaining the testimony of medical men in cases of suspected lunacy, as well as in criminal cases, is throughout objectionable, and fraught with much mischief'; that 'it is desirable for the sake of science, and not less for the honour of the medical profession, that in all cases, of whatever kind, involving in any degree a knowledge of the principles and practice of medicine and its collateral branches, a plain statement of all the facts should be drawn up and submitted to MEDICAL ARBITRATION'; and that then the 'various opinions' of medical men 'would be found to approximate, and the medical chasms which now appear would be bridged over in an easy, graceful, and truthful manner'."

Progress of Medical Science.

DEVELOPMENT OF THE DENTAL FOLLICLES AND OF THE TEETH. MM. Robin and Magitot have published a work on this subject, from which we extract a few of the most interesting observations. The ossification of the lower jaw is shown by the authors to proceed not from several points but from one lamellar plate which gradually lengthens and thickens, and then folds over one of its edges to form the "gouttière dentale," from the bottom of which each dental germ or "bulb" is separately formed before any partition between the follicles appears. The follicles are not formed till the dental trenches are complete. They begin to appear between the fifty-fifth and sixtieth days. The ordinary opinion is erroneous, which supposes that the follicles once generated separate themselves from the mucous membrane, and sink pits for themselves in the jaw. On the contrary, the mucous membrane separates itself from the follicles, these retaining their relations with the vessels and the nerves. The follicles last developed have no relation with the mucous membrane until the period of eruption arrives. With regard to the structure of the enamel, the authors have completely established the fact that there are *no* blood vessels in this tissue. Moreover they have described a special layer of epithelium interposed between the external surface of the organ of the enamel and the inner wall of the follicle; this layer is not traversed by the capillaries of the wall of the follicle, and thus cuts off the enamel from vascular connections on this side. Nor does it receive any from the bulb, for its bulbar surface is separated from the bulb and the dentine by the thick layer of prismatic cells known as "cells of the enamel." The formation of the "cement" or layer of true bone is accomplished in two ways. 1. By the portions of the follicle which have become alveolo-dental periosteum, and which are invested by the "organ of the cement." 2. In the portions of the follicles whither the cement organ does not reach, and in those follicles in which it does not exist the cement produces itself on the surface of the root of the tooth, from base to point, in proportion as this root comes to occupy the follicle, and push out the crown. (*London Medical Review.*)

M. Desmarres' Method of Laceration of the Iris. The performance of laceration of the iris, or *iridorexis*, requires the presence of two assistants. The patient reclines on a high and narrow couch, and the surgeon places himself to the right or left side, or at the back, according as he intends to operate on the right or left eye, or on the upper part of the cornea. One of the assistants raises the upper lid with an elevator, and holds the patient's head. The other lowers the inferior lid, and with well pointed forceps seizes the conjunctiva near the cornea, in a spot opposite to that at which the knife is to penetrate, so as to prevent any motion of the eyeball. The surgeon then inserts a lance-shaped blade, or Beer's knive, precisely at the junction of the sclerotic and cornea, glides into the anterior chamber in a direction parallel to the plane of the iris, and performs an incision of about two lines in extent. The knive is then withdrawn, the assistants at the same time slightly loosening the elevators, to avoid as far as possible the escape of the aqueous humour. The operator, now, with the hand which held the knife, passes an incurvated forceps into the eye, with the concavity of the instrument turned towards him, and presses it forward behind the cornea, as near as possible to the adhesions; the blades of the instrument are then allowed to open, and the iris immediately protrudes between them. This membrane is then grasped firmly, and lacerated by a sudden effort. When it has given way, the part to be removed is gently brought out, and cut with curved scissors by one of the assistants. The operation thus performed is extremely simple. We may add that its consequences are seldom serious. The eyes should for two or three days be kept close with a strip of court plaster, cooling applications should be applied to the forehead, and, if necessary, leeches and anodynes prescribed. Inflammatory action is thus guarded against, and in a short time the patient is again enabled to resume his usual avocations. (*Journal of Practical Medicine and Dublin Hospital Gazette.*)

Action of the Heart. In the *American Journal of Medical Science*, Dr. Flint, jun., gives the following summary of his experiments on the actions of the heart, etc.: 1. The heart elongates during the systole of its ventricles. 2. The cause of the rhythmical contraction of the muscular fibres of the heart is resident in the fibres themselves, is one of their inherent properties, and remains so long as they retain their "irritability." It is derived neither from the cerebro-spinal nor sympathetic system of nerves. 3. The natural stimulus which excites the regular and effectual movements of the heart, is the blood, and this cannot be replaced by a fluid of less density. 4. Though the flow of blood in the cavities of the heart is sufficient to induce, under ordinary circumstances, regular contractions of the organ, still it is necessary that these movements be further regulated and controlled; and this is effected through the agency of the pneumogastric nerves. 5. The action of the heart may be arrested through the motor filaments of the pneumogastric nerves, by means of galvanism; and this does not take place in animals poisoned by woorara, on account of the paralysis of the motor nerves. The motor filaments of the pneumogastrics are the last which are affected by this agent, and in the alligator they are left almost intact. The cause of the arrest of the heart by galvanisation of the pneumogastrics is the exaggeration of the force which regulates the action of the heart, rendering it slower and more powerful. 6. In asphyxia, the cause of the arrest of the action of the heart is over-distension of its cavities; and anything which brings about a suffi amount of distension will equally arrest the acti this organ. 7. The auriculo-ventricular valves closed by a backward pressure operating during a traction of the ventricles, and not by the curren blood from the auricles to the ventricles. 8. The citation which gives rise to the reflex phenomena c spiration is received from the general system, and from the lungs or heart. This excitation is due t want of oxygen in the tissues, and not to stimul properties in the venous blood. The exaggeratio this excitation constitutes the sense of suffocation, gives rise, if excessive, to general convulsions.

On the Inefficiency of Henbane as usually scribed. Mr. Donovan writes: The henbane pla believed to be highly poisonous in all its parts. Tim in its use among medical practitioners has caused narcotic to be administered in doses which could very little if any effect. I have known the tincture scribed in as many drops as would be given of laudan and because the patient chanced to sleep the dose deemed sufficient. Bolder practitioners have give drachm, and others have ventured on two drac Never having been able to learn from reliable auth that any of these doses had been followed by un takable effects, I made some experiments, first on self and then on others who volunteered their char Having prepared some tincture according to the pre of the Dublin *Pharmacopœia*, I commenced with ta one drachm. No effect followed. In a month aft took two drachms without any effect. In another mo I took half an ounce, and as before without any re In some weeks after, being troubled with a coug took six drachms, supposing that if the plant had narcotic power this would be a good opportunity testing it: there was not the slightest effect. I su quently swallowed an ounce at one dose without serving the manifestation of any power. My appren at different times satisfied themselves as to the inc bility of five or six drachm doses of this tincture had frequently tried one-drachm doses, repeated a tervals of two or three hours, on persons vario affected, but could not discover any consequences. the tinctures used in these experiments had been m with henbane cultivated in gardens. It occurre me that perhaps the plant is rendered powerless cultivation, and I determined to make trials of i the wild state. I received a supply of wild henb collected in a mountainous district of North Wales, sent to me the day after it was gathered. The being divided into equal parts, one part was imm ately and carefully dried, powdered, and made int tincture of the strength indicated by the Du *Pharmacopœia*, the larger stalks having been remo The same trials were made with this tincture as the former: at distant intervals I increased my own d drachm by drachm, until it amounted to an ounce. other person took seven drachms at once, and w have gone further had there been any use in so do In none of these experiments was any effect observa As an opinion has sometimes been entertained medicinal plants, in their recent state, possess m energy than those which have been dried, I mad tincture of the portion of the Welsh henbane which not been dried. The tincture was made on the on which the plants arrived. After digestion for th months, the tincture was tested by similar trials with the former on two persons; an ounce mixed water was swallowed by each, but there was not slightest manifestation of medicinal power. With gard to the extract of henbane, I can only say th few years since an apprentice of mine swallowed grains of it at one dose without perceiving any co quences. The extract was London made, and the pl

growth of Mitcham. The main object of these ob-
ations is not to prove that henbane is, under all
umstances, altogether worthless, but to show that
scribers in this country are over-cautious in its admi-
ration. The fact that the energetic poison called
scyama is obtained from this plant proves that, at
t in some countries, caution is required; but I am
aware that this alkaline principle is procurable from
bane of the British Isles, unless perhaps in infi-
simal quantities. (*Dublin Medical Press.*)

British Medical Journal.

SATURDAY, APRIL 12TH, 1862.

NO VENTILATION.

PPER supplies of air and water are continually
subjects of hygienic discourses—at least, when
erection of public buildings is publicly dis-
rsed upon; and reasonably enough, for they are
two prime *sine quâ nons* of existence. Yet,
ngely enough, for a due supply of one of these
cles to our private houses we make no kind of
vision! Water we cause to be conveyed into
dwellings in abundance, and as pure as it can be
; but as for air, we leave it to find its way, im-
e or tainted, as best it may, and from whatever
rces it may most readily proceed. Almost the
y persons who are properly and hygienically and
ntifically supplied with the article are our ruf-
s, our pickpockets, and penal-servitude worthies!
only rare and occasional attempts in the shape
ventilation, to which we aspire in our private
ses, are the establishment of a few holes and tubes
the exit of the foul air which gathers in the
er parts of our rooms. Are we not yet advanced
ugh in health-science to ask of our architects
t they should do something towards the removal
this outrageous state of things? They build us
nneys for the ascent of large currents of smoke
air, but they make us no provision whatever for
admission of fresh air to supply its place; yet
e kind of air must enter for that purpose. And
t is the consequence of this manifest abuse of a
ural law? Why, air, atmospheric or other, rushes
the house wherever it can find a passage. It is
wn in through keyholes; comes rolling, well satu-
ed with a sooty flavour, down unoccupied chim-
s; ascends in vigorous and ill-flavoured draughts
n the area and kitchen-departments; and from
ry rat-hole, and every unguarded sewer-crevice
ch may open within the house, it is drawn forth
he form of foul poisonous vapours.

he truth is, that the little we have hitherto at-
pted in the way of ventilation has been done at
wrong end. Instead of providing for the exit of
l air, we should, if we were wise, provide for the
rance of fresh air to our houses—of a regular, abundant, and equable supply of it. We should provide for its admission, not from the kitchen-department, nor from the area, nor from keyholes, nor window-crevices, nor wall-chinks, nor from untrapped or broken drains, but should give it entrance at that point of the house whence it may be had in the purest state. Never was there a greater fallacy than that common saying, "Let us only get rid of the foul air, and fresh air will find its way into our houses." The reverse of the proposition is the true one: Establish a regular supply of fresh air, and you may be sure you will get rid of the foul air. If our great people's houses were properly supplied with fresh air, we should not so often hear of malignant fevers occurring within them. Our officers of medical health—Dr. Sanderson, for example—have pointed out the fact that the foul air of gulleys and cesspools is often actually drawn into our houses, when the fires burn brightly, and the doors and windows are closed! There is really something very deplorable in this generally accepted absurdity. Is it indeed true that all our scientific appliances—so marvellously displayed, for example, in beautiful adjustments for the destruction of human life—can do nothing towards remedying so manifest and universal a defect? Writers give vivid descriptions of the interior of Russian huts during winter; but we cannot see that these ignorant serfs act otherwise than we men of scientific, hygienic, and social-science inspirations, do in the matter. They light their fire; shut their doors and windows; and let the air get in as best it may. What more or less does the occupant of a Belgravian mansion? He has his well-fitted windows and closely baized doors, and his blazing fires; and all these, which are regarded as such grand comforts, become, in houses as now constructed, a positive source of injury to him. A large demand for air is created by his fires, and the admission of clear and wholesome and untainted air is rigidly arrested.

NEW EXPLANATION OF THE RIVOLTA MYSTERY.

A DISCOVERY has been made by Dr. Pacchiotti which tends to clear up or to obscure the Rivolta enigma, according as people read it. We know not if it will bring any relief to the minds of those who have been led to draw from the tale an unpleasant feeling of anxiety respecting the possible commingling of syphilitic with vaccine matter, and its consequent introduction into the body through the process of vaccination.

Before mentioning the discovery, we will remind our readers of the outlines of this celebrated case.

On the 23rd of May, 1861, the infant Chiabrera was vaccinated with matter contained in a tube, and supplied by the provincial conservator of vaccine.

On the 2nd of June following, forty-six infants were vaccinated with matter taken from Chiabrera's vaccine-pustules. On the 12th of June, seventeen other infants were vaccinated with matter from the vaccine-pustules of the female child Manzoni, one of the aforesaid forty-six. Upon these vaccinations followed, according to the official report, manifestations of syphilis in thirty-seven children of the first series, and in seven of the second series. The syphilitic infection was afterwards propagated to the mothers and nurses of these children, and also by some of the mothers and nurses to their husbands. That the disease was truly syphilis, Dr. Pacchiotti affirms, there cannot be the slightest doubt. How, then, was it communicated? We have been answered by hypotheses, but now Dr. Pacchiotti gives us a fact. After many months of investigation, he has discovered *that Chiabrera had been nursed by a female tainted with syphilis!* Eighteen months ago, one Libérate Pavone, a Rivolta belle, contracted syphilis somewhere or somehow. She herself asserted that she caught it from a foundling sent from Acqui. But, however contracted, the fact of her syphilitic state is (we are assured) certain. She had given birth to a child, which died when three months old, and, as report said, of syphilis. After its death, Pavone applied to the mother of Chiabrera that she might suckle her child. The request was granted; and the clothes of the dead child were given as payment by Pavone to the mother of Chiabrera. Again, Pavone, after the loss of her child, lived with her sister Mary, who was also suckling a child; and, during the temporary absence of her sister, was wont to give suck to this child, and infected it likewise, and through it her sister also. The conclusion of all this is, that Chiabrera was infected by Pavone (the nurse who had also infected her niece and sister), and two or three months before the vaccination of Chiabrera. It is certain that Libérate and her sister and child have been suffering from syphilis during the last twelve or eighteen months. Dr. Pacchiotti learnt the fact from the doctor at Acqui who had treated them for that disease. Moreover, Professor Sperino has lately seen them at Rivolta suffering from syphilitic accidents; and they are at present in the syphilitic hospital at Turin.

Dr. Pacchiotti concludes that it is now as good as demonstrated that Chiabrera took the syphilis in suckling the syphilitic nurse. But how the poison was communicated from the nurse to the child we are not told. Neither—and this is the all-important fact—are we told how it was communicated from Chiabrera to the other children. If the apparent conclusion is to be adopted, we must admit that vaccine matter taken from the arm of a syphilitic child can embody and communicate syphilis to other children. More of this strange tale we shall probably hear; for we learn that, on the 27th of February, all the Rivolta mothers and children suffer from syphilis had been transported to the syphil hospital of Turin, where they now are, under charge of Professor Sperino.

THE WEEK.

That patients should be found capable of bringi actions for damages against their medical attenda for supposed neglect in treatment, is a compreh sible thing. Prejudice and ignorance are pleas excuse for them in so doing. But that those call our medical brethren should be found eager a ready to come forward and back such accusation a sad and humiliating and only too true a fact. A Duncan, on Monday last, placed himself in the un viable position of giving evidence in an unjust act brought against Mr. Pierpoint by one of his patien The complaint was that Mr. Pierpoint was into cated, and that he had improperly treated his tient. At the trial, it was distinctly proved tl there was not a shadow of truth in either of th statements. "The jury, without a moment's he tation, found a verdict for the defendant, which w received with warm expressions of gratulation."

Dr. Duncan was, it appears, called in by the hu band to attend his wife, while she was still und the treatment of Mr. Pierpoint, who, thereupon, ve properly, at once retired.

"Dr. Duncan was called and examined in support the plaintiffs' case; and said he thought the treatme had not been proper, and that he 'should have do more'; but he did not distinctly state what more would have done, or what different steps he would ha taken.

"Dr. Murray was likewise called on behalf of t plaintiffs; and gave a kind of hypothetical opinion th assuming Dr. Duncan's account of the case to be corre other means ought to have been resorted to.

"Dr. Lee was also called for the plaintiffs; but stat that, in his opinion, there was nothing medically to done until Friday the 13th, on which day, it will be o served, Dr. Duncan was called in.

"Dr. Hall Davis was called on the same side; but d clined to say that there had been any negligence on tl part of the defendant."

And, thus, it became evident, on the plaintif own showing, that the charge of neglect was utter groundless. The charge of drunkenness was also utterly groundless; and was, indeed, withdrawn the plaintiffs during the trial. Under such circur stances, we must say that the conduct of Dr. Du can is most reprehensible. He comes into court support his mere opinion, at what would have bee the cost of loss of reputation to Mr. Pierpoint ha it availed in the case, having, as we have alreac seen, no justifiable grounds on which to rest th opinion.

"Mr. Serjeant Shee urged that Dr. Duncan kne nothing of the case before the Friday, and that D Murray's opinion was founded upon his statement

that their evidence was utterly destroyed by that of
Lee and Dr. Hall Davis, who had been called for
plaintiffs; to say nothing of the overwhelming evi-
ce of Dr. Ramsbotham and Dr. Steggall.".

et Dr. Duncan, and anyone who may be inclined
ollow his example, lay to heart the words of that
l-hearted and venerable judge who presided at
trial :—

> The medical evidence appeared to be greatly in
> ur of the defendant; and, considering how much
> treatment of a case depended upon its varying
> ses, which changed as quickly as the shifting hues
> he heavens, it was a pity that one medical man
> ld be ready to come forward and condemn the
> tment of a brother in the profession, and say that
> would have done this or that, when, probably, had
> been in a position to judge of the case from the
> they would have done no better."

especting the charge of drunkenness, his lord-
said :—

> onsidering the effect of such a charge upon a pro-
> nal man, especially in the profession of medicine,
> hich so much ability was seen combined with so
> beneficence, it would have been better had the
> ge never been made, or been earlier withdrawn. To
> it seemed that there was no foundation for the
> ge, and that a more unfounded charge was never
> ." (The jury intimated their assent.)

e regret to say that this is not the first time
ng the past year that we have had to comment
his kind of medical evidence.

DELABROUSSE recommends the manufacture of
e in the wards of hospitals, for the purpose of
disinfection. What we want is, he says, a
er supply of ozone—that is, of a body which is
ole of decomposing, and so of neutralising, the
ms constantly arising in hospital wards, and
at the same time is not hurtful to the pa-
s. And thus, he tells us, the problem is solved.
e is such a body, and may be thus used. A
platinum wire is placed beneath an inverted
el, and is rendered incandescent by means of
en's pile. Hereupon the characteristic smell of
e is perceived in the heated air circulating
e the funnel; and its presence is shown by the
paper. Thus may we obtain a ready and prac-
supply of ozone, and so insure the disinfecting
r hospital wards.

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e surgical orator, Malgaigne, we read as fol-
:—

> o announce a new discourse of M. Malgaigne is to
> unce a new success. During nearly two hours the
> emy of Medicine, on the 2nd inst., listened with
> tion to his language; at one time vibrating with
> on, and at another cutting with sarcasm, but ever
> and wonderful in its flow. During this long im-
> sation, not the slightest hesitation occurred. His
> rupters had but little chance with him; with a word
> ansfixed and reduced them to silence. M. Trébu-
> and M. Briquet were never exposed to such a
> st of burning and even cruel apostrophes. The
> Academy was full of emotion, and in transport. His memorable oration was overwhelmed with applause. Happily, also, his eloquence was engaged in a good cause. He tore to rags the veil with which optimism had tried to cover the mortality in Parisian hospitals. He traced a lamentable picture of their fatality. Surgery he exhibited losing fifty per cent. of its patients operated upon; in the medical wards, death carrying off one patient in every eight; and in the maternity hospitals, sometimes one in five. He drew a striking picture also of Lariboisière, where so many millions (of *francs*) have been spent in splendid colonnades, in elegant arcades, in an immense reception-court (which is not even available as a promenade for the sick), and in a vast chapel covered with gilt! 'It is', he said, '*le Versailles de la misère*; its luxury is a scandal.' 'In this monumental hospital, which strangers visit, and which we are proud to show them, death reaps an enormous tribute, greater than elsewhere; it is of all hospitals the most deadly.' M. Malgaigne maintains that in London hospitals the mortality in cases of operation is thirty per cent., and fifty per cent. in Parisian. The slight improvement which has lately taken place in Paris he attributes to improvement in the diet of patients, not to any improvement in the sanitary state of the hospitals. The mortality after operations he unhesitatingly attributes to the overcrowding of the wards, to the large size of hospitals, and to large wards. 'These enormous asylums for the sick are focuses of death. Build no more large hospitals. Avoid this crowding together of the sick.'"

IN the JOURNAL of February 22nd, we stated that Mr. Bompas, a Poor-law medical officer in Manchester, had been suspended from his office by the Board of Guardians of that city, on an alleged charge of neglect. The case has, according to rule, been laid before the Poor-law Board; and this body has decided "that the charge of neglect brought against Mr. Bompas is not one of such a description as to justify the Board in requiring his resignation". At the time of his accusation before the Board of Guardians, Mr. Bompas was not allowed an opportunity of defending himself; but, from the letter of the Secretary of the Poor-law Board, we learn that the alleged neglect consisted in his having supplied medicines to a woman who improperly personated one of his patients, and in his not having visited the real patient, in consequence of receiving information that she was better, and that his visits were not necessary. The Board, therefore, desire the guardians to remove his suspension; but—from what reason does not appear—they "are not satisfied that he discharges the duties of his office with the zeal and carefulness which the guardians are entitled to expect from him"; and therefore they desire the guardians to report on his conduct at the expiration of six months. Why, we repeat, Mr. Bompas should be subjected to this *espionage*, we are at a loss to imagine. It is treating him no better than a man placed under police *surveillance*. In the army or navy, when an officer is accused of charges which, having some foundation, do not yet warrant dismissal or loss of rank, the ordinary sentence is, that "he be reprimanded, and admonished to be more careful in future". This is the way in which, in the public service, an opportunity is afforded to a gentleman for retrieving his character ; but Poor-law Boards have yet to learn that to place a man under *surveillance* is not the surest way of making him act under a pure sense of duty.

THE *Journal des Connais. Méd.-Chir.*, speaking of the cat-o'-nine-tails, solemnly informs its readers : "It is an instrument of an infernal construction ; its handle is *eight* feet long, and each of its nine lashes is armed with nine pentagonal pieces of strong steel wire." The journal then describes, from the pages of the *Star*, a case of flogging. "At the first blow, a piercing cry was uttered by the victim. His flesh was opened at each stroke ; pieces of it were lashed out of his back, and some of them stuck against the walls. The end of the flagellation was the laying bare of the dorsal spine, and universal gangrene of the back." The tale is, no doubt, a very tragical one ; but, in accordance with the too frequent errors of French editors in matters Anglican, the above journal has detailed a Russian knout transaction, and passed it off as a British flogging one !

The *Gaz. Méd. d'Orient* tells us that people in Constantinople are, in all probability, not unfrequently buried alive, in consequence of the precipitancy with which their burial is performed. If the person die during the night, he has some chance of escaping premature sepulture ; but, if he die during the day, he is sure to be in his tomb in two hours after he has drawn his last breath. Facts of daily occurrence in this country, we are told, prove that persons who were thought to have died during the night have recovered before morning, and thus, thanks to the intervention of night, have been saved from being interred alive. Other facts of not unfrequent occurrence show that persons have recovered while on their road to the grave. In other rarer cases, again, the cries of the revivified half-buried ones have been heard by the passers-by, and thus saved from a horrible conclusion !

According to M. Balard, M. Berthelot has obtained a new synthetical conquest ; viz., the production of an organic compound from the reaction of two inorganic bodies. When a current of hydrogen is brought into contact with charcoal made incandescent by a pile of fifty plates, a new carburet of hydrogen, acetyline, having a close analogy to alcohol, is formed. "Consequently," says M. Balard, "the production of alcohol is philosophically resolved."

The Anglophobist Academician, M. Briquet, has been in London ; and, therefore, knows all about the hospitals and the practice of medicine there. *Inter alia*, he informs his brothers in academy that one cause of the mortality in English hospitals results from the fact of English practitioners being less strong in diseases of the lungs and heart than French practitioners are. And why ? Because in England an exaggerated modesty prevents doctors from amining the female sex by auscultation and per sion ! And then, to cap this piece of informa from the mouth of the travelled Frenchm *L'Union Médicale* chimes in : "And M. Bri might have added, the almost entire absence of amination by the speculum, notwithstanding efforts of Drs. Bennet and De Méric." All this of M. Briquet's argumentation, the journal says, strong and solid." What must the rest of it be ? such utter ignorance of facts laughable or dep able ? It certainly is not creditable to those exhibit it.

"If," says M. Pasteur, "microscopic beings to disappear from the earth, its surface woul soon encumbered with dead organic matter of e kind, animal and vegetable. These microscopic ings are the chief agents through which oxyge ceives its properties of combustion. Without t life would be impossible, because the work of d would be imperfect. After death, life appears new form, and gifted with new properties. germs of microscopic beings are every where sent ; commence their evolutions ; and by their and the curious power they possess (and which Pasteur points out in his paper), oxygen fixe enormous quantities on the organic substances w are pervaded by these beings, and gradually oper their complete combustion." This is the p which, according to M. Pasteur, the organic possess ; viz., transporting the oxygen from the into all organic matters, and of so effecting t complete combustion with development of m heat. And, he adds, we have here a faithful in of respiration, and of the combustion which is consequence, in the action of the organic glob which the blood incessantly carries into the pul nary cells, where they are brought to take up oxygen of the air, and whence they convey it all parts of the body, in order to burn up there different principles of the body. What these puscles effect, is likewise effected in fermenting fl by the mycodermic cells present in them.

The *Revue Thérapeutique* tells us that the way of preserving the green colour of prese vegetables is to boil them in water rendered slig alkaline with bicarbonate of soda, or in lime-wa Water also, containing a drachm and a half of liq ammonia in a quart, may be used.

The way to destroy ant-heaps is to scatter a ha ful of guano over them after they have been ope and scattered. The ants run away, and leave t eggs behind them ; the eggs are thereby destro It is asserted that the ants also subsequently die

England, says the Lyons *Gazette Médicale*, nishes us with most of the fatal cases of chlorof which appear in print ; but chloroform is there ministered as frequently and with as much car where. The reason of the apparent anomaly is . that in England every case is judicially inves- ted and made public. In other countries, and *cially in France,* fatal cases of this kind are con- ed.

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

E I last wrote you, so long time has elapsed, and so y events have occurred in our medical world, that I cely know what to refer to, and what to pass over. have had the ordinary activities of a winter session ie University, and in our societies. At the former, have had our lectures, our appointments, our rels, our reconciliations, our meetings, stand- out from the common run of our regular work our ordinary chronic heart-burnings. In the latter, have had the usual share of communications of e, and communications of little esteem; with some ially racy debates, and some beginnings of new mes of usefulness. Our Colleges have had their ers and their *conversazioni*, about which, had I en you monthly, there might have been much to which must now be passed over in silence.

ie changes introduced by the Universities Act and ommissioners' ordinances are beginning to operate, among the first effects is a change in the examina- for degrees. These are now to be conducted, not by rofessors alone, as in former times, but by them in unction with three specially appointed examiners. he selection of the first set, the University Court shown great discrimination, having chosen three of most accomplished practitioners—Dr. Begbie, a ly esteemed consulting physician; Dr. Robertson, nany years the able editor of our *Monthly Journal;* Dr. Maclagan, who is known to the profession from researches in medical jurisprudence and pharma- ical chemistry. How the examinations are to be lucted is not known, and may be somewhat difficult rrangement. It would certainly seem odd if each essor were to examine only on his own department, the examiners were to range over the whole field; this seems the most probable arrangement.

he Sheriff of Lanarkshire, Sir Archibald Alison, has y won for himself an unenviable notoriety in con- on with a claim for damages brought against a titioner within his jurisdiction. The circumstances these. A medical man was called to see a woman had sustained an injury of the forearm. He ex- ned the arm, found it to be simply fractured, and ted it accordingly. It mended well, but continued ; and, in an evil hour, the woman set out to consult ne-setter of great local reputation. He examined nd at once declared that there had been no fracture, a dislocation at the wrist, which, after due "pre- tion", he put right. Surgeons of position and rience were consulted, and gave it as their opinion the first diagnosis had been correct, and the treatment successful. Nevertheless, the patient or her friends brought an action for damages against the regular practitioner, and the sheriff-substitute decided against them. The case was appealed to Sir Archibald Alison; and this man, the brother of our late eminent professor of the practice of physic, decided in favour of the pursuer, trusting more to the evidence of a rustic bonesetter than to that of licensed and skilful practitioners.* The case, however, was again appealed; and, happily for the interests of justice and of our profession, the Court of sessions reversed the decision of the sheriff.

Since the falling of the large tenement in the High Street, some months ago, public attention has been much directed to the disrepair, dirt, overcrowding, and consequent unhealthiness, of many parts of the old town. Our slumberous civic authorities are bestiring themselves, and we may hope soon to see these evils diminished by the building of additional houses wherever suitable ground can be obtained. A Peabody is much wanted among us. Our city, which enjoys a position peculiarly suitable for drainage, is but indifferently drained. If one's ears are not, as in old times, saluted with the cry of "Garde-toi", and our heads brought into jeopardy by the water thrown from the windows, our way must be picked with care among the closes, and our noses are offended with odours equalling those of Wittemberg or Cologne. To determine the influence of this state of matters in producing disease, and the relative prevalence of different forms of disease in different parts of the city, are the objects of a plan recently adopted, at Dr. Gairdner's suggestion, by the Council of the Medico-Chirurgical Society. A few days before each meeting of the Society, each member receives a blank form, in which a return is to be entered of any cases of epidemic or acute diseases which may have occurred in the practice of each, with the localities in which they occur, and the date on which they were observed, and any further remarks which the practitioner may have to make. The results of these returns are to be briefly and generally brought under the notice of the Society at ordinary meetings; and, if the materials are found sufficient, are to be published in the form of quarterly or half-yearly reports. If this plan be heartily worked out, we should obtain reports as complete of the prevalent non-fatal diseases, as we now obtain from the Registrar's reports of those which have proved fatal. We already owe much to Dr. Gairdner for his efforts in the department of public health, and certainly not the least of his services is this last proposal. His views have been lately given to the world in a work on *Public Health*, which contains many valuable observations and suggestions, and well repays perusal.

One of the most animated debates of the session was on Acupressure. The subject was brought on by the narrative of a case of amputation of the thigh at its upper fourth by Dr. Handyside, in which he had employed it successfully. The practice seems to be gaining ground, although here very slowly; but every surgeon who has tried it is satisfied of its advantages, or, at least, its deserving further trial. To Dr. Mitchell's valuable paper, on Marriages of Consanguinity, some space may be devoted in a future letter.

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* [Such a decision, from the mouth of a so notoriously poetical historian, scarcely surprises us. Sir Archibald's authority as a judge seems on a par with his authority as a writer of history. EDITOR.]

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	White Lion Hotel, Bristol.	Thurs., May 1, 7 P.M.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held in Birmingham, on April 1st.

PRESENT:—Sir C. Hastings (in the Chair); Mr. Bartleet; Mr. Cartwright; Dr. Hatton; Mr. Southam; Dr. Stewart; Mr. T. W. Williams; Mr. S. Wood; and Dr. P. H. Williams.

Mr. Webber attended to request that a committee might be appointed to inquire fully into all the circumstances brought against him by Mr. Wells in the late action for libel.

It was resolved—

"That as this Committee have no power delegated to them in the matter, they recommend that it be referred to the General Council; and that the Secretary be desired to call Mr. Webber's attention to the 17th law of the Association."

The Financial Report for 1861 having been read by the Treasurer, it was resolved—

"That the Report be received, adopted, entered on the minutes, and published in the JOURNAL."

The proposed Memorial to the Select Committee of the House of Commons on the subject of Poor-law Medical Relief was read by Mr. Cartwright, and unanimously adopted.

Resolved; "That the thanks of this Committee be given to Mr. Griffin for the valuable documents he has supplied, and for the great interest he has evinced in the important subject of Poor-law legislation; and that a copy of the Memorial be forwarded to him."

"That the Memorial be published in the JOURNAL, and that a certain number of copies be printed and sent to each member of the Select Committee, and to Sir C. Hastings for distribution."

(The Memorial will appear in next week's JOURNAL.)

"That the cordial thanks of this Committee are due and hereby tendered to the sub-Committee for the very able and judicious manner in which they have handled the complicated question of Poor-law Medical Relief, and for the Memorial drawn up and presented by them."

Dr. Stewart stated that the President and Fellows of the Royal College of Physicians in London had most kindly placed their Rooms at the disposal of the Association at the Annual meeting in August.

Resolved; "That the best thanks of this Committee be given to the Royal College of Physicians; to the Committee of Management in London; to Dr. Stewart and Dr. Henry, the Honorary Secretaries; and to various other medical gentlemen for their proposed polite attentions to the members of the Association."

CHARLES HASTINGS,
PHILIP H. WILLIAMS, M.D., *Gen. Sec.*
Worcester, April 1862.

FINANCIAL REPORT FOR 1861.

THE following is the report of the sums received paid by the Treasurer from January 1st to Dece 31st, 1861.

RECEIPTS.	£	s.
Due from Treasurer	27	1
Subscriptions and Arrears	2050	
Voluntary Contributions	6	1
Advertisements, etc.	736	
Total Receipts	2820	1

EXPENDITURE.		
JOURNAL EXPENSES:		
Mr. Richards (Printing)	1736	
Mr. Honeyman (Sundries)	74	
Mr. Davidson (Commission)	73	1
Mr. Orrin Smith (Engraving)	5	
Salaries:—Dr. Wynter, Dr. Markham, & Dr. Henry	325	
Contributors to Journal	306	
Interest and Commission at Bankers	7	
EXECUTIVE EXPENSES:		
Secretary and Clerk	117	
Secretary's Sundries	49	1
Error in Secretary's Account	5	
District Expenses; Envelopes; Post-Office Orders; and Collecting	14	
	2713	1
Balance	107	
	2820	1

The following were the Assets and Liabilitie January 1st, 1862:—

ASSETS.		
Subscriptions due	500	
Advertisements	300	
Balance due from Treasurer	107	5
	907	5

LIABILITIES.		
Mr. Richards for Printing, due Dec. 31	420	16
Mr. Richards' old account	116	16
Mr. Richards' Publishing Account for 1861	50	0
Mr. Honeyman (Sundries)	79	5
	666	17
Balance in favour of the Association, Dec. 31	240	8

It affords your Committee much pleasure to be bled to present so favourable a financial report; they feel assured it will be considered very satisfac by the members of the Association.

In the financial statement of last year, the Comm were induced to say: "Altogether, the prospect is couraging, as there is reason to believe that by exercise of a prudent economy, the Association wil the commencement of the year 1862, be free from old debt."

Your Committee are glad to find that the above phecy will now be fulfilled, as the increased balanc the hands of the Treasurer will enable him to pa the remainder of the old debt due to Mr. Richa which has for some time past been a burthen upon funds of the Association.

The income of the Society is greater than in previous year; and this increase of income not arises from the increased amount of subscriptions but also from the advertisements and sales having more productive.

The expenditure has been rather higher. This crease is partly owing to the Association having s more upon the editorial department of the JOURNAL which, no doubt, the members generally will approve

With regard to the assets and liabilities, there is little alteration in them.

Both of these items will be found rather more t they were last year.

Your Committee are well aware, that it will be ne

ıtill to exercise great care in the administration of
ınds entrusted to their charge, for the income is
lightly in excess of the expenditure.

ll, if members will pay their subscriptions with
arity, and the income from advertisements shall
ıue to increase, there is a fair prospect of the year
which we have entered showing a satisfactory
t.

Reports of Societies.

AL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 25TH, 1862.

. G. BABINGTON, M.D., President, in the Chair.

TISTICAL INQUIRY INTO THE PREVALENCE OF NUME-
S CONDITIONS AFFECTING THE CONSTITUTION IN ONE THOUSAND PHTHISICAL PERSONS WHEN IN HEALTH.

BY EDWARD SMITH, M.D., LL.B, F.R.S.

author, after some preliminary remarks, described
ıethod which was pursued in the inquiry, and
d an estimation of the trustworthiness and value
answers which he had recorded. There were 600
and 400 female cases, all attending at the Hospital
onsumption, and in the stages of marked consoli-
ı or destruction of the lungs. He then quoted the
ıe of inquiry proposed to each patient, consisting
queries, and the following is a summary of the
obtained :—

e average age of the patients was 28·8 years. 30
ent. had been born in London, 36 per cent. had
chiefly in London, and 53 per cent. had lived in
on during the preceding three years. 8·8 per cent.
not read nor write, and only 14·3 per cent. had been
iciently nourished.

Parental conditions. 54 per cent. had lost the
; 46 per cent. the mother; and 28 per cent. had
oth parents. In 25 per cent. only were both parents
. The average age of the parents at death was
ears, with an increased duration of 4·7 years on
art of the fathers. The most frequent age at death
5 to 55 years; whilst only 11 per cent. died under
ge of 35, and some lived upwards of 95 years. 18
ent. had experienced feeble health before the birth
e patient, and 34 per cent. throughout life. In
per cent. one or both parents had led unsteady
21·1 per cent. of the parents had died of con-
tion; whilst in 2·8 per cent. the grandparents,
er cent. the brothers or sisters, and 9·1 per cent.
ncles or aunts, had died of the same disease. They
uffered from rheumatism in 22 per cent., from
ıa in 9·4 per cent., from liver disease and gout in
l 7·2 per cent; and from fevers, ague, insanity, and
tes in 4 and 5 per cent. Presumed scrofulous
ions were extremely rare. In only 6 cases was there
nguinity of the parents.

e age of the parents at the birth of the patient was
lf of the cases from 25 years to 35 years; and in
2 per cent. was it less than 20 years. The number
e children was very large—viz., an average of 7·5
amily, and in some families there were 23 children.
patient was the first child in 20 per cent.; and the
second, or third child in half of all the cases. 40
ent. of the parents' children had died.

Personal conditions. In only 23 per cent. were the
nts under 20, and a few were 60 years of age. 24
ent. had been feeble at birth, whilst 22 per cent. had
red from feeble general health and 17 per cent. from
ally defective appetite. In 12·6 per cent. the lungs had been always delicate; 2·5 per cent. had been dry nursed; 25·4 per cent. had perspired with unusual freedom; 25 per cent had never worn flannel next the skin; and 55 per cent. had suffered from coldness of the extremities. 72·5 per cent. had an excitable temperament; 62·1 per cent. had medium brown, or light coloured hair; 74 per cent. had grey or blue eyes; 60 per cent. had florid complexions; and 46·7 per cent. had a fleshy habit.

16, 65·4, 60, and 41 per cent. had not had measles, scarlet fever, small pox, and whooping cough in their order; and the frequency of any long continued ill effects from these diseases was insignificant. 12·8 per cent. had suffered from enlarged glands, and 4·5 per cent. from long continued affections of the eyes; but otherwise, the evidences of scrofulous disease scarcely existed. 16·7 per cent. had suffered from inflammation of the lungs, and 14·8 per cent. from rheumatism; whilst typhus fever and frequent diarrhœa had occurred in 8 per cent., ague in 5·6 per cent., and liver disease in 4·3 per cent. of the cases.

The menstrual epoch was at the age of 14 and 15 in 36·4 per cent., and in 11 per cent. only was it before the age of 13; 40 per cent. had complained of general irregularity, and in 29 per cent. the quantity was insufficient. Leucorrhœa was considerable in 42·2 per cent. 43·5 per cent. were married; and of these 13 per cent. were childless at the period of inquiry. Their average age at the birth of their first child was from 20 to 25 years, and in only 9 per cent were they under 20 years. The number of children per family was 1 and 2 in 44 per cent., and 1, 2, and 3 in 55 per cent. (the patients' average age was 28·8 years.) 38 per cent. of the children had died, and in 43 per cent. the general state of the health of the children was bad. Abortions had occurred in 46·2 per cent. of the child-bearing married women, and some had suffered eight abortions.

11·6 per cent. of the males had committed sexual abuse; 18·2 per cent. had been addicted to masturbation, and 22 per cent. had suffered from involuntary emissions. 16 per cent. had had syphilis, and 38·5 per cent. gonorrhœa; one on several occasions. 29·6 per cent. had led a bad life at some period, 24·5 per cent. had drunk to excess, and 48 per cent. had smoked tobacco; 19·3 per cent of both sexes had submitted to late hours, and 22·2 per cent. had suffered much anxiety. In 70 per cent. there was some complaint as to the injurious influence of their occupations, and of those causes, exposure, long hours, close and hot rooms, bending posture, and dust or fumes, were complained of in 32·1, 28·6, 24·4, 20, and 15·8 per cent., in their order. 9 per cent. had taken mercury largely, and 54·4 per cent. had been bled at the arm from 1 to 12 times.

The author then considered some of the most important truths which the inquiry had evoked, and particularly the questions connected with hereditary transmission; the especial liability of the female sex to many of the conditions pointed out, and the state of the system; the diseases, and the effects of the immoralities of life upon the patients. In reference to the greater liability of females over males, it was shown, in reference to parents, that more mothers than fathers had children early, had feeble general health, and had died early. More female than male patients had mothers who died early; had most relatives who had died of phthisis; had parents with one child only; had experienced feeble health and defective appetite throughout life; had had delicacy of the lungs; had married when very young; had feeble children; had lost most children; had suffered from anxiety; had had measles, scarlet fever, and whooping cough; had not worn flannel next the skin; had a very defective education; were of susceptible temperament; had brown eyes, florid complexion, and fleshy habit, and had suffered from coldness of the extremities.

Correspondence.

POOR-LAW MEDICAL REFORM.

Letter from Richard Griffin, Esq.

Sir,—May I ask the favour of your giving insertion to the annexed list of subscribers. Should any gentleman have forwarded to me either stamps or post-office orders which have not been acknowledged, he may conclude they have not been received, and therefore had better write to me on the subject. I mention this, as I accidentally heard that a post-office order for £1 was lying for me (Ipswich post town), which, for want of the counterpart, I could not claim.

From statements made by some of my correspondents, I am led to believe the mileage plan proposed by me, on behalf of the Association, is not well understood; therefore, for the sake of example, I will suppose that a medical man has a district the furthest part of which is four miles distant, and that on an average of the last three years he attended three hundred patients, fifty of whom came to the surgery, and the others he visited at their own homes; for these three hundred, he would receive, at 5*s.* per case, £75, and for the two hundred and fifty, a mileage of 4*s.* each, £50, total £125, and that would be his salary for the succeeding three years; it would, in fact, be 9*s.* per patient for all visited at their residences, even though the homes of some of them were not ten yards from the medical officer's house; if the distance be ten miles, then 15*s.* per patient would be paid; in fact, it is a plan to suit town and country districts equally well. It has been urged that orders would be refused by the relieving officer, but this cannot be the case, if the rules suggested by me are carried out, as the class of persons to be entitled to orders is well defined.

After this illustration, I trust all the medical officers will send me their subscriptions, as a large number of supporters is most desirable.

I am, etc., Richard Griffin.

12, Royal Terrace, Weymouth, April 5th, 1862.

Subscriptions Received since the last Published Account, making a total of 280 *up to April* 5*th.*
*Those marked with a * are not Union Officers.*

Skaife, R. J., Easingwold, 2s. 6d.; Hardy, H. G., Auckland, 10s.; Woollett, J. M., Monmouth, 10s.; Wright, J., Caxton and Arrington, 5s.; Brook, J. G., Caxton and Arrington, 5s.; Dixon, H., Henley, 2s. 6d.; Marley, King, Columb St. Major, 2s. 6d.; Arnison, W. C., Hexham, 5s.; Arnison, G., Weardale, 5s.; *Hewitson, Wm., Allenhead, 5s.; *Montgomery, Wm., West Allendale, 5s.; Knill, Jas., Bristol, 7s. 6d.; Firth, G. W. W., Norwich, 10s.; Clapham, W. B., Dunmow, £1 : 1; Worship, J. L., Sevenoaks, 2s. 6d.; Huke, S. T., Newstead and Happey, 2s. 6d.; Ransome, N., Cambridge, 10s. 6d.; Beck, S., Scanbridge, 10s. 6d.; Panton, G., Dorchester, 5s.; Shirley, H., Hartley Wintney, 10s. 6d.; Harris, H. C., Luke-street, Middlesex, £1 : 1; Hayes, J., Stone, 5s.; Coleman, J. M., Wolverhampton, 2s. 6d.; Terry, H., jun., Hardingstone, 5s.; Olive, S., Northampton, 5s.; Cotton, G., Northampton, 5s.; Ledgard, J., Wetherby, 10s.; Lodge, R. T., West Derby, 10s. 6d.; Ingham, A., Keighley, 10s.; Arras, W., Carlisle, 5s.; Doidge, J. G., Tavistock, 5s.; Page, W., Bourn, 2s. 6d.; *Deacon, Market Deeping, 2s. 6d.: Johnson, O., Newark, 10s.; Taylor, T., Cricklade and Wootton Bassett, 5s.; A Former Subscriber, Liverpool, 3s.; Sinclair, W., Halstead, 10s.; Robertshaw, T., Halifax, 10s. 6d.; Goddard, T., Stoke-on-Trent, 10s.; Folkes, W. H., Stoke-on-Trent, 5s.; Mann, R. M., Manchester, 10s.; Crisp, W., Chippenham, 2s. 6d.; Foster, M., Huntingdon, 10s.; Gange, F. A.,
Maldon, 2s. 6d.; Bell, H. Cockermouth, 10s. 6d.;
son, H., Cockermouth, 10s. 6d.; Edger, J. W.,
Ward, 2s. 6d.; *Brown, F. J., Rochester (additic
2s. 6d.; Cooper, C., Flegg East and West, 7s. 6d.; C
man, G., Godstone, 10s.; Coleman, M. T., King
10s.; Gillett, G., Axminster, 2s. 6d.; Taylor, W., St.
tell, 3s.; Wood, H. T., Tavistock, 5s.; Pearce, W.
Ashby de la Zouch, 10s.; Dyson, F. W., Manche
10s. 6d.; Wright, S., Barrow-on-Soar, 5s.; Green,
Lexden and Winstree, 10s.; Harrow, S., Lincoln,
Crisp, M., Wokingham, 5s.; Hinton, J., Bath,
Sanger, T. F., Eastbourne, 5s.; Collingwood, T., R
dale, 5s.; Woodhouse, J., Hertford, 10s.; Dunn,
Hertford, 10s.; Odell, T., Hertford, 10s.; Holman
Cuckfield, 10s. 6d.; Lovely, W., Macclesfield, 7s.
Wales, T. G., Downham, £1; Nason, T. J., Stratford
Avon, 10s. 6d.; Robinson, J., Cheadle, 5s.; Leach
P., Stow, 5s.; Tasker, R. J. Hardlow, £1; Winnar
T., Wigan, 2s. 6d.; Price, J. L., Wigan, 5s.; Mathe
Wigan, 2s. 6d.; Watts, T., Wheatenhurst, 10s.; Gl
J., Atcham, 5s.; Fitch, F., Kidderminster, 5s.; W
stock post mark, 10s.; Lane, E., Boston, 5s.; H
more, W., Sherborne, 5s.; Brickill, E., Winchester,
Morris, N. T., Wigan, £1; Kerswill, R. W., St.
mans, 10s.; Godfrey, N. Bedford, 2s. 6d.; Roden,
Kidderminster, 10s.; Breach, T., Bradfield, 5s; Gra
R., Chorley, 7s. 6d.; Young, E., Steyning, £1; Ev
T. R., Aylsham, £1 : 1; Nungage, C. P., Tend
10s. 6d.; Pennington, J., Bosmere and Claydon, 2s.
Watkins, R. W., Potterspury, 10s.; Blenkinsop, W.
Easthampstead, 10s.; M'Millan, J., Ouseburn
2s. 6d.; Wood, W. J., Wantage, 3s.; Gillibrand,
Blackburn, 10s.; Powne, W., Bourn, 10s.; Turne
B., Sutton, 5s.; Smeathman, G. T., Wycombe, £1;
ling, G. L., St. Ives, 5s.; Robinson, T., Halifax, 1
Barnes, J. W., Islington, St. Mary, 10s.; *Curtis,
Alton, £1; Curtis, W., jun., Alton, 10s.; Leslie,
Alton, £1; La Fargue, P. A., Meriden, 5s.; Harden
Truro, 10s.; Ewen, H., Holbeach, 5s.; Ewen, A.
Holbeach, 5s.; Sankey, F. H., Bridge, 10s.; Taylor
Wokingham, 10s.; Blomfield, J., Camberwell Gr
10s.; Coleman, T. E. J., Noreboe, 10s.; Holme,
Kendal, £1 : 1; Lindop, W., Newport, 10s.; Godby,
Newport, 10s.; Bowse, W., Amersham, 10s.; Harth
G., Amersham, 10s.; Brickwell, B. A., Amersham, 1
Smethman, G. T., Amersham, 10s.; *Lethgow, J., W
mouth, 10s.; Fox, L. O., Stockbridge, 10s.; Parker,
Liverpool, 5s.; Wotton, R., Hemel Hempstead, £1;
ving, W., West Ward, 5s.; Knill, J., Bristol, (additio
2s. 6d.; Lancashire, J., Bury, 10s.; Preston, R., B
10s.; Garstang, W., Blackburn, 10s.; Coucher, M., W
mouth, 10s.; Cattle, W. D., Newent, 10s.; Halton,
Monmouth, 10s.; Morris, R. S., Wigan, 5s.; Buc
E. C., Radford, 5s.; Harrant, S., Taunton, 2s.
Brewer, A., Bedwelly, 10s. 6d.; Wildash, H. C., Elh
5s.; Kendall, T. M., King's Lynn, 5s.; Perry, C.
Aylsham, 10s.; Pope, G., Aylesbury, 5s.; Lamb,
Islington, St. Mary, 5s.; Defriez, G., Bethnal Gr
10s.; Smart, J., Bethnal Green, 10s.; Welch, C., Be
nal Green, 10s.; Moore, G., Bethnal Green, 10s.;
denburg, R. S., Bethnal Green, 10s.; Massingham
A., Bethnal Green, 10s.; Jones, Edward, Ross,
Dowse, T., Huddersfield, 10s. 6d.; Mann, C. P., C
ford, 5s.; *Gurdon, Coxford, 5s.; A. B., 2s, 6d.;
liams, W., Wareham, 5s.

POOR-LAW MEDICAL REFORM.

Sir,—Within the last few days, we have had an opp
tunity of seeing what the united efforts of a number
persons, although not of exalted position, can effect.

Her Majesty's government has had to modify som
the clauses of the "Revised Code," as it has been term
owing to the pressure from without caused by cer
cated schoolmasters and pupil-teachers. It is true t

cause was advocated by members of parliament thers. But surely, sir, the case of Poor-law me- officers ought to command as much sympathy as of the schoolmasters, and the medical care of the poor as much attention as the education of la- rs' children.

d I would add that the medical profession ought to ss at least as much influence with the members of houses of legislature as the body of schoolmasters. it possible that, with this example before them, law medical officers will still lie quiet under the ances which they suffer from, and be contented to hard night and day for, in some cases, common rers' wages?

ıy not petition? and let every man that feels ag- ed sign, and not let Mr. Griffin bear all the brunt battle; as he has done, much to his honour be it for some years past.

I am, etc., A POOR-LAW MEDICAL OFFICER.

pril 7th, 1862.

BACHELORS IN SURGERY.

,—As the proposal contained in this letter will tless interest most of the medical graduates and rgraduates of the University of London, I beg you insert it in your columns as soon as you conve- ly can.

om the high esteem in which degrees in medicine r university are held, and the practical manner of icting all our examinations, it is allowable to sup- that if degrees in surgery were established, they d be sought after by those among us who look for ık in the surgical profession corresponding with already gained by so many of our medical gra- es.

at the establishment of the M.B. examinations of on was the commencement of a new era in medical ation will, I think, be doubted by no one who exa- s the regulations since appointed by the universities mbridge, Dublin, Edinburgh, and Aberdeen; for are very close imitations as regards the education red and division of the examinations. The degrees edicine of our university are thought so highly of by possessors and others, that a London graduate ely ever fails to sign himself "M.B.Lond." or D.Lond," Whether the strictness of our examina- justifies us in naming our university in our signa- can, I believe, be easily decided by unprejudiced bers of our profession; at any rate, the considera- of the number of distinguished men who sign selves in this manner, the fact that the chief glory r university is its medical faculty, and a desire to l the accusation often made against us by members ther universities on a count of our "invidious" itures, these and other reasons give me ground for ing that our degrees in surgery may be marked by distinguishing name.

eg, therefore, to propose that such of the graduates undergraduates as approve of my suggestion do ion the senate to consider the propriety of esta- ing the degrees of bachelor in surgery and doctor urgery (B.Ch. and D.Ch.) in the University of lon. From giving a uniformity to the names of degrees, and a fixed relative standing to the gra- es in medicine and surgery, these titles would have rther advantage over that of master in surgery I.)

I hold an appointment in another university, I can make the proposal to my fellow-graduates and un- raduates, and call upon such of them as assent to it ose no time in sending in their memorials indi- ally or from the schools of medicine in connection the university, as the medical board or committee is, I believe, considering the propriety of establishing the degree of C.M.

Enclosing my card, I am, etc.,

A SCHOLAR OF THE UNIVERSITY OF LONDON
AND DEMONSTRATOR OF ANATOMY.

April 7th, 1862.

THE EDINBURGH COLLEGE OF PHYSICIANS.

LETTER FROM D. R. HALDANE, M.D.

SIR,—I was surprised to read in the last number of the BRITISH MEDICAL JOURNAL the following passage:—

"The secretary of the Edinburgh College of Physicians has placed us in an awkward position, and we must appeal to him to release us from the same. We have twice denied that the College delivered its license to candidates without requiring their personal attendance during the year of grace; because we *inferred* from Dr. Haldane's letters that such a delivery never took place."

The publication of my former communications was rendered necessary by your having transferred to your columns a fabricated letter to which my signature was attached; but it was certainly not my intention to enter into a correspondence or controversy with you, in reference to the proceedings of the College during the year 1859. As you have all along taken a great interest in the affairs of this College, and have omitted no opportunity of expressing your sentiments regarding it, I am surprised that you should now confess ignorance as to any of the details of its proceedings during "the year of grace." The statements contained in my letters were matters of fact; for inferences drawn from them I am not responsible; and if you have got into any difficulty, you must really extricate yourself, without any assistance or interference from me.

I am, etc., D. R. HALDANE, *Hon. Sec.*

Royal College of Physicians, Edinburgh, April 1, 1862.

[The difficulty into which we have fallen is one from which we have not the slightest difficulty in extricating ourselves. It concerns Dr. Haldane much more than ourselves. We have only to repeat the simple facts of this case, and to leave them to the consideration of the profession; and we feel bound, in justice, to do so. Dr. Haldane, on behalf of his College (with a stretch of sensitiveness which we believe has never yet been exhibited by a great public body) threatened us with legal thunder for having copied from the *Liverpool Albion* (see BRITISH MEDICAL JOURNAL, February 22) a note which Dr. Hitchman had inserted there, and which bore the signature of Dr. Haldane. Dr. Haldane, it turned out, never wrote that note; and we, of course, said so in the JOURNAL. Dr. Haldane afterwards says of it:—"The letter was written for the purpose of deception; and the affixing of my signature to this counterfeit has an unpleasant resemblance to the crime of forgery." This is strong language. Whether Dr. Hitchman merits it, let our readers judge. Dr. Hitchman says:—"I quoted Dr. Haldane's letter (which I regret) from memory, somewhat inadvertently and inaccurately, though, as it can be readily proved, substantially correct." (BRITISH MEDICAL JOURNAL, March 8.) Here, then, we have Dr. Hitchman affirming that the statement contained in this note was true; but that the words of it were not the words of Dr. Haldane. We, naturally enough, supposed that Dr. Haldane's indignation and threats would never have been expended on the mere assertion that the words were not his. We gave him credit for being indignant at the statement contained in them; and, therefore, repudiated the statement as well as the words of the note. But having been told that we erred in our negation, we appealed to Dr. Haldane to put the matter straight before the profession. His answer is given above; and our readers can draw their own conclusions. EDITOR.]

WHAT IS A PHYSICIAN'S FEE?

SIR,—When the great Dr. Radcliffe lost £5000 by the South Sea bubble, he philosophically exclaimed: "I shall only have to go up 5000 pairs of stairs to make up the deficiency." Since his time, the property in the country has increased enormously, medical men have abridged disease and prolonged life greatly; but I cannot add that the receipts of medical men have increased in anything like the same proportion. The very reverse is the case.

Among the various circumstances that influence our social position, and the estimation in which we are held by the general public as well as by the profession, there is one that it is high time some public allusion should be made to. It is the common practice of physicians departing from the accepted consultation fee; a practice, I regret to say, much more frequently irregularly set aside by men in position than I believe it is by the juniors of our branch.

How often does it happen that patients quote well known names in illustration of such irregularity; and thus bring a moral force to bear upon the consultee which it is difficult to resist. It is simply a system of underselling one another, that is of a piece with our wholesale system of gratuitous advice. The public do not appreciate the advice one jot the more for its greater cheapness; and the general practitioner, as a matter of course, has a poor opinion of the physician who acts in this way. I began practice, now a good many years ago, with a firm belief in the guinea as a physician's legitimate fee; but so little faith have I in it now that I am constantly obliged to yield to the pressure before alluded to, so as virtually to be deprived of a large portion of my legitimate income. Being a nervous man, I cannot meet my patients with a peremptory claim; and, for the same reasons, I never know to the present day what fees I am to ask or to expect when I visit patients at their own homes.

What do you say to a leading physician, after an important examination at the house of a millionaire, two miles west of the Marble Arch, when he was asked to name his fee, saying "the usual fee," and being content to receive one guinea? What do you say to another, whose patient came to consult me, and quoted him as having seen her three and four times for a guinea? These are not exceptional cases, but cases which are constantly occurring; and tell the public how soft or how needy we are. And what is their opinion of us in return?

Do not think that I am not willing to admit that the physician must be liberal and generous; but the system that I complain of has nothing to do with these noble qualities. It is more akin to the shabby dealing that we meet with in certain shops, the windows of which are full of tickets, and whose managers substitute different goods, according to the apparent or real shrewdness of their customers.

But what do the public think of this irregularity, to call it by a mild name? They estimate us, as a body, by the price we put upon our services. They call ours a liberal profession; but they higgle with us as if we were mere hucksters. They know that we are devoid of *esprit de corps*, and they convert what should be a honorarium, freely given and gratefully received, into a paltry payment, reluctantly doled out and bitterly pocketed.

Let me not be misunderstood as applying these remarks to all patients; there are many valued exceptions. But still they are exceptions; and, unless some plan be adopted, either by the formation of an ethical association, by a free discussion in the journals, or by an expression of opinion on the part of the College of Physicians, we shall daily become more lax in our pecuniary relations to the public, and suffer more and in consequence.

What we want is some kind of tariff, to guide who feel that this is a matter of importance, enable the best and most honourable of our breth act somewhat in concert. At present, we have n of the kind; and you will bear me out when I that there is a large body of physicians who would hail some statement on the part of our College as proper course to pursue.

It would be useless to lay down any code at pr but I may be permitted to put down some of the upon which it is manifest that great differen opinion exist, hoping to elicit the opinions of oth the subject, and possibly, by the force of profes opinion, eventually to realise something like unif of procedure. Allow me to adopt the form of que

May a physician see a patient at his own house for less than a guinea?

May a physician ever consult with a surgeon or g practitioner more than once for a single fee?

May a physician meet a physician in consultati a single fee?

What is the radius beyond which extra mileag comes chargeable?

What is the rate at which railway journeys shou charged?

Clearly, no tariff need be or can be absolutely bi upon physicians. He who rises to great eminenc a right to higher fees than he who fails to achieve a distinction. That is not the point; but what want is some kind of mutual understanding a those who are willing to be bound by it, and strongly expressed opinion upon the proceedin those, specialists and non-specialists, who forget w due to the implied conditions under which they become Members and Fellows of the

COLLEGE OF PHYSICIA

CASE OF FACE-PRESENTATION.

LETTER FROM JAMES REID, ESQ.

SIR,—In the JOURNAL of March 29th, p. 343, a ment occurs in the report of the East Kent Di Medical Meeting held at Ashford, which does no curately convey what was said. The case I allud was not, as implied by the report, a case of present of the forehead, but one of the face. As it was s what unusual, allow me to state a few more partic In advocating the use of cephalic version inste turning by the feet, when it was thought necessa interfere on account of malposition of the head, I a case of face-presentation, which was most unexpec converted into a vertex-presentation by manipulati

Last summer, I was summoned to assist a surge the neighbourhood of Canterbury, in a case of la in which the birth was delayed by deficient pains. left side of the face was presenting, and was low in an ample pelvis. There had been no apparent gress for four or five hours; the pains were short, and recurring at longer intervals. Ergot had been I agreed to use the short forceps; and, passing fingers into the vagina, to gain as much informati the exact position of the parts as I could, I percei during the pain which followed, a slight twisting m ment of the face. Acting on this hint, I placed my fingers on the malar bone, and parallel with the n and, when the next pain commenced, pressed upw and towards the left acetabulum. The face rotated receded, the vertex taking its place. The change in progress of the labour was immediate, the head vanced, and in about twenty minutes the child was alive.

I am, etc., JAMES REI

Canterbury, April 2nd, 1862.

Medical News.

yal College of Physicians of London. The fol-
g gentlemen passed the first part of the pro-
nal examination for the licence of the College, on
4th, 1862:—

unt, Thomas, 13, Ryder Crescent
stock, Edward Ingram, St. Bartholomew's Hospital
gge, Frederick Thomas, Guy's Hospital
all, Samuel, St. Bartholomew's Hospital
mpthorne, Henry Law, King's College
ackintosh, Hugh Richard Duncan, St. Bartholomew's Hospital
ynolds, John, St. Bartholomew's Hospital
one, Robert Sidney, St. Bartholomew's Hospital
orne, Richard Thorne, St. Bartholomew's Hospital
hipple, Connell, St. Bartholomew's Hospital

APPOINTMENTS.

emist, R. P., Esq., elected Honorary Surgeon to the Dra-
c, Equestrian, and Musical Sick Fund Association.
k, Crawford J., Esq., appointed House-Surgeon to the Brighton
Hove Dispensary.

Navy. The following appointments have been
nade:—

Thomas, Esq., Surgeon, to the *Zebra.*
st, E. P., Esq., Assistant-Surgeon (additional), to the *Royal*
ide.
rsly, N. O., Esq., Surgeon, to the *Coquette.*
n, Joseph, Esq., Acting Assistant-Surgeon, to the *Zebra.*

tia. The following appointments have been
nade:—

n, W., Esq., C.B., to be Surgeon Highland Rifle Militia.
, C., M.D., to be Surgeon Stirlingshire, etc., Highland Bor-
s Light Infantry British Militia.

nteer Corps. The following appointments have
een made (A.V.=Artillery Volunteers; R.V.=Rifle
olunteers):—

C. C., Esq., to be Assistant-Surgeon 5th Kent A.V.
rness, W. B., Esq., to be Assistant-Surgeon 2nd Berks R.V.
E., Esq., to be Assistant-Surgeon 46th Middlesex R.V.
tes, T. B., Esq., to be Surgeon 4th Durham R.V.

To be Honorary Assistant-Surgeon:—

., Esq., 22nd Kent R.V.
e, C. B., Esq., 9th Suffolk R.V.

DEATHS.

. On February 16th, at Port Louis, Mauritius, aged 21, Hen-
, wife of Victor Bazire, M.D.

. On April 3rd, aged 19, Ellen, only daughter of John
n. M.D., of Islington.

, Peter, Esq., Surgeon, formerly of Tonbridge, at Twicken-
aged 74, on April 8.

Thomas, M.D., at 11, Princes Place, Kennington Park, aged
n March 27.

k, Stephen, Esq., formerly Assistant-Surgeon 12th Madras
e Infantry, at Hayes Park, Middlesex, aged 81, on April 6.

. On April 17th, at Worthing, aged 5, Arthur G., youngest
f John Taylor, M.D., of Bayswater.

ott. On April 5th, at Guines, aged 17, Alfred P., second son
fred Willmott, M.D., Weston-super-Mare.

Benjamin Brodie has a second series of his
ological Inquiries nearly ready for publication by
s. Longman and Co.

ew Hæmostatic Agent of great power has been
ly announced. It is an extremely delicate and
ful fern from Java, the Pengawar Jamba, (*Palea*
i), provided with very fine filaments, which are
o be used for the above purpose with great effect.

liamentary. In the House of Commons, the
e of Physicans (Ireland) Bill, and Netley Hospital
e Bill, have been read a third time and passed.
ord-Advocate has obtained leave to bring in a Bill
ke further provision respecting lunacy in Scotland.

e British Museum Natural History Collection.
nment having resolved on lodging Professor Owen
is interesting collection of Natural History at
South Kensington, a formal application has been made from Downing Street to her Majesty's Commissioners for 1851 for space.

Vacancies. The following appointments are vacant: Physician and Assistant Physician to St. George's Hospital; by the resignation of Dr. Bence Jones, M.D. and M.A. Trin. Coll. Cantab., F.R.C.P. Lond.; and Dr. A. W. Barclay. Surgeon to the Chester General Infirmary; House Surgeon and Apothecary to the Lincoln General Dispensary; and Medical Officer to the Second District of the Tunbridge Union.

St. Thomas's Hospital. The following resolution was adopted by the City of London Common Council:—"That the aldermen and commoners who are governors of St. Thomas's Hospital, be respectfully requested to watch the proceedings of the authorities in relation to the removal of the said hospital; and, as representatives of the corporation, to give their best assistance in promoting the re-erection of the hospital in such a situation in the south district, in near proximity to the City of London, as shall be most accessible to the afflicted poor, as well as conducive to their restoration to health." The motion, after some discussion, was unanimously agreed to.

Suicide of a Surgeon. An inquest was held last week at Bow, relative to the death of Mr. John Ford, aged 74 years, a surgeon, who committed self-destruction by taking a large quantity of prussic acid. Miss Ford said the deceased was her father. He was a surgeon, but for some time past had been in pecuniary difficulties. While she was sitting in the drawing-room with her mother, a noise was heard upstairs Witness went up, and found her father in a state of insensibility lying upon the bed. The deceased had been driven to desperation through his pecuniary difficulties. Mr. Cooper, surgeon, said that he was of opinion that the deceased died from swallowing a large quantity of prussic acid. The jury returned a verdict of "Temporary insanity."

Costless Ventilation. "The method I use," writes Mr. P. H. Bird, "is simple, economical, quite free from draught, and does not get out of order. Raise the lower sash of the window, and place in front of the opening at the bottom rail a piece of wood of any approved depth: this leaves a corresponding space between the meeting rails in the middle of the window, through which the current of air is directed upwards towards the ceiling: heavy blacks cannot ascend with the air, which is driven so high as to be warmed before it descends. The principle may be modified in various ways, making the bottom frame of wire blinds supersede the strip of wood: in a word, open the lower sash of the window two or three inches, and block it up anyhow, and the air enters the space in the middle, and is carried to the ceiling."

American Medical Association. Medical science has claims which seem to override war. It sounds strange to hear of the proposed meeting of the above association at Richmond or Charleston. The *American Medical Times* writes:—"We trust there will be no delay in issuing the official notice of the meeting. It is well stated that 'there has been no time in the history of the country, when our medical societies, both local and general, could be more useful than at present.' Questions of great practical interest have arisen since its last meeting, which demand discussion and settlement. If we had any doubt whatever in regard to the propriety of this meeting, it would be as to the place; if it is very desirable, as is alleged, that 'our southern brethren' meet with the association, it might perhaps be well to hold the meeting at Nashville, Richmond, or Charleston."

The Chair of Obstetrics in the Paris Faculty in Medicine has just become vacant, owing to the death of

Moreau, the eminent accoucheur, who was a man of undoubted ability. I have not yet heard who is likely to become his successor. I am told that Pajot, for reasons into which I need not enter, has no chance of it; though, from his position in the Hôpital des Cliniques, Pajot is one of the finest lecturers on the clinical staff. I may also add that he is not the successor of Dubois, as I inadvertently stated in my letter, but a *professeur agrégé*, who performs the duties of Dubois at the *clinique d'accouchements;* the name of the latter being still retained on the roll of clinical teachers. Pajot is rather tall, and a very handsome man, of light figure, active and energetic in his movements: he has regular features, a closely shaven face, and long flowing hair of a gray colour, though he is still comparatively young. He possesses a considerable amount of *esprit*—in fact, is quite theatrical in his manner,—certainly the most vivacious Frenchman I have seen amongst the members of the profession in Paris; and, I should say, possessed of too great a power of sarcasm to be at all a favourite with those who may be unfortunate enough to smart under its influence. (Dr. W. Turner, in *Edin. Medical Journal*, March 1862.)

CLAUDE BERNARD is rather tall, and graceful in his bearing, with a thoughful cast of countenance which is very pleasing, and bears the stamp of intellectual power. His hair is long, dark, and thinly scattered, with some baldness on the summit. He is a man whose *tout ensemble* is remarkably prepossessing, but whom it is impossible adequately to describe in the meagre sketch which my limited space permits me to give. Though, in one sense, an eloquent speaker, his elocution is of such a peculiar nature as to render his lectures rather difficult of apprehension. This is specially the case when he is elucidating some abstruse point; he then seems at first to labour for utterance; this hesitation, however, is soon overcome, and he finishes his remarks with great rapidity and fluency. Up to the present time he has been engaged in describing the physical and vital properties of the elementary tissues; and, latterly, his lectures have been more especially interesting, as he has been dwelling upon the nervous and muscular forces, the distinctions between them, etc., and enforcing his arguments by a series of convincing experiments upon the unfortunate frog species. (Dr. W. Turner, in *Edin. Med. Journal*, March 1862.)

.MEDICAL CHARGES. A great deal has been written about the matter; but, as it is beyond the reach of legislation, medical charges will remain, as heretofore, almost entirely dependent on private judgment as to whether they are to be much or little. All that legislation has been able to do is to enact that medical men shall be paid *reasonably* for what they have done. No general rules can be laid down exactly to define what is *reasonable*, only a sort of approximation can be ventured at. What is *reasonable* can perhaps only be arrived at by illustrating what is *unreasonable* A bill of £10 against a cabman is unreasonable, or against any common labourer, or even journeyman or foreman mechanic. Any charge of above of 2s. 6d. a day against such people is objectionable, except under very unusual circumstances. To allow bills to accumulate year after year, or even to let a bill include two illnesses, in dealing with the humble classes is unreasonable. If charged lightly by medical men, and supplied with as little attendance and medicine as each case will possibly admit, the humbler classes would not resort so much to chemists and druggists as they now do. The humbler classes should pay according to their means, and not according to what they have had. In all other debts they are expected to pay strictly, according to what they have had, irrespective of what their means may be. Thus the medical man stands somehow, in a different position with regard to society, to other men. Experience, therefore, does not even show how he is to charge. (*The London Provincial Medical Protection Society's Circu* [Nothing could more clearly show the necessity fo general establishment of sick clubs for mecha EDITOR.]

SCIENTIFIC BRUTALITY. The first case, I thin characteristic of the genius of the man (Maissonneu viz., amputation of the forearm by the use of the *fl* I did not see it myself, as it occurred in summer, the details have been furnished to me by a friend was present on the occasion. The first step in the ration was the breaking of the bones, which was ac plished in the following manner: two blocks of woo a short distance from each other, were placed *upor* arm, then a curved iron bar was passed *beneath* the part corresponding to the interval between blocks, while a small chain extended from one en the bar to the other *over* the arm, and was attache a screwing apparatus, by means of which the bar gradually forced upwards, and counterpressure made upon the blocks, until at last the two bones compelled to give way; this was done without ch form. The *flêches* were then introduced into the in a circular manner round the circumference of arm. The patient succumbed in about a day there The amputation was performed for some affection o hand, from the effects of which the patient would died in a short time at any rate. What was the o in performing the operation in this somewhat manner, my friend could not inform me, unless it as an *experimentum crucis.* (Dr. W. Turner in *E Med. Journal*, March, 1862.)

SOCIAL SCIENCE ASSOCIATION. In the Departme Public Health, papers are classed under the follo heads:—I. *The Condition of the Public Health.* subjects, chiefly statistical, referred to this head, comprise everything that relates to the past or pre state of the public health. Papers descriptive of general state of health of particular districts, or of same districts at different periods, or under diffe circumstances, and of persons engaged in the severa dustrial occupations, as well as of the special dise to which particular localities, and modes of life, occupation, are most liable, will be classed under division. II. *The Causes which modify the P Health.* To this head will be referred papers that of the causes which, whether favourably or injurio affect the public health, and the mode in which t causes act. This division will thus include the c deration of the production of disease by external ca to which persons, either individually or collectively liable to be exposed: such as climate, soil, loca habitation, diet, occupation, station, or habit. III. *Improvement of the Public Health.* Communicat that suggest plans for the amendment of the p health, whether these have reference to legislative e ments, and the machinery requisite for the admini tion of sanitary law; to the removal of causes of dis by engineering or other mechanical appliances; the prevention of disease by hygienic precautions, be classed under this head. IV. *Social and Econom Aspects of Public Health.* This division will inc inquiry into the effect of diminished death-rates the population; the effect of sanitary improvemen the national wealth; the diminution of pauper and the general moral and physical elevation of community.

ETHNOLOGICAL SOCIETY. On the 1st inst. a p was read "On the Antiquity of Man from the Evid of Language;" by the President. The periods us assigned for man's first appearance necessarily d said the author, only from the time when he attained such an amount of civilisation as to fr some kind of record of his own career, and tak unt of the many ages which must have transpired re he could have attained that power. Language ɔt innate, but adventitious; a mere acquirement, ng its origin in the superiority of the human untanding. Infants are without language; they ace it as the brain matures, by instruction, and can ı with equal facility any language whatever. There ıother proof in the prodigious number of languages h exist, with very various ranges of sounds, simty, or complexity. Such a state necessarily implies tinct formation of every independent tongue. The rudiments of language must have consisted of a artificial sounds, attempted by savages to make vn their wants to each other; and from these first ts to the time in which language had attained completeness which we find it to have reached ngst the rudest tribes ever known to us, countless must be presumed to have elapsed. The Egyptians have attained a large measure of civilisation bethey invented symbolic or phonetic writing, and ve find it in the most ancient of their monuments. invention of letters has been made at many differɔoints, extending from Italy to China—a clear proof language had many independent sources. But such e antiquity of the invention that we can hardly in ase tell when or by whom it was made. Epochs or depending on the art of writing were of course of later or more recent origin. The Greek epoch only 776, and the Roman 753 years before the birth of st. The author then dwelt on the evidence afforded e construction and grammar of languages, and coned by urging that the birth of man was of vast uity, and that every race has had to achieve the ous and tedious task of constructing speech, which, in the rudest form in which we find it, must have ı many thousands of years to accomplish.

IRENOLOGY. One would have thought that, after his ution, people would no longer talk of the famous ıollard, the servant killer; but on the contrary, it happens that his skull has fallen into the hands ırenology, and the disciples of Gall and Spurzheim to prop up their theories with the bumps of this severed by the executioner. It is exceedingly ıus to see the results arrived at by enthusiastic nologists who have studied this skull, and the efforts have made to "specify" the general faculties they observed. For instance, they admit that Dumollard not the bump of murder; but they do not consider ıselves beaten for so little. In return, he had the p of "secretiveness," or, in other words, cunning. what is less easy for them to account for is, that he possessed the bump of benevolence—which is rather ling. Nevertheless, by making a strict search of ife they find something that does not roundly radict even this fact. It seems that phrenology elastic as India-rubber.

'ULATION STATISTICS AND METEOROLOGY OF LONDON — APRIL 5, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
ring week....................	Boys..1085 Girls..1010	2095	1299
erage of corresponding weeks 1852-61		1854	1341

neter:
ghest (Fri.) 29.931; lowest (Sun.) 29.221; mean, 29.606.

nometer:
ghest in sun—extremes (Th.) 107 degs.; (Sun. & Fri.) 62 degs.
shade—highest (Th.) 63.7 degrees; lowest (Tu.) 41 degs.
an—48.6 degrees; difference from mean of 43 yrs.+4.5 degs.
nge—during week, 22.7 degrees; mean daily, 12.2 degrees.
humidity of air (*saturation*=100), 89.
direction of wind, S.W.—Rain in inches, 0.39.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.
TUESDAY.	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
FRIDAY.......	Westminster Ophthalmic, 1·30 P.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Geographical, 8.30 P.M.—Medical Society of London, 8.30 P.M.: Dr. Habershon, "On some Cases of Typhus Fever."

TUESDAY. Civil Engineers, 8 P.M.—Statistical, 8 P.M.—Pathological, 8 P.M.—Ethnological, 8 P.M.

WEDNESDAY. Geological, 8 P.M.

THURSDAY. Zoological, 4 P.M.—Harveian, 8 P.M.—Linnæan, 8 P.M.—Chemical, 8 P.M.

FRIDAY. Western Medical and Surgical, 8 P.M.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

BACK NUMBERS.—We beg to thank several members for back numbers of the JOURNAL.

DINNER TO MR. THOMAS MARTIN.—We are requested to state that the dinner, to which a few professional friends have invited Mr. Martin, of Reigate, will take place on Friday, the 25th of April, at the "Albion", in Aldersgate Street, at seven o'clock precisely. Mr. Propert will take the chair; and Mr. Hood and Mr. Erichsen will act as stewards.

THE FIRST LIGATURE OF THE INTERNAL ILIAC ARTERY.—SIR: In the last number of the JOURNAL, under the heading of "A Slight Error", it is stated that I have in the last edition of Cooper's *Surgical Dictionary*, attributed to "Mr. Hudson, of New York", instead of to "Dr. S. P. White, formerly of Hudson, in the State of New York", the merit of having first tied the internal iliac artery in America.

This error is not mine, but Mr. Cooper's. It occurs in the edition of 1838, from which the new issue of the *Dictionary* has been compiled.

Knowing the accuracy and industry of my former teacher and excellent friend Mr. S. Cooper, I left his references as I found them, not thinking it necessary to verify them.

I am, etc., JOHN E. ERICHSEN.

6, Cavendish Place, April 8th, 1862.

[A high surgical authority writes to us under this head:—That the correction of the *American Medical Times* (referred to), requires being corrected." In Cooper's *Dictionary*, you will find that the internal iliac was first tied by Stevens, of Santa Cruz, in 1812. The preparation was dissected by Owen, and is now in the museum of the London College of Surgeons."]

MEMBERS desirous of having their VOLUMES of the BRITISH MEDICAL JOURNAL for 1861 COMPLETED, are respectfully requested, at their earliest convenience, to inform the Publisher, at the office, 37, Great Queen Street, London, W.C.

COMMUNICATIONS have been received from:—Dr. THOMAS WILLIAMS; Mr. A. PRICHARD; Mr. WILLIAM COPNEY; Mr. JOHN WARD; Mr. R. SYKES; Mr. G. BULLEN, jun.; Mr. H. MARSHALL; Mr. J. WEAVER; MEDICUS; Dr. W. B. MUSHET; Mr. RICHARD GRIFFIN; Mr. J. P. HILL; Mr. R. P. MIDDLEMIST; Dr. T. K. CHAMBERS; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. ROSS; Mr. JAMES BIRD; Mr. DULVEY; Dr. F. J. BROWN: Dr. A. MARTIN; Dr. P. H. WILLIAMS; Mr. C. L. ALLWORK; Dr. ARMSTRONG; COMMON SENSE; Mr. T. M. STONE; Dr. GRAILY HEWITT; Mr. SYME; Dr. H. MARSHALL; and DELTA.

Journals Wanted.—Several members, who have joined the Association during the past year, are desirous of having their volumes complete for the year 1861; but this has been prevented by many of the earlier numbers being out of print. The publisher will therefore be greatly obliged, if gentlemen who do not bind their Journal, or desire to keep it, will kindly forward him the numbers contained in the first volume for 1861 (January to June).

SUBSCRIPTIONS.

The following Laws of the Association will be strictly enforced :—

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16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

Philip H. Williams, M.D., *General Secretary.*

Worcester, April 1862.

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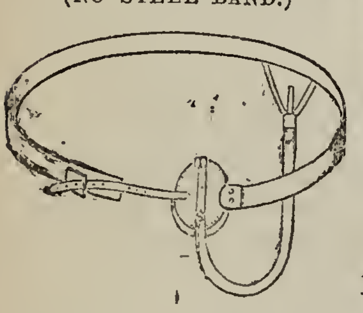

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10th April, 1862. 6, New Cavendish Street, W.

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See *The Lancet,* May 4th, 1861, and *Medical Times,* June 23rd, 1860

Clinical Observations.

BY

JAMES SYME, Esq.,
ESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH.

VI.—Tumour of the Hard Palate.

ged 46, from Wick, in Caithness, was admitted
29, 1861, for the removal of a tumour in the
her mouth. It was of a circular form ; and
ed a convex surface extending from side to
d stretching from the anterior third of the
to the posterior edge of its hard portion.
owth was soft at its centre ; but so hard at
e as plainly to proceed from the bone. It
n growing for two years, and caused uneasy
ns of variable degree.

emoval of this tumour was evidently very de-
with respect both to its immediate effects and
rospective consequences ; but seemed beset
ordinary difficulty. At first, I thought of
the upper lip, so as to expose the front part
lveolar ridge, and then divide the bone back-
y cutting pliers on each side close to the
But the growth extended so close to the
at the instrument, if so employed, would
have glided off it and rendered the extir-
nperfect. I then contemplated a complete
of the upper jaw, in so far as it entered
formation of the mouth ; but felt unwilling
rm so severe an operation under circum-
of such comparatively inconsiderable ur-
nd, therefore, advised the patient to return
til the disease should assume a more serious
But she, naturally averse to undertaking
voyage without having experienced relief,
the prospect of being obliged to come back
gently entreating me not to delay inter-
I resorted to the following mode of pro-

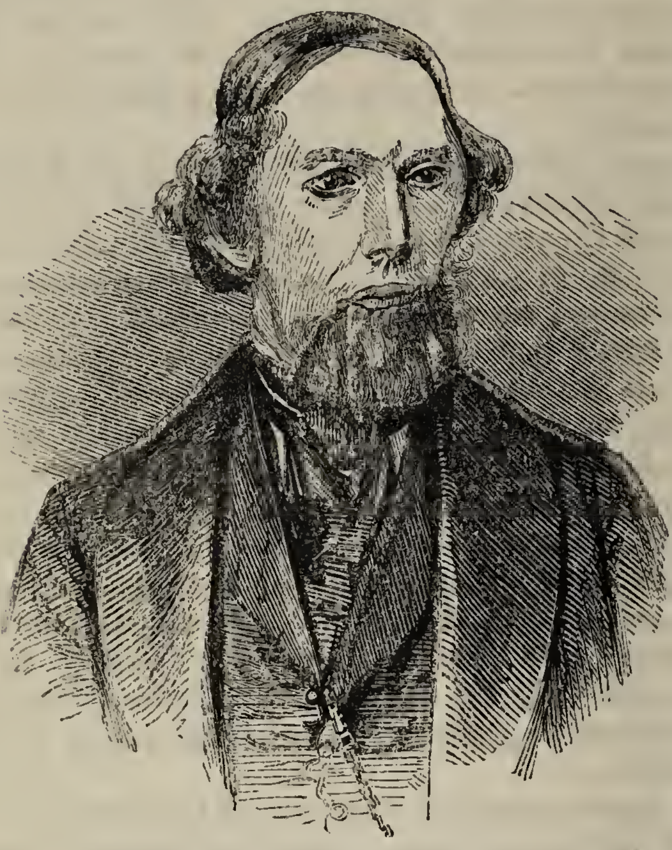
ecember 16th, having selected a trephine
y large to embrace the whole tumour, and
e patient upon a chair with her head bent
s, I placed the instrument over the growth,
rapidly, obliquely from before backwards,
livide both the soft palate and bone, and
few seconds, completely accomplished the
he teeth of the saw, acting upon the prin-
n *écraseur*, prevented the profuse and not
ressible hæmorrhage, which might have
cted from cutting the arteries of the palate
k. There was thus very little blood lost ;
ng was required for suppressing the slight
at continued, but the introduction of a
nt into the aperture which had been made
f of the mouth.

Everything went on favourably afterwards ; and some sloughing of the textures round the orifice, which took place in consequence of the laceration, seemed to render a good result still more secure. During the granulation that followed, the aperture rapidly contracted, and was at length reduced to so small a size, that the point of a finger was sufficient to cover it when the patient was dismissed.

At no distant period in the history of surgery, all morbid growths from bone which did not admit of removal by amputation were attacked at the centre, and, so far as possible, dug out by chisels and gouges, caustics and cauteries being afterwards applied with the view of more completely extirpating the disease. But all attempts of this kind proved worse than useless, by accomplishing the object imperfectly, and stimulating the morbid action in such part of the tumour as escaped the means of removal. Before commencing practice, I witnessed various cases so treated ; and I retain no more painful recollections than those associated with the operations performed on these occasions, which being chiefly required where the face was affected, were followed by frightful deformity, protracted suffering, and a fatal termination.

It was in regard to tumours of the lower jaw that, about forty years ago, a better system of procedure was introduced by dividing the bone, or disarticulating it, beyond the confines of the disease, so as to ensure the entire removal of every part implicated in the morbid action. My respected friend, the late Mr. Cusack of Dublin, had his attention early directed to the importance of this principle ; and in accordance with it, performed a number of operations which were published in 1827. (*Dublin Hospital Reports.*) It was the results thus obtained, together with Mr. Cusack's personal recommendation, that led me to consider the subject, and resolve to adopt the same plan whenever an opportunity of doing so should occur. Not long afterwards, a very remarkable one presented itself in the case of a young man who had repeatedly been a patient in the Edinburgh Royal Infirmary, and there suffered two operations upon the old plan at different times for the removal of a tumour from the lower jaw, with the usual effect of exciting the morbid growth, instead of extirpating it. The patient, having been dismissed as incurable, applied to Mr. Liston, who declined interference, as being impracticable with any prospect of success ; and he, therefore, returned to the country in a hopeless state. At the end of three years, the tumour having increased enormously during this period, I was requested to consider the possibility of affording relief, which had become still more imperatively required in consequence of occasional profuse hæmorrhage.

The tumour occupied nearly the whole jaw, extending from the left articulation so far to the right side as to leave room for only two of the molar teeth. It had expanded the mouth so as to measure fifteen inches in circumference, and had grown down nearly to the sternum. Not regarding this prodigious bulk as of any consequence, since it depended upon growth outwards and not inwards, I readily undertook the operation, and performed it on July 7th, 1828, with the most satisfactory result. The patient has enjoyed perfectly good health ever since ; and for many years led a prosperous life in the States of America, whence he has sent me stereoscopic views of his countenance, which would seem to retain wonderfully little trace of its remarkable history, as will appear from the copy here presented.



This case, which may be regarded as a transition step from the old to the new system of treatment, was soon followed by numerous operations of a similar kind, which naturally suggested an extension of the same procedure to tumours of the superior maxillary bone. The morbid growths in this situation are not different from those of the lower jaw, and have not proved more amenable to the old operation, as I can testify from the evidence of miserable cases still fresh in my memory. But the more complicated connections, the dread of hæmorrhage, and the painful feeling excited by a foolish attempt which proved fatal from the preposterous preliminary of tying both carotid arteries, offered such obstacles to the operation, that it was not accomplished until May 15th, 1829, when I performed it in the Edinburgh Surgical Hospital. This was the first case in Great Britain, and is the earliest on surgical record, as M. Gensoul of Lyons did not publish his observations until the following year. Since that time, the operation has, here and elsewhere, been performed very frequently, and with almost invariable success, except when undertaken in improper cases through an error of diagnosis. Within the last few months, I have operated once in private, and three times in the hospital, with the most satisfactory results; and only a few days ago, I heard from an old pupil, Dr. Sutherland of the Royal Artillery, stationed at Benares, that he has operated lately with every prospect of success upon a young native in that neighbourhood for a tumour of the upper jaw, which, from the stereoscopic view sent to me, must have been of enormous size.

It will be obvious that the case which has led to these remarks was merely an application, under peculiar circumstances, of the same principle that has produced such great improvements in the practice of surgery.

Lecture

INTRODUCTORY TO THE COURSE OF LECTU
ON THE

ANATOMY OF THE LI

WITH
OBSERVATIONS ON CERTAIN CHANGES
OCCURRING IN DISEASE.

Delivered at the Royal College of Physic

BY

LIONEL S. BEALE, M.B., F.R.S.,

FELLOW OF THE COLLEGE; PROFESSOR OF PHYSIOLOGY
GENERAL AND MORBID ANATOMY IN KING'S COLL
LONDON; PHYSICIAN TO KING'S COLLEGE HOSPITA

The Influence exerted by Scientific Inquir
especially by Minute Anatomy, on the Pr
Medicine.

[*Concluded from page* 377.]

Minute anatomical investigation, as well
tain departments of physics and chemist
therefore, a very important bearing, not m
regards the nature of the changes which ar
place, but also upon the diagnosis and treat
disease.

Besides all this, there naturally exists in
who loves his profession, an earnest desire
how each organ is developed; the nature
changes which occur while it grows and aft
arrived at maturity; the alterations which ta
in its structure as it grows old; and the
tions which may occur if the normal co
under which it lives be altered.

Few organs of the body are of greater
when studied from this point of view, than t
Developed at a very early period of life—i
operation long before many of the higher
bear the impress of their specific character,
mence the work they are destined to perfo
largest gland in the organisms of the higher
as well as one of the most constant secretin
in the animal series—placed as a sentinel at
which the blood, enriched with new substa
cently introduced into the system, must pa
it commingles with the mass of the fluid fro
the tissues extract the compounds specially
for their support, the liver has always been
as a most important organ, anatomically a
siologically, and its structure and uses hav
fore, been carefully studied by successive ge
of anatomists and physiologists. The en
which always results when its secretion is
from its proper course, or when its functi
paired by structural changes; the derange
the general health which constantly resu
slight disturbance in its action; the pr
failure of the health in chronic diseases of th
the rapid death which follows from acute a
or from severe injuries; have necessarily le
cians in all ages to take the greatest in
hepatic diseases; and the liver has been reg
the seat of origin of many pathological act
nature of which has not been fully investiga

Although of late the researches of Ber
Pavy, and many other physiologists, have co
greatly to elucidate some of the changes ef

rgan; although its structure has probably
nore studied than that of any other gland; and
hstanding some of the most elaborate me-
as those of Budd, Frerichs, and others, have
vritten on diseases of the liver; yet how much
ıs to be discovered before we can give a clear
ıt of the uses of this organ, of its intimate
ıre, and of the history of its development, or
alterations which take place in disease. Ana-
s are so divided in opinion as to its structure,
y some it is considered to be arranged essen-
ike other true glandular organs, while others
the vertebrate liver as an organ closely re-
o the so-called vascular or closed glands, or
without ducts. It has been stated that the
f which the organ is mainly composed are, as
, outside the ducts, and arguments have been
t forward for the purpose of proving that
ells are not directly concerned in the secre-
the bile. Frerichs has altogether omitted
cts in the twenty-six plates of his *Atlas*,
ting diseases of the liver. So long as these
fferences exist as to the mere structure of this
ınt gland, we cannot expect to advance much
rmining the nature of its pathological changes,
e treatment of its diseases.

liver has been a favourite study with many
anatomists, and the researches of Kiernan,
n, Handfield Jones, and others, have added
ew facts to our knowledge of the structure of
an.

of the first complete treatises ever written
e anatomy of the liver, was the well known
ia Hepatis of Francis Glisson, which was pub-
n London in the year 1654.

Glisson was described by Boerhaave as
m anatomicorum exactissimus." He was
hose distinguished men who met weekly in
for the purpose of scientific investigation. It
se weekly meetings which gave rise to the
n of the Royal Society in the year 1660.

learned author of our *Roll* tells us that
"was one of the first of that group of
anatomists who, incited by the great example
ey, pursued their inquiries into the human
e, as it were, in concert, and with an ardour
cess that has never been surpassed."

iographies of men who have thus worked are
efreshing and pleasing, and very generally
nstructive and useful. We cannot but recall
with pleasure, that two hundred years ago
on gave some lectures at this College on one
vourite subjects; and, when we consider the
of the questions he discussed, we see with
lour and enthusiasm abstruse inquiries were
p in those days. At the time Dr. Glisson
on the liver, he was more than fifty years
had been investigating for thirty years the
of this organ. There is, in truth, very
hich we may try to imitate, and which we
nire, in the manner in which our forefathers
They steadily and continuously for many
rsued their inquiries, and often under great
es. They seem to have found leisure to
well as to work; and many spent a great
of their lives in following out some special
nvestigation. The manner in which they
he results of their labours shows how much
d their work.

Are we not now too anxious that every hour we spend in scientific work should be productive, and should be represented by certain definite results? Are we not much too careful of our labour? Are we not far too impatient to meet with real success in many investigations we attempt? There exists a very general impression that exact and minute observation, especially in such subjects as comparative anatomy, unfits a man for the study of disease, as if earnest work and earnest thought on kindred departments of natural knowledge could unfit a man for studying and reflecting upon some of the most complex phenomena which occur in the living world. Never was there a period in the history of medicine when the combined exertions of a number of energetic physicians seemed more needed than now. The results of such work must be great indeed, due freedom being permitted to each mind to inquire in its own individual manner. There is no country in which such advantages for the prosecution of scientific work in connexion with medicine exist as in our own. Many of the younger members of our profession have the time, and, what is of greater importance than the time, the will, to follow the example set by those distinguished men to whom we, as physicians and as Englishmen, owe so much. All that is required to make the scientific medical work of the nineteenth century keep pace with the increased advantages we possess, is the recognition of its importance, and faith in the ultimate usefulness of its results. Although a vast amount of scientific work bearing upon medicine is being carried out on the continent, it is, I fear, to some extent true, that we are working less zealously for medicine in this country in our day than our predecessors did in years gone by; and, when the enormous means at command are contrasted with the restrictions under which they laboured, the comparatively small results must be attributed to want of energy, want of taste, or a prejudice that such labour is either useless to science or not estimated in a country so practical and so wealthy as our own.

It seems to me that the impulse, the organisation, and the encouragement which those *advanced in the profession* alone can give, are only wanting to increase by many times the work carried out here. Scientific reports of valuable investigations bearing on medicine would soon emanate from every hospital. The example set by Guy's, in publishing hospital reports (*Guy's Hospital Reports*, edited by Samuel Wilks, M.D., and Alfred Poland), is well worthy of being followed; and the statistical report which has recently emanated from the sister institution shows what valuable information may be obtained from our large hospitals by earnest work on the part of those who have at heart the real interests of their profession. (*Statistical Report of Patients treated in St. Thomas's Hospital from the Year* 1857 *to* 1860, edited by W. H. Stone, M.B., Assistant-Physician to St. Thomas's Hospital.)

If scientific research in connexion with medical observation were encouraged, laboratories and workrooms would soon spring up in our hospitals; the amount of work actually carried out would prove our earnestness, and increase public confidence in us. The great public bodies at the head of our profession would issue periodical reports, and our scientific labours would go forth to the world and testify that we are not less energetic in contributing our share to the advance of knowledge than our countrymen engaged in investigating other branches of science.

Fear exists in the minds of many that the new views resulting from new observations will tend to make us bad practitioners, and will lead to the hasty introduction of new plans of treatment before the principles upon which they are supposed to rest have been firmly established by experience, and verified by repeated observation.

But if such results are to be apprehended, they will not be brought about by those who prosecute investigation with earnestness and conscientious care. Every one who has really attempted thoroughly to investigate any one point soon discovers how very difficult it is to convince himself that the conclusions at which he has arrived are true. He requires proof beyond proof before he can feel satisfied that his views are correct. Such a training must teach caution, and is far more likely to correct than to encourage that habit of careless and impatient observation and generalisation which lead a practitioner hastily to put in practice a new plan of treatment, or hastily to reject as useless a system which has been practically carried out and found efficient by his predecessors. A habit of accurate and minute observation will necessarily lead the practitioner to employ few remedies the action of which is well known and has been established by experience. The effects of these he would study as carefully as possible. In fact, the spirit of scientific research is thoroughly opposed to the alteration of any received views of practice, except upon the most conclusive evidence. Modern research must not be held responsible for the modern tendency to undervalue or to ignore recognised modes of treating disease. Those who prosecute scientific work in connexion with medicine are not responsible for the numerous preparations which are being perpetually forced into use, and shamelessly vaunted as valuable remedies for this or that disease. In many instances, there never has been at any time the slightest ground for supposing that many of these substances, the virtues of which are so extolled, possessed the properties they were reputed to have, and their uselessness is soon proved by experience; but as fast as one series is discarded, another takes its place. The scepticism of *all* treatment which is necessarily engendered by this very useless and capricious system has been by some wrongly attributed to the spirit of minute investigation which has so greatly increased during the last few years. True research would, on the other hand, necessarily create in the mind an anxiety to study closely and for a length of time the action of simple substances which are in ordinary use—for example, the action of acids or alkalies, and such simple bodies, in health and in various diseases.

I have ventured, sir, to allude to the relation of minute research to the progress of practical medicine, and have advocated the further prosecution of scientific inquiry by physicians, because I believe that the opinion which has been acted upon by many distinguished men, and which is still entertained, is strictly true; viz., that all progress in medicine really depends upon the prosecution of scientific research in connexion with disease. It seems to me that the increased facilities for investigation should call forth more work on our part. The great activity now prevailing on the con
should excite in us a desire to bear our share
labour. Medicine, like every other branch
tural knowledge, is continually progressing;
true interests demand that we should maintai
stant efforts to advance it. I have urged t
strongly as I can, because I believe that, un
keep in view the importance of scientific inv
tion as well as the practical treatment of dise
cease to follow the examples which have been
by Harvey and Hunter, and other distinguishe
of whom we are so justly proud; and, unless t
tem of scientific inquiry so earnestly prosecu
them be closely followed up by us, British m
will no longer continue to occupy the high p
to which our predecessors have raised it.

Original Communications

RARE CASES IN MIDWIFERY.

By Edward Copeman, M.D., Physician to the
and Norwich Hospital.

[*Continued from page* 199.]

Case x. *Repeated Difficulties and Narrow Esc*
Successive Confinements. Mrs. —— was confined
6th of December, 1854; and, with the excepti
little threatening of puerperal disturbance on t
or fourth day, had been going on quite well u
23rd, when she was attacked with pain in th
lumbar and iliac regions without rigor, and diffi
getting the bowels relieved. In the course of
the pain became worse, and she had enemata,
and opium, etc., with but little benefit. After
however, she had a very large fæcal evacuation;
abdominal pain was relieved, in a measure, by tu
stupes. But, on the evening of the 24th, there
some tenderness in the body, not uterine, and t
became more frequent, from 84 to above 100; a
on the morning of the 25th, she had a fainting f
lochia had ceased before the present attack, an
seemed to be no uterine complication of any
At 10 A.M., on the 25th, I saw her, and found he
pulse at 120, small, but not wiry; tongue furred
dented; no headache or delirium. There had
vomiting. She had no abdominal pain when qu
but a good deal of tenderness on pressure, both
situation of the ascending and descending
scarcely any in the uterine region. The colo
whole course was distended and tympanitic, so
outline could be seen through the integuments.
was inability to pass urine; but a sufficient quan
secreted, and of a good quality. Pulse 12
countenance was good. The bowels were unw
act. The surface of abdomen was vesicated by
pentine. She was ordered to take three dra
castor-oil and two drachms of spirit of turpen
have a turpentine enema at the end of three h
have an anodyne fomentation constantly applied
have good meat broth. The catheter was used.

9 P.M. She had had two liquid stools since th
ing, of a light brown colour. She had also pass
once without the catheter. She kept the medicin
but vomited some arrowroot taken a little wh
The abdomen was less tender; and she had so
sleep; but the pulse was very feeble, and rath
frequent. She was ordered to take a drachm
of turpentine every four hours.

Dec. 26th, 9 A.M. She had a tolerably quie
but, although inclined to sleep, was disturbed fr

iping pains in the abdomen, which she attributed
medicine, thinking she could distinguish it from
ther pain she had suffered. The abdomen was
ender everywhere, except in the situation of the
nding colon and above the left groin. The trans-
colon was prominent, and she felt pain when air
d along the bowels; but she had no sensation as
bowels wanted to act, or that an action would
her relief. The tongue was cleaner; the skin
; the pulse still rapid and indistinct, but not so
ent as on the last night. She had taken three
hts, broth, and coffee and milk, all of which had
lown. She had no relief from the bowels in the
. She complained of the weight of the fomenta-
and was ordered to have lint sprinkled with lau-
n applied to the tender part instead. There was
adache. There was slight reappearance of lochia.
t a pint of healthy urine was drawn off this morn-
none having been passed in the night. There was
ill. Respiration was a little hurried; but full in-
ion did not now cause pain. The countenance
ood. She was ordered to have an enema of castor-
d soap, to be followed by an opiate enema, and to
nue the turpentine.

.M. She had a good relief from the bowels after
jection, and was rendered very sleepy and drowsy
e subsequent opiate enema. The skin was moist;
bdomen was less tender apparently; but she was so
under the influence of the opiate, as to be with
difficulty roused.

c. 27th, 9 A.M. She remained under the influence
opiate until early in the morning, when she awoke
g more comfortable; but had pain in the left side
abdomen when air passed along the bowels. There
no motion. Pulse 108. Tongue furred. She had
kness. Turpentine was again applied externally
painful part of the abdomen. A soap enema was
; and the turpentine draught was continued. In
iddle of the day, she was alarmed at a sudden in-
e in the size of the abdomen, accompanied with
and her attendants thought she was dying; but
oon had a plentiful relief from the bowels contain-
ome scybala, and was better.

9 P.M., her general condition was improved;
shment had been repeatedly taken; the abdomen
esicated by the turpentine. Pulse 108. Tongue
. She had taken no draught since the morning;
was directed to take them again now, and to have
er opiate enema if restless. Wine, with arrowroot
ionally, was ordered.

c. 28th, 9 A.M. She had a quiet night without the
e. The abdomen was still conical, and very tender
e left side towards the left groin, but not elsewhere.
e 108. She was ordered to have another soap enema,
o continue the turpentine draughts.

.M. She had a plentiful motion in the afternoon,
n immense escape of wind, followed by a diminu-
of abdominal pain and distension. She took the
ntine draughts without inconvenience. There was
a considerable movement of air in the bowels,
ing pain when passing through the colon. She was
ed to have an opiate enema if required.

c. 29, 9 A.M. The patient had a good night without
piate. A plentiful fluid motion passed at 2 A.M.,
ded with immense discharge of air, and another
t an hour ago; both were healthy, and not contain-
cybala. Tongue cleaner. Pulse 100. The abdo-
was much less tympanitic, and nowhere tender, ex-
in the situation of the sigmoid flexure, to which
ntine was to be again applied.

c. 30. She was restless during the first part of the
, and had the opiate enema; after which she slept
ortably. At noon, she had a soap enema. She took
urpentine draughts every five hours, and broth,
e, milk, and jelly.

From this time to the 4th of January, the patient was going on favourably; and I had no occasion to see her again.

On March 7th, 1856, this lady was again confined. This, her second labour, was easy and natural, but three weeks short of full term, and followed an attack of remittent fever of six weeks duration. Her surgeon remained with her two hours after delivery, and left all right; but was soon afterwards summoned, and found her in a state of extreme exhaustion and danger. There was hæmorrhage enough to exhaust her in her weak state, but not much actually in quantity. The uterus was contracting and dilating. I introduced my hand into the uterus, and removed a portion of chorion; but I kept it there more than an hour before any satisfactory contraction took place; and she remained for many hours afterwards in an extremely critical and dangerous state. There was no more hæmorrhage; next day she was better; and on the 17th, I heard she was doing quite well.

On May 25th, 1858, she was attacked with rather severe hæmorrhage about the period of mid-pregnancy, and threatened with abortion; but no uterine pain followed, and pregnancy was not interrupted. On Oct. 6th in the same year, she gave birth to a fine living girl, after a short and easy labour. The placenta followed naturally; but, some hæmorrhage occurring soon after, Mr. —— introduced his hand, and removed some retained membrane, and the hæmorrhage for a time ceased. It soon, however, recurred, and my assistance was requested. I arrived at 5 A.M., about an hour after the birth of the child. Hæmorrhage was still going on, the uterus alternately contracting and relaxing, and the patient was in a dangerous state of exhaustion, without a pulse, and occasionally hysterical. A good deal of brandy had been given, and she had been sick. She had also taken ergot and laudanum; and cold had been freely applied. Presently the symptoms became so alarming, that I introduced my hand into the uterus to ascertain the cause of the hæmorrhage, and put a stop to it if possible. The uterus was large and perfectly flabby, not contracted nor contracting in the least, and containing a few clots and some membranous *débris*, which I got into the palm of my hand; but I kept my hand in the uterus, and compressed the aorta, for more than an hour, in the vain hope of inducing contraction These measures had the effect of restraining the loss during the time, though not of entirely stopping it. I, therefore, then injected equal parts of brandy and water into the uterus several times without withdrawing my hand; and, after some considerable time, I felt the uterus gradually coming more into contact with my hand, *falling upon it rather than contracting*, and I thought I might withdraw it with the coagula it contained. This I did; and, as the uterus was still very flabby, I introduced ice to induce contraction; for it was very evident she could not survive any return of hæmorrhage. When I introduced the ice, I came into contact immediately with the internal surface of the uterus, which, in its flabby passive condition had followed my hand, when I withdrew it, almost to the os externum; indeed, if she had coughed or vomited just after I had taken away the coagula, the uterus might have been completely inverted, and even protruded externally. I replaced it without difficulty, carrying my hand gently upwards until I reached the fundus, and put several pieces of ice into its cavity. Hæmorrhage did not recur after this; but she remained several hours in such a state of depression, and almost without a pulse, that we could hardly say, from one five minutes to another, whether she would live or die. The only satisfactory feature in the case was, that she never lost her warmth; but her stomach was so irritable that we could give her scarcely anything that was not almost immediately rejected. Her nervous system was also in a very agitated state, and sleep was almost impossible. In the evening, she had rallied a little, and was able to take lime-water and milk; and we gave her an opiate at night. During the day, she had taken several doses of Battley's liquor opii, a good deal of brandy before I arrived, and afterwards some champagne; but the stomach rejected them all, and they failed to produce any distinctness of pulse.

Oct. 7th. She passed a better night than might have been expected, and was more collected; but she had no recollection of anything that occurred during several hours of the previous day. She had a little uterine pain in the night, and complained of great soreness all over her, as if every part of her had been bruised. The lochia were natural; there had been no return of hæmorrhage; she passed urine freely; and took lime-water and milk without being sick.

Oct. 8th. There was less pain to-day, and no sickness. The lochia were healthy, and she had milk in the breasts. There was epigastric, but no uterine, pain. Her head was uncomfortable; and the pulse rapid and indistinct. Lime-water and milk and an opiate at night were ordered.

Oct. 9th. She passed a restless night, apparently from indigestion. Pulse 120.

Oct. 10th. She was very faint in the night, and much troubled with flatulence. The nervous system was exhausted; but there was no evidence of local inflammatory action. The lochia were pale, but not offensive. The abdomen was flaccid and free from tenderness. Pulse 108. Some coffee and milk were taken in the morning with a relish, and were ordered to be repeated with the addition of an egg, with occasionally beef-tea or gruel for a change. In the course of the day, the stomach rejected the coffee with egg, and it was found necessary to give some ether and compound tincture of lavender on account of distressing palpitation and sinking feeling in the epigastrium. Mustard was applied; and afterwards a liniment composed of camphor, turpentine, and laudanum. Rubbing the body and back with the hand gave her great ease, and enabled her to discharge a good deal of flatus.

Oct. 11th. There was no uterine complication, but still great weakness, and no satisfactory sleep at night. The stomach was uneasy from flatulence. She passed urine freely. The abdomen was soft and free from pain. The ether draught was ordered to be continued.

Oct. 12th. She had vomited several times, and suffered much from gastric irritation; but her head was clearer to-day than I had seen it yet, and her general manner implied a little increase of strength. Pulse feeble, 120. She was ordered to have a turpentine enema, as she had had but one relief since her confinement, and to take a drachm of tincture of calumba three or four times a day in camphor julep. Her nutriment was ordered to consist of arrowroot, gruel, milk, and brandy and soda water according to her own desire. In the afternoon, she was very uneasy; the enema had not acted; and she had a mild aperient pill. At night, she complained of great pain and sense of weight in the sigmoid flexure of the colon, and the bowels had not acted. She then had a large enema of soap and water, with an ounce of castor-oil in it; and very soon she had a considerable discharge of flatus, and a large evacuation of lumpy fæces, which greatly relieved her. She had been sick several times in the course of the day. Milk and lime water suited her best as diet, some of which she now took, with a little brandy.

Oct. 13th. She had had no sleep. There had been no sickness; but she had a loose bilious relief early in the morning. Laudanum and turpentine were applied above the left groin, on account of pain in that situation. We thought sleep so necessary, and opium appeared to produce sickness, that we prescribed a drachm of tincture of henbane, to be repeated frequently until sleep was produced. In the middle of the day, she had
less pain, but was confused in her head. In the
noon, she wandered much, but expressed happy
she looked exhausted, picked at the bed-clothe
mined minutely her pocket handkerchief; and h
geon thought so unfavourably of her, that he ex
a strong feeling that if these symptoms were
result of the three or four doses she had taken
henbane, she would not live twenty-four hours.
I visited her at night, she was asleep. Respirati
pulse 96. I felt sure her symptoms in the aft
depended upon the gradually accumulative effect
narcotic; and ventured to say she was better th
had been since her confinement. There was n
ness, no fever, no uterine complication. The h
was ordered to be continued, if necessary.

Oct. 14th. She had not a good night, bu
at intervals. She had a feverish attack, an
now covered with a profuse perspiration, and com
of pain and weight in the left iliac region. Th
was clear; pulse 100. There was no uterine d
ance. The urine was plentiful and pale. Th
seemed to depend upon the presence of fæces
colon; and we gave a full soap and water enem
castor oil. This was soon followed by the disch
a large quantity of lumpy fæces. Milk and lime
were continued. At night, we found her qui
sensible, with a pulse only 84. A dose of tinct
henbane was ordered.

Oct. 15th. She took one dose of henbane last
and, finding herself twitching and hurried as s
she began to doze, she declined a second dose, a
but little rest during the night. She felt uneasi
the rectum; and, after another enema, had a
large lumpy evacuation. Pulse 90; tongue
swelled, sore at the edges, and furred in the
The nervous system was still unsettled. She w
dered to continue the lime-water and milk, with
broth in addition; and to have a pill every four
containing a grain of disulphate of quinine an
grains of extract of poppy. In the afternoon, s
came dull and languid, and her attendants thoug
not so well; but it was only the gradual effect
medicine, and she had a very comfortable night.

Oct. 16th. She was more herself than hithert
countenance was cheerful; pulse quiet; skin
tongue cleaner. The abdomen was supple, an
from tenderness; but there was still a little pa
sense of weight in the left iliac region, for the re
of which we gave another enema, with the rest
bringing away more lumpy matter. She took a g
quinine without poppy every four hours during t
and was ordered to have five grains of extract of
at bedtime.

Oct. 17th. She took a poppy pill at bedtim
slept for two or three hours. At 2 A.M., she
little broth and another pill; and then slept comf
until past nine in the morning. The abdome
flaccid and free from pain. Her appearance and m
were natural. Pulse 90. She had no sense of
in the rectum. She had taken a little dry tea
was ordered to have milk and lime-water, blanc m
mutton-broth, sago, and wine, whichever she mig
fer. What a comfort and relief to our minds wa
find her in such a promising condition! Wh
escape for her!

Oct. 19th. We found her this morning in all re
better. The extract of poppy secured excellent r
and her appetite was returning. She was orde
take two grains of quinine twice a day.

I now took my leave of her; and all went o
until the 3rd of November, when I was again
moned on account of a return of hæmorrhage.
had been quite free from loss since my last visit
the previous day, when she was slightly unwell,
was thought to be a return of the monthly period.

iowever, soon became hæmorrhagic, taking away
r strength, and threatening serious consequences.
everal days we plugged the vagina with a sponge
d in Ruspini's styptic, and on one occasion in-
. an ounce of this into the uterus. She also took a
rt-spoonful of it internally every three hours, after
g tried other astringents and ergot, all of which
eed with her stomach. Her bowels also became
l; and she had a return of the pain in the sigmoid
e of the colon, which had troubled her so much
. For this we used enemata of soap and water
live-oil, which brought away several times a large
ity of lumpy fæcal matter. Fortunately, these
s succeeded in putting a stop to the hæmorrhage
a few days; and on the 12th of November she was
ently recovered for me to cease my attendance,
gh she was then very weak, emaciated, and pallid,
ing the greatest care and attention in order to
e her strength.

July 10th, 1860, this lady was again confined.
two months previously, when seven months gone
gnancy, she suffered for several hours with exces-
pasmodic pain in the uterus, but no hæmorrhage
ed; and, as we were afraid of opiates making her
as they were wont to do, we gave her twenty
s of chlorodyne, which fortunately quite removed
in, and did not disagree. The pain did not re-
nd all went on well until a fortnight ago, when
qucr amnii suddenly escaped, and had been drib-
away a little almost every day since, *thus gradually*
ng the size of the uterus. At six o'clock in the
ng of July 10th, labour pains came on gradually
turally; not, as in former labours, with a rush so
force the child into the world in a pain or two.
continued at intervals during the day; and, late
evening, I was summoned, it having been previ-
arranged that I should be sent for as soon as the
as about to be born, to assist in taking every pre-
against hæmorrhage afterwards. The child was
ust before I entered the room; and, there being a
r of ice in readiness, it was at once applied to the
en, and I grasped the half-contracted uterus with
nd. The placenta was soon expelled, and no
rhage occurred; but the application of cold was
y continued, and I still held the contracted uterus
hand, until, about three hours afterwards, the con-
n appeared to be so complete and permanent that
nsidered it safe to leave. During the first hour
ne expulsion of the placenta, the uterus kept con-
g and relaxing, as if disposed to resume its
bad behaviour. Mr.—— remained with the pa-
ll night; no hæmorrhage took place; and she was
on quite well when I visited her in the morning.
bute her freedom from hæmorrhage this time to
evious escape of the liquor amnii, and the less
expulsion of the child, by which the uterus had
uch of its size from slow contraction before being
d of its contents; as well as to the precautions
at the time of delivery.

[*To be continued.*]

EATMENT OF DELIRIUM TREMENS.

y James Weaver, L.R.C.P.Ed., Llandrinio.

AL practitioners having of late brought before the
sion their treatment of delirium tremens, I am in-
to add my mite to the general information, and
th send full particulars of a case just recovered,
er with a short reference to eleven other cases
hich I have met in my practice during the last
ars. I must, however, premise the report by
that six of the earlier cases were treated by the
plan, with doses of opium varying from three to
ains every four hours, not forgetting a fair allowance of the habitual stimulant; and I find that the result of these cases has been, two recovered, two died, and two became insane, remaining so to this day. Five other cases were treated with large doses of opium, varying from ten to thirty grains. The last case, of which I enclose a report, was treated still more energetically, and, as will be seen from the perusal, a dose of 120 grains of powdered opium was given at once. Of these latter six cases, all and every one recovered without a bad symptom.

Case. Feb. 26th, 1862. I was, at 5 A.M., sent for to a farmer in this neighbourhood. I found him very excited; and he told me he had not slept all night, nor for several nights previously, but had had several terrible fancies or dreams of late. I ordered him five grains of opium, with a saline aperient, every four hours; also a fair allowance of brandy and water and beer during the day. I saw him again at 6 P.M. He had had no sleep. I gave him six grains of powdered opium. At 1 o'clock, A.M., on the 27th, this dose was repeated, with fifteen grains of Dover's powder. At 6 A.M., I gave him ten grains of opium, with fifteen grains of Dover's powder. At 1 P.M., he had fourteen grains of opium, with fifteen grains of Dover's powder. At 10 P.M., he took a scruple of opium, with fifteen grains of Dover's powder. It became necessary at this time to give an aperient, so he did not get another dose of opium until 10 A.M. on the 28th, when I gave him a scruple of opium, and repeated this dose every four hours till the same hour at night. He then dropped into a doze, and slept for four hours; and, had not a mistake occurred, causing the next dose of opium to be delayed till 2 P.M. on March 1st, I have little doubt his recovery would have been from this date. However, at the latter hour he took twenty-six grains of opium; at 7 P.M., thirty grains; at 11 P.M., thirty-five grains; at 8 A.M. on the 2nd, two scruples; at 1 P.M., forty-two grains; at 4 P.M., two scruples. On the morning of the 3rd, I found him very excited. He had had no sleep. The bowels were well relieved; the urine was free. At 5 P.M., he took a scruple of powdered opium, with an ounce of laudanum. At 9 P.M. and 12 P.M., this dose was repeated. At 3 A.M. on the 4th, he took a drachm of opium, which was repeated at 6 A.M. and 10 A.M. At this date, seeing a report of some cases strongly urging the claims of digitalis, I gave him half an ounce of the tincture, and repeated this dose in four hours; the only result being, the second dose lowered the pulse from 120 to 80. He passed a very excited night; and at 8 A.M. on the 5th, I gave him a cold shower-bath and a dose of half a drachm of opium, with one grain of tartar emetic. At 12 A.M., he had two scruples of opium, with a grain of the emetic tartar; at 8 P.M., a drachm of opium, with two grains of tartar emetic. The shower-bath was repeated for two minutes. He was also dry cupped at the nape of the neck; and at 11 P.M. he took two drachms of opium, with two grains of tartar emetic. He slept after this dose for thirteen hours, awoke, took a cup of beef-tea with brandy in it, had the bowels well relieved, and went to sleep again. From this date he slept more or less for the next twenty-four hours, and at the end of that time was well. In less than a week, he was going about his usual business. His wife informs me that my patient has slept well every night since the last dose. The quantity of opium taken in this single case, during the eight days of treatment, amounts to only a few grains short of two ounces.

Remarks. So firmly convinced am I that opium is our sheet-anchor in delirium tremens that, should I meet with another case resisting its influence, I should not have the least hesitation in pushing this remedy up to any necessary quantity.

Opium, to be of service, must be given to produce *sound* sleep; and, if twenty grains be not sufficient, why not give forty grains?

Before closing this report, I must not forget to mention that the only objectionable symptom caused by my plan of treatment has been the necessity of having frequently to pass the catheter; and though, *à priori*, one may suppose the kidneys were inactive, such was not the case, as each catheterism drew off a fair quantity of good urine.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

By Augustin Prichard, Esq., Surgeon, Clifton, Bristol.

VI—Orthopædic and Autoplastic Operations.

[*Continued from page* 360.]

The remaining cases of this group are instances of deformity where operations were performed to relieve it; but no skin was transplanted to fill up the gaps.

Case dclxxxi. F. S., aged 19, exploded an ink-bottle full of gunpowder eight years before I saw him, and destroyed the right eye, producing, at the same time, a fissure through the upper lid, with adhesion between the edges of the cleft and the cut sclerotic. Besides being much disfigured by the deep notch in his lid, the irritation of the adherent parts and of the eyelashes rendered his other eye so weak that he could not see to work.

I divided the adhesion between the sclerotic and the edges of the cleft, so as to free the lid, and pared the edges of the fissure. A fine pin was then passed in along the margin of the lid, so as to obliterate the notch by a twisted suture. Everything healed well; and a few days afterwards, I cut away, with the aid of the tenaculum and scissors, all the red granular conjunctiva to which the lid had adhered; and he went out very shortly much improved in appearance, and with his other eye becoming very much stronger.

Case dclxxxii. E. G., aged 20, had a notch in the upper lid of the left eye in consequence of a cut. The gap was of a triangular form, and produced considerable deformity. I pared the edges, and introduced a pin close to the margin of the lid, and it was withdrawn on the third day, and the patient remained well.

Case dclxxxiii. W. D., aged 21, burnt both his eyes, destroying completely the right, and producing adhesion between the lower lid and cornea in the left eye. I divided the cicatrix thoroughly, so as to free the lid, and applied some oil to the surface. After a few days, I touched the divided surface with nitrate of silver, and he went away much relieved.

Case dclxxxiv. B. D., aged 15, burnt his right eye, and produced adhesion between the two lids at the inner canthus for about one third of their extent, and also adhesion between the lower lid and the globe of the eye. I operated in this case under chloroform, although the other operations about the lids were all performed without chloroform; and merely divided freely the united lids, and dissected away the scar between the globe and the lower lid, introducing two sutures to keep the parts properly in place. He went home in a week much improved.

Case dclxxxv. H. B. came under my care many years ago. As a child, she had a tumour on the outer part of the frontal bone near the orbit on the left side, and a seton was passed through it, producing absorption of the tumour, and subsequently of the bone, with destruction of the skin of the lid, and the result was that, when I saw her, she had complete eversion of the upper lid, with adhesion to the edge of the orbit, and some of her eyelashes presented just above the orbital edge of the frontal bone through a hole which had been formed in it. Her cornea had become slightly opaque from inability to close the eye. I dissected the lid down, and turned it over into its place; but it was much too large,
overlapping the lower lid considerably. After a
time granulations sprung up, and contractions
again, ultimately reducing her state exactly to w
was before.

As the patient had good courage, I operated
and removed a considerable quantity of red and
conjunctiva, and then dissected the lid down agai
also took off a small notch at the outer canthus,
lessening the aperture between the lids, with a vi
keep the upper lid down in its place. For a tim
improved; and then appeared likely to become a
as ever; but the ultimate result of the case was th
lid fitted well, and she regained a clear cornea, wit
power of opening and shutting her eye. I sa
again many years afterwards, and found everythin
satisfactory state.

Case dclxxxvi. This and the following two
were treated with the seton—a plan at one time
recommended.

W. S., aged 20, had a strong band of adhesio
tween the lid and globe, encroaching on the corne
impeding his vision. I passed a seton through the
part, and tightened it at intervals; and in a week
its way out. The eye was much freed, and he
away well satisfied with his improvement.

Case dclxxxvii. J. H., aged 37, burnt his le
with melted iron, producing, as in almost all the
going cases, a slough inside the lower lid, involvin
conjunctiva covering the globe as well. The cica
tion of the wound produced a firm adhesion or *sy*
pharon. I treated him with the seton, and he
much improved.

Case dclxxxviii. T. E., aged 14, burnt his left
and abdomen when a child, producing a scar whi
terfered with his work. The cicatrix was a broad
gular flap extending from the abdomen to the t
under which three or four fingers might be conc
I passed a thread through it, applying traction to
it cut its way out; but he did not improve, and one
becoming discontented, he went away (seton and
and, after many months, was admitted again as
patient under one of my colleagues, who divide
scar, and transferred into the gap a piece of skin
the thigh, and cured him completely.

Case dclxxxix. B. L., aged 30, met with a s
mining accident, by which his right arm was disa
his cheeks and face burnt, his left eye destroyed
the right eye so lacerated and contused that, on rec
from the general effects of the injury, his eye was
to be *entirely* adherent to the lids. He could d
guish light from darkness. He was very anxious
to get relief; and I therefore operated, althoug
state was almost hopeless. I dissected the lids
the globe, and at last freed it, although the proces
excessively tedious, lasting an hour, without chloro

It was just possible to make out the position o
cornea, which was covered with hard tissue, and
opaque. I divided the outer cartilage, and made
through the upper lid, so that I could partially k
out of the way by a suture. Oiled lint was intro
between the globe and the lids.

He went on well for a little more than a week;
when he went away, he could move his eye freely; an
sight was so much improved, that he could see more

I never heard the result of this most unprom
case; but, in all probability, there was some amend
in his condition in consequence of the operation.

The three following cases cannot well be classed
those just narrated, but must be narrated separatel

Case dcxc. A. J., aged 22, received an injur
gunpowder, which resulted in the formation of a
patch under the skin at the inner angle of the lef
She was very anxious for an operation to remov
deformity. I dissected out the skin and the gunpo
stain, bringing the wound together by the fine pins

ly healed by the first intention, and a satisfactory resulted.

SE DCXCI. H. R., aged 20, cut her right forearm a piece of broken crockery, about two years before w her; and the skin adhered to the fascia and the on of the flexor carpi ulnaris, producing consider- induration and pain, so that she was unable to . At the operation, I made an incision across the in the direction of the tendon, about two inches in th; and separated the adhesions between the skin the fascia, and then brought the skin together by sutures, straps of adhesive plaister, compress, ban- , and splint. The wound healed entirely by the intention, and she was cured at once.

SE DCXCII. J. J., aged 11, was admitted under my in consequence of the existence of a congenital about half-way down between the middle and ring rs of each hand. At the operation, I dissected a little flap from the palmar surface of each web, turned it up; then, after dividing the web through- I passed the flap between the fingers, and kept it in by sutures. The hands were rested upon a t made with separate fingers, so that the ring and lle fingers were kept apart from one another; and were both treated in the same way. All the wounds ed well, and he went out cured.

MARKS. It is impossible to lay down precise rules eatment that would suit every case in patients re- ng an autoplastic operation for the relief of de- ity, either produced accidentally or of congenital n. The entire direction must be left to the ope- g surgeon, who must rely upon his ingenuity to hit the best mode of relief for his patient; and a sur- who does not possess the requisite ingenuity is not y to undertake these cases.

is scarcely necessary to say that everything must inutely planned beforehand, either in the surgeon's l, or in black lines upon the patient's skin. The is to be divided first, and the flap to fill up the gap be prepared as the next step; and it is required a piece of skin that will live and adhere be intro- d somewhere in the line of the contracting scar, so the contraction may drag upon and stretch the skin, instead of the neighbouring parts. A flap, to must be large and loose; and it seldom is too , and, in dissecting it up from the subcutaneous lar tissue, care should be taken to leave the pedicle enough to nourish it; and, whenever it is prac- le, attention should be paid to the normal arterial ibution of the part, leaving the flap attached at that whence the vessels flow. The bleeding ought to be ed before the parts are adjusted; the new wound, ce the skin is taken, is to be brought together first, the flap should be attached in its new place by y sutures. I have frequently seen skin adhere at oint of suture, and not elsewhere. The dressing ld be light and firm; and warm-water dressing, oil-silk, answers well for the first two days; and, if lap of skin lives until that date after the operation, nxiety about it may generally cease.

any of these operations are tedious and painful; for these reasons, chloroform is generally used; to refuse its aid would be against the spirit of the I have, however, very little doubt that my two cipal failures, as they may be called (for, although were relieved, my object in operating was not fully ted), were due to the vomiting and straining, with ession and loss of appetite, which the chloroform ght on. The cases to which I allude are 673 679.

have never seen any records of autoplastic opera- s where the skin of the lid was used to replace the conjunctiva, besides my own; but the cases where an operation is applicable are far from rare. If a of melted metal finds its way between the lid and the globe, a slough must be formed, and this must result in adhesion and contraction of the cicatrix. It is more than probable that other surgeons have operated in like manner; and I will only add, that I have always performed this operation without chloroform; that every case has been successful; and I believe that, under chloroform, the various steps would have been accomplished with much greater difficulty; and, moreover, that if vomiting or collapse had followed the use of the anæsthetic, the success would not have been so great.

Progress of Medical Science.

Contagiousness of Typhoid Fever. In his Report to the Privy Council (April, 1861), Mr. Simon says: Since I last reported generally on the subject of typhoid fever (Report, 1858), an addition has been made to the literature of that disease, by the publication of a series of papers by Dr. William Budd, of Bristol. Dr. Budd's opinions, as regards the causation of typhoid fever, are as follows:—That the fever is essentially contagious; that the living human body is the soil in which the specific poison breeds and multiplies; that all the emanations from the sick are infectious; that by far the most virulent part of the specific poison by which the contagion takes effect is cast off by the diseased intestine of the fever patient; that the characteristic affection of the bowel in the disease is, in reality, the specific eruption of a contagious fever; that the sewers and other places into which all this virus passes are the principal channels through which the fever is propagated; *that they propagate it solely in consequence of being the channels for the diffusion of this poison;* that it no more is the offspring of common sewage than mildew is the actual offspring of damp and decay; and that "by placing two ounces of caustic solution of chloride of zinc in the night stool on each occasion before it is used by the fever patient, the intestinal discharges may be entirely deprived of their contagious powers." To anticipate some arguments which might be urged against parts of this doctrine, Dr. Budd observes, that typhoid fever scarcely ever re-attacks a person who has once suffered it; and that, "like malignant cholera, dysentery, yellow fever, and others that might be named, this is one of the great group of diseases which infect the ground." The facts which Dr. Budd adduces from his own experience, and from that of other observers, are, in my opinion, sufficient to prove that the contagion of typhoid fever is importable by persons who have the disease. Indeed on this point Dr. Budd's history of the North Tawton fever and its offshoots is more conclusive than anything previously known to me. And his arguments are also, I think, cogent to this general effect—that specially the bowel-discharges of the disease are means (yet not therefore necessarily the sole means) by which a patient, whether migrating or stationary, can be instrumental in spreading the infection of typhoid fever. Provisionally these conclusions must be acted upon in their present unqualified form. But doubtless it is of practical importance to learn, as exactly as possible, whether it is in all states and under all circumstances, or only in certain states and under certain circumstances, that the bowel discharges of typhoid fever can effect what is here imputed to them. Typhoid fever seems to be, in its causes, as in its nature, very intimately related to other diarrhœal affections.

Successful Removal of Thyroid Gland. Dr. Voss, at the New York Pathological Society, gave the history of a lady, aged 54 years, from whom he had removed a hypertrophied thyroid gland. At the age of twelve she first noticed an unnatural fulness of the throat, which gradually became more marked and defined up to the time of the operation. She had always suffered from dysmenorrhœa, and was childless. At different periods various forms of medication were resorted to, but the only effect was a slight diminution in its size. Within the last seven years the tumour, having attained quite a large size, occasioned her a great deal of difficulty in swallowing and breathing, so much so that towards the last she was unable to lie down. While in Germany, she applied to have the tumour removed, but the operation was denied to her. At that time she was directed to take iodine, which she did, until iodism was induced. Her sufferings from the presence of the tumour at last became so aggravated, that she earnestly requested its removal. The size of the tumour before the operation was equal to that of a clenched fist; it was flattened antero-posteriorly. It was situated more to the left than the right, and consequently pushed the trachea to the right side. On palpation neither fluctuation nor pulsation could be felt. When standing erect the head could be moved very well from side to side, but the slightest motion backwards occasioned her distressing dyspnœa. The difficulties in the removal were comparatively small. A long incision was made from the upper part of the thyroid cartilage down to the manubrium of the sternum. As one part of the mass on the left side reached somewhat behind the sternum, the detachment of the tumour was commenced on the outer surface, and the vessels which came from the lower right side were secured. There was comparatively a small amount of venous hæmorrhage in this step of the operation, but when the left side of the tumour was reached the venous flow was very profuse and unmanageable, until, the mass being detached as far as possible, the chain of the *écraseur* was placed around it and the whole removed. The resulting wound was perfectly dry. The patient progressed remarkably well since the operation, the pulse at no time during the last two weeks exceeding 90 beats per minute. The tumour on microscopic examination proved to be non-malignant in character, and composed of fibroid, colloid, and vascular tissue. Dr. Wood remarked that the operation for the removal of this gland had been performed two or three times in this city. He knew of two instances of death from venous hæmorrhage. "I recollect," remarked he, "that when I was a student there was a gentlemen in this city who attempted the operation upon an English lady; he cut down upon the body, and before he had fairly removed it the venous hæmorrhage was so great that she died. I recollect another case, where the operator attempting to remove the tumour took the precaution to apply ligatures at four different points. They were introduced doubly by needles, and then tied, but so great was the hæmorrhage that the next morning death resulted. I remember seeing the chairman operate on one of these cases, and the same thing obtained there; the veins were enormous. If I remember rightly he did not continue the operation necessary for its removal."

Certain Accidents which may follow Vaccination. Dr. Lyman, of New York, has investigated this subject, and says: "The practical conclusions which may be drawn from the preceding observations are so apparent that they scarcely need a formal statement. That the lymph used in vaccination must be pure and in a state of perfect preservation, may be considered self-evident. The scab should never be used when liquid lymph can be procured from perfect vesicles in which the stage of pyogenic inflammation has not been reached, for the composition of every scab is, necessarily, more or less affected by the processes of pyogenesis. The subjects from whom lymph is derived, must be healthy and free from syphilitic taint. The virus should be used when fresh from the generative vesicle, or, if that be impossible, it must be preserved in such a manner that heat
and moisture can have no effect upon its organis
If a virus thus elaborated be introduced, into the c
lation of a healthy individual, sufficiently advance
age, during salubrious weather, at a season when e
mic influences are unknown, the vaccine disease m
expected to pass through its normal course, occasi
no great constitutional or local disturbance: when
disturbances do arise, it will not often be found dif
to trace them to one or more of the causes which
been set forth in the preceding pages." (*Ame*
Medical Times.)

Creeping Anthrax. Mr. W. B. Peebles, Surge
the Westport Infirmary, reports the following
Captain ———, aged 70, healthy, of abstemious h
had resided in various parts of the world, was att
with a boil on the back of the neck, towards the
side. To this an apothecary applied a plaster, w
seems to have converted it into an anthrax. Mr. Pe
made the usual crucial incision; applied a warm d
ing, and over it a poultice. It went on favourably
day or two, and the slough had nearly disappeared,
suddenly the edges became dusky, hard, honeycom
and everted, with matter underneath; there was
constitutional irritation, loss of appetite and sleep.
anthrax continued to creep, first up to the scalp, w
it stopped on the bone, then across the back of
neck and down the left side of the spine till it rea
the crest of the ilium. The surface it passed over h
as it went along. Its progress occupied seven mo
The local means used were, removal of the edges b
knife or caustics, incisions at some distance in the
round it, to cut off its progress, and various kin
poultices and dressings, stimulating or soothing, a
symptoms indicated. The internal treatment cons
of generous diet, and opiates when necessary;
almost all the tonics and alteratives of the *Pharmaco*
had a fair trial. Change of air to the seaside ha
good effect, there was no favourable sign, and emaci
progressed. There was some hectic and great
pression. What was sound tissue, without matter u
neath, one day, was a dusky, honeycombed slough
next. At this stage, when everything was so u
mising, a medical friend suggested a trial of arsen
arrest the destruction of tissue. Fowler's solution
employed, in five-drop doses, three times daily.
drachms had been taken when the sloughing ceased
healthy granulations sprang up; the appetite retu
and with it buoyant spirits and vigorous health for a
of seventy. (*Dublin Hospital Gazette.*)

Tetanus treated by large quantities of Alco
Dr. Hutchinson, of Carrick-on-Shannon, relates the
lowing case: On July 3rd, 1861, James Powell, ag
was admitted into the infirmary. Having got his lef
entangled in the wheel of a loaded cart, he had the
guments of his left leg at the inner side rubbed off
about twelve inches, leaving the tendons of the fl
muscles passing behind the malleolus quite bare
about two inches. On the tenth day the approac
tetanus was announced by the vultus tetanicus,
slight twitchings of the muscular system generally.
parents would not hear of amputation of the leg.
Hutchinson had recourse to the calomel and opium
warm baths, etc., to relieve spasm, and procure sle
possible. He persevered for eight days with this p
pushing the remedies as far as he could with prude
The spasms became general, the jaws firmly locked,
the emaciation that took place in that short time
brought him to mere skin and bone, although the n
was enabled to get him to take plenty of nourishm
by passing the handle of a toothbrush inside his mo
between the teeth and his cheeks, and pouring spo
fuls of broth, milk, tea, etc., with bread broken thro
them, and strange to say, the functions of the blad

rectum went on regularly the whole time. A case t occurred in Steevens' Hospital in the year 1817, y similar, particularly in the severity of the spasms the rapid emaciation, differing only in being an pathic case (brought on by standing all day in the fey fishing) flashed across my memory. Drs. Collis Wilmot seeing the failure of the usual treatment, desired Dr. Hutchinson to keep his patient con- ntly under the full influence of alcohol, if he could so. He accordingly drenched him with brandy, ing punch, half-and-half of it with water, and after had swallowed seven or eight tumblers of it the sms and all other bad symptoms gave way, and he was from them in three or four days, by keeping him stantly drunk during that period. The opium-treat- nt was discontinued entirely with him, and he had st heroic doses administered. Alcohol was tried in present case, and the result was a perfect cure. With at difficulty the boy was got to take the first dose. He k more kindly to it afterwards. The frequency and erity of the spasms began sensibly but slowly to ninish after the second day, and in about fourteen s he was apparently restored to health, as far as disease was concerned. The wound healed kindly rwards, and on the 22nd of October he was dis- rged cured, having become stronger and stouter n he had ever been before. (*Dublin Medical Press.*)

ritish Medical Journal.

SATURDAY, APRIL 19TH, 1862.

SPECTRUM ANALYSIS.*

E study of the brilliant coloured lines observed in ificial spectra is closely connected with the ex- nation of the obscure or dark lines observed in solar spectrum. M. Kirchhoff has shown that brilliant ray of sodium occupies, in the artificial ctrum, the place of elementary colours in the series ich, in the ordinary solar spectrum, is occupied the black line which Frauenhofer named D. To his own expression, this dark line D is just the liant lines of sodium reversed, or, to speak more rectly, extinguished. The lines are, in fact, ex- guished whenever the rays of a more powerful ne are projected on to the flame which produces spectrum. Thus, when we look at the spectrum an artificial soda-flame, we at first perceive the racteristic yellow lines belonging to the soda; when solar light is thrown on to the flame, and h increasing intensity, we find that the yellow es grow gradually paler, and at last, when the ctrum produced by the solar light predominates r that of the artificial flame, become dark. The ne fact holds good in the case of all the other tals. M. Kirchhoff has converted the red lines of nium into a dark line in the same manner as the low lines of sodium. The other metals present same phenomenon of conversion, though with s distinctness.

Now, these facts prove that, of the rays of natural light which traverse the artificial flame, the flame retains or absorbs in greatest abundance the rays which it emits in greatest abundance when it shines alone—*i. e.*, without the addition of the solar light. It takes what it gives; or, to speak more philosophically, it possesses a power of absorption equal to its power of emission.

Let us now represent to ourselves the sun—the solar nucleus—the focus of incessant and intense light—and the atmosphere around the sun. The atmospheric envelope, being of a lower temperature than the central nucleus, would retain by preference rays similar to those which it would emit in greatest abundance, supposing the globe of the sun were removed, and the atmosphere alone remained as the focus of light and heat. The atmosphere here plays the part of the pale artificial flame of Bunsen's experiments, and the solar globe that of the more vivid flame which *reversed* or extinguished the brilliant lines of the artificial flame. The solar atmosphere, separated from the nucleus which it surrounds, would furnish us with a spectrum furrowed with brilliant rays, corresponding to all the substances in a state of ignition within it. The intense focus of the sun *reverses*, extinguishes all these lines, and, in the place of this imaginary spectrum of a dark base covered with coloured lines, produces a spectrum with a brilliant base, and covered with dark lines. The spectrum of the sun is, in some sense, the negative proof of the spectrum of its atmosphere. We find a dark ray in the place which is occupied by the bright ray of the sodium. Hence we can affirm that this bright line would be found in the spectrum of the solar atmosphere; or, in other words, that sodium is in a state of ignition within it.

The sun reverses all the bright rays which would be furnished by its own envelope; or, in other words, each of the dark rays of the spectrum reveals, *negatively*, the presence of a particular simple body in the atmosphere of this central star. And, at the present moment, these dark rays in the spectrum are reckoned by thousands. How rich, then, in simple bodies, must be that star which sends to us light and heat! Many of these rays occupy the places in the spectrum which belong to known terrestrial metals. Sixty dark lines in the spectrum of the sun coincide with the brilliant lines of iron. Then, again, there are the lines of calcium, magnesium, and sodium. Chromium is also found represented there; so also nickel and cobalt. Barium, copper, and zinc appear present in small quantities in the solar atmosphere. On the other hand, no distinct trace can be found of gold, of silver, of mercury, aluminium, and silicium, nor of cadmium, tin, lead, antimony, arsenic, strontia, and lithium.

The discoveries of MM. Bunsen and Kirchhoff prove that the sun has an atmosphere of a lower temperature than its luminous nucleus, and that the atmosphere holds in suspension most of those simple bodies that we find in our own planet. This grand conception accords well with the theory of Laplace, who attributed the formation of our whole planetary system to the gradual cooling of one single nebulous mass (*nébuleuse unique*). The smaller bodies naturally cool the quickest. The moon is frozen, and without an atmosphere, or water, or organic life. Seen through the telescope, it has a sad and terrifying aspect. The earth has cooled less rapidly than its satellite, but much more rapidly than the sun, in whose burning atmosphere are contained numerous bodies which in our planet have long since been condensed and fixed in the solid rocks. Our impoverished atmosphere now contains only those elements which are necessary for the support of organic life. It is, indeed, only with an effort that the mind of man can accustom itself to the idea of an atmosphere charged with iron, alkaline metals, and different bodies in a state of combustion. The pen of Dante alone could paint nature in such a chaos—those showers of metallic fire; luminous clouds becoming obscure by contrast with a more ardent light; the incandescent ocean of the sun, with its storms, its currents, its gushing and gigantic streams. Such pictures defy the imagination of the most fantastic; and all our dreams vanish like a drop of water in the face of that burning lava, that focus, the glory of the world, the source of all heat, movement, and life. In such a case, nothing is more eloquent than the precise language of science. It takes its force from its humility. If metallic vapours surround the sun, we may conceive them condensed into clouds like water in our own atmosphere. Galileo considered the spots of the sun to be clouds floating before that shining body; and this opinion M. Kirchhoff now supports.

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* See JOURNAL of March 29th.

Naturally enough, M. Kirchhoff's discoveries have led him to form an opinion concerning the astronomic doctrines of the sun's constitution. To these we cannot here refer; but we may state that, in his view, the visible disc of the sun is not formed by a photosphere; that he does not believe in the double atmosphere of Herschel and a dark nucleus. He regards the sun as an incandescent body surrounded with an immense atmosphere; and here he stops. He offers no explanation as to the nature or the origin of this fire, nor as to how it is maintained.

Whither these discoveries of MM. Bunsen and Kirchhoff will lead us, it is impossible to say; but assuredly they open up before us a new method of analysis. This spectral analysis of the solar atmosphere has demonstrated the chemical unity of our planetary system, and may one day, perchance, applied to some brilliant star, reveal a physical relation between our system and the systems which occupy the infinite depths of space, thus leading us to the idea of unity in nature. Once again, simple bodies, as we call them, which show presence in bright lines in the spectrum, appea in one single line, but in two, three, and even lines. As the spectrum becomes more pure, s the number of these bright lines augment. such a fact accord with the idea of a simple u composible body? Some daring minds assert all those bodies which we call simple are in formed of one and the same matter in differen grees of condensation. And thus we are led t idea of unity in substance. Gases, liquids, so vacuum and plenum, celestial bodies and sp satellites, planets, suns, etc., become but transi forms of some one eternal thing—the ephe image of something which never changes. In whirlpool of phenomena in the eternal moveme bodies, the history of the world shows us e where the future in the present, and the prese the future (*le devenir dans l'être, l'être dan devenir*).

THE EDINBURGH COLLEGE OF PHYSICIANS.

A STATEMENT made by Dr. Haldane, Secretar the Royal College of Physicians of Edinburgh the *Lancet* of the 12th inst.—viz., that the edit the BRITISH MEDICAL JOURNAL had refused to lish his letter—is (to use the mildest langu completely incorrect. The proof is manifest in fact that the letter in question appeared in BRITISH MEDICAL JOURNAL on the very day which Dr. Haldane's statement appeared in *Lancet*. Whether it is consistent with fair dea to say that a letter dated Edinburgh, April 1st, been "refused", *simply and solely* because i not published in the JOURNAL sent to press the 3rd of April, we leave our readers to judge.

Of the other general assertion of Dr. Haldan that "the JOURNAL has systematically misre sented the acts of this College"—we can only that it is as incorrect as the former one. Who misrepresented facts, on this occasion at least, profession can decide. The conduct of their Se tary, in its late dealings with this JOURNAL, surely not be sanctioned by the College which represents. Reckless assertions of systematic representations should not be lightly made b great public body. Let Dr. Haldane, instead these wild words, show in what smallest partic we have misrepresented his College, and he s have the fullest reparation. We utterly deny charge.

Again, are we to believe that the Edinburgh lege of Physicians has so forgotten itself as to sa tion its Secretary in threatening this JOURNAL w an action for having copied a letter from the *L* *l Albion?* Is this the way in which that Col- e thinks its interests are to be best served—no nments by the press to be allowed—the press to threatened into silence?

Co end this strange history, the College has now plished, in the advertising sheets of the *Lancet* *Medical Times*, the correspondence between Dr. ldane and Dr. Hitchman; and from this corre- ndence we extract two or three letters, with Dr. ldane's comments. Our readers will then be able judge which of us it is that has been play- the game of misrepresentation. Dr. Haldane tes:

In the *Liverpool Mercury* of the 15th February, William Hitchman, of Brunswick Road, Liverpool, lished a letter, in which the following passage oc- red:—

'If I am not what he calls a 'British physician', it ecause I should be indeed ashamed to possess such a ment, as the following letter will show:

[*Copy.*]

"'Royal College of Physicians, Edinburgh, April 1859.

'Dear Sir,—Your testimonials WILL admit you as a ntiate of this College. It will not be at all neces- to come. On remitting the amount, the diploma be forwarded to you through the post.

"'Yours truly, D. R. Haldane, *Sec.*

'Dr. Hitchman, M.D., Liverpool.'

The above quotation from Dr. Hitchman's letter was ed into the British Medical Journal of the 22nd ruary, and thereby came under the notice of the ncil of the College.

The letter purporting to have been written by the etary of the College is a fabrication; and, although Hitchman has since confessed that the copy was not tly accurate, he still maintains that it is in all ntial respects correct, and that it gives a true repre- ation of a communication which he received from College."

he College, therefore, determines to publish the re correspondence. From this we select the following letters, and simply ask our readers to pare the words italicised (by ourselves) with the ements conveyed in Dr. Hitchman's "fabrica- "; and then to recollect that for the publication he "fabrication"—"the counterfeit having an easant resemblance to the crime of forgery", se the language of the Edinburgh Secretary— were threatened by Dr. Haldane with all the ors of the law. Dr. Haldane's words to us : "As its publication was evidently in- ed to bring discredit upon me, or upon the al College of Physicians of Edinburgh, I shall you responsible in any legal proceedings,"

" Royal College of Physicians, Edinburgh, 30th April, 1859.

Dear Sir,—In reply to your letter of the 28th curt., g to inform you that, *with the qualifications you ion, you are eligible for the license of this College.* close a copy of the regulations, and, should you determine to apply, shall be happy to forward to you the necessary documents.

"I am, dear sir, your obedient servant,

"D. R. Haldane, *Hon. Sec.*

"Wm. Hitchman, Esq., 36, Brunswick Rd., Liverpool."

"Royal College of Physicians, Edinburgh, May 5th, 1859.

"Dear Sir,—In addition to the petition duly filled up, you will be required to forward for inspection your certificate or receipt of registration, and to transmit three or four testimonials; of these, two at least should be from well-known medical men, and should state expressly that you are a proper person to be elected Licentiate of a College of Physicians.

"The stamp duty is £15, making, with fees to the College, £25 in all. *Your personal attendance will not be required.* "I am, dear sir, faithfully yours,

D. R. Haldane, *Hon. Sec.*

"Dr. Hitchman, Liverpool."

THE TITLE OF DOCTOR.

We have received, as was to have been expected, several communications relative to some remarks which lately appeared in the Journal concerning the title of doctor as given to Licentiates of Colleges of Physicians. Whatever opinion we may happen to hold on a controverted point, cannot, of course, be acceptable to all parties who take an interest in it. Without, therefore, expressing at the present moment an opinion on the matter, we would just state the case as it presents itself to our understanding of it, for the consideration of the profession.

It cannot be said that the question is an idle one; for a little reflection on its import must satisfy every medical man that, in justice to all, one way or the other, it ought to have a definite solution. Licentiates of Colleges of Physicians were, until lately, an insignificant body in point of numbers; and very few were there of them who did not also hold university degrees. But the recent revolutions which have taken place in the Colleges have brought upon us a totally different condition of things. The old position of affairs has been completely reversed. Licentiates of Colleges are no longer, as formerly, *raræ aves.* They now occupy a very prominent position throughout the country; and a very large number of them do not possess university degrees.

Now it has happened that many of the gentlemen who are in the latter case have assumed the title of doctor; and this assumption of the title has, as we all well know, led to very extensive discussions on the matter of right to assume it. The discussion is still *sub judice;* and, unfortunately, the point involved is just one of that difficult kind which meets us in daily life, and requires a settlement.

As we observed in a previous number, a correspondent asks us how he is to address a medical neighbour, a Licentiate who assumes the title of Dr. "If, on the one hand," he puts it, "I refuse to

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nd yet in a letter, written three weeks later, Dr. Haldane says "The letter in question you republished in your columns, of without your suspecting the imposition!"

call him Dr., I offend my neighbour ; and if, on the other hand, I give him the title, I seem to offend my College of Physicians, which has distinctly said that none of its Licentiates shall assume the title of M.D. unless they possess it."

In the interest of all parties, then, it is evident that the matter ought to be settled. If the title of Doctor should be given to Licentiates as a matter of courtesy, let us at once fully and unreservedly adopt the conclusion, and act upon it.

As regards the point of courtesy, it may be remarked that the London College of Physicians has, in times gone by, given distinct permission to certain of its Licentiates, not M.D.s, to take the title of Dr., and has itself addressed them as such. Herein, therefore, is to be found a precedent for such an act ; but this was under that old *regime*, when Licentiates without diplomas were very few in number. Since, however, Licentiates have become many, and university degree-holders fewer, the London College has altered its tone, and distinctly refuses to give the title of Dr. to any of its Fellows, Members, or Licentiates, who possess not the degree of Doctor of Medicine. Moreover, if we judge its feeling aright, it will not again admit as Members gentlemen without university medical degrees.

But the medical universities also have a word to say ; their interests are clearly concerned in the matter. They consider that if medical men, by becoming Licentiates of Colleges, obtain possession (even though it be by courtesy only) of the title of Dr., then one of their chief prerogatives—that of granting degrees in medicine—will be abrogated. What is the use of obtaining the degree of M.D., if a College of Physicians' licence will give the title of Dr.? In this respect, therefore, there arises an antagonism between the University and some of the Colleges.

Now, as the matter stands, we think it is clear that the profession has, if it so choose, a perfect right to give the courtesy title of Dr. to Licentiates. As regards the legality of the act, it is certain that any man, medical or other, may prefix Dr. before his name without infringing any law whatever. Even the London College would not attempt to interfere in such a case, although it might bring its pains and penalties down on the head of him of its Licentiates who, not possessing a diploma, called himself M.D.

What course, then, ought the profession to pursue? The London College forbids, as far as it can, the use of the title of Dr. by its non-diplomatised Licentiates. The Edinburgh College does not pretend—it has, indeed, gone as far as to deny—that its licence gives the right to the assumption of the title. The Dublin College claims the right on special grounds ; viz., on distinct powers granted in its charter : and this point is, incidentally, worthy of note ; for it may be fairly argued (as a concl to be drawn from such special right of grantin title of Dr. contained in the Dublin charter) other Colleges do not possess the right of givin title of Dr. If other Colleges—the London Edinburgh—have a right, as some have argued have, to give the title of Dr. to their Licentia if the title of Dr. comes naturally out of t cence—how comes it that to the Dublin C was given this special right which it claims charter?

But if there be no legal right to the title o part of the London and Edinburgh Colleges, there is the power of courtesy, as we have al said, by which to settle the difficulty. Settle are sure every one interested in the point—an whole profession is interested in it—will agree us it ought to be one way or the other. We o in justice to Licentiates, at once to give then title, if it be the general feeling of the profe that the title should go with the licence of a sician, and *vice versâ*. The Licentiates, without diploma, ought to be enabled, free of all *a pensée*, to assume the title ; and their me brethren ought to know how to address them out fear of breaking the laws of courtesy o one hand, or of contradicting the laws of thei leges on the other. Surely this is one of questions which should especially come unde consideration of the Medical Council. The M Act has brought about the difficulty ; and that born of the Medical Act, to preside over and late it, should give their judgment on the k point.

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THE WEEK.

A CORRESPONDENT of the *Times* has called upo *faculty* of physicians of London to throw ope Chelsea Gardens to the public. We need hard our readers that there is no such thing as a fa of physicians in London, and that the Cl Gardens belong to the Company of Apothecari whom they were granted by Sir Hans Sloane in when he purchased the manor of Chelsea. N theless, the hint of this "unknowing" G. W. worth considering. Would not the health and sure of the neighbouring public be advanced throwing open, under proper restrictions, these walled, close-burrowed gardens in Chelsea? M students may visit them if they please ; we that they avail themselves of their privilege ; bu should not the Apothecaries' Company, in a w of expansive benevolence, give the public the b of an unrestricted, *i. e.* unticketed, walk in gardens. We trust they will think upon this.

Watson was, on the 14th inst., unanimously ted President of the Royal College of Physicians ondon. On taking the President's chair, he re- ked, that he considered the honour of being ed in the position he then occupied as the very est which could be bestowed upon a physician.

deaths of Poor-law medical officers from fever, racted in the discharge of their duties, have y occurred in the London district. Our obituary his day records the death, under such circum- ces, of Mr. Alfred Richardson, one of the paro- l surgeons of St. George's-in-the-East. Another leman, Dr. A. Jones of Deptford, has lost his under the circumstances detailed in the sub- d appeal, which we earnestly commend to the urable consideration of our readers.

> 'he late Dr. Jones of Deptford, in the discharge s official duties as a poor-law medical officer, at- ed a bad case of typhus fever in a place called er's Rents; and his zealous performance of pro- onal duty has led to the death of himself and his leaving four little orphans, the eldest only nine old. Aid on behalf of this little family is earnestly ted, and will be thankfully received by the Rev. B. nch, rector of St. Paul's, Deptford; at the *Lancet* , 423, Strand; and by B. B. Orridge, Esq., 30, lersbury."

important meeting of the governors of St. nas's Hospital (at which above a hundred were nt) was held on Tuesday last. The report of committee appointed to consider the means of uring a suitable site for the new hospital was It is interesting to see how the committee fallen in with the views expressed in this Jour- as to the points to be borne in view in choosing ite of a new hospital :—

> he committee, after instituting many inquiries, and g that the extent of the site of the new French tal, Hôpital de Lariboisière, occupied from twelve irteen acres, exclusive of officers' residences, etc.; aving in view the rapid increase of building within iles of London; arrived at the conclusion that not han from fifteen to eighteen acres ought to be se- for the proposed new hospital, and, if practicable, a larger quantity, in order, as far as possible, to at interference with the ventilation of the hospital ure building operations. The committee had not ight of the interests of the medical and surgical s, or of the medical school; and where these in- s were opposed to the more important interests of oor, the former were considered subordinately to tter; and it was the opinion of the committee that terests of the medical officers of the school would st served by placing the new hospital in a situation hould be found most conducive to the well-being patients. The committee had had under their leration forty-four sites, and the following nine under consideration; viz., three at Camberwell (at y Hill, Brunswick Square, and New Road, respec-), two at Hatcham, in Old Kent Road, Lewisham, orth (Royal Surrey Gardens and Walworth). The vere not all equally eligible. All varied much in not merely as regarded first cost, but also as re- d the probable additional outlay in purchasing the surrounding buildings to secure sufficient ventilation and suitable access. The committee, in conclusion, were anxious to pay attention to any expression of opinion which the court might deem it expedient to give for their guidance on this important question, and would, to the best of their ability, endeavour to select a site combining, as far as may be found practicable, the requisites to which they had adverted, and which, in their opinion, were essential to the future usefulness of the hospital."

The report was referred back to the committee, with instruction to continue their negotiations and inquiries as to the site. A proposed amendment, that the governors should negotiate with the Charing Cross Railway Company for the retention of the hospital in its present site, was negatived.

We have this week to announce the death of Mr. Nussey. Mr. Nussey was a conspicuous person. He was apothecary to the Queen; and well known as a practitioner of medicine in London. He was the favourite medical attendant of George the Fourth; and has ever since received the favour and confidence of royalty. For upwards of a century, the members of the house with which he was connected have been apothecaries to the royal family. Mr. Nussey had the honour of being elected the first representative of the Apothecaries' Company in the Medical Council; he was also Treasurer of the Council. For upwards of twenty years, he was one of the Court of Assistants, and Treasurer of the Apothecaries' Company, and exercised great influence there, filling all the offices, from Master downwards. He was also once Visiting Apothecary to St. George's Hospital. Mr. Nussey represented a class of medical practitioners which is fast disappearing from amongst us. Few medical men of his time had, at one day, more influence with the aristocratic portion of society. Mr. Nussey retired from practice about a year ago; and died, after much suffering, from disease of the heart and of the bladder.

King Leopold has been subjected to the operation of lithotrity. He is, we hear, doing as well as possible under the circumstances. We understand that when he was lately in this country, on a visit to the Queen, he sought the advice of Sir Benjamin Brodie, who at once declared the nature of his disease, and recommended that lithotrity should be resorted to.

A Certificate. At the Cavan Quarter Sessions, on Saturday, a medical gentleman was sued by a labourer for £1, a fee charged by him for a certificate as to the state of health of the plaintiff's son, then a prisoner in the county gaol, and whom he was attending in his capacity of dispensary physician. The certificate was required to support an application for mitigation of punishment, and the plaintiff contended that the doctor should have given it without fee, as part of his ordinary duty. The defendant proved that it was the professional practice to charge a fee in such cases, and the Bench decided in his favour.

Association Intelligence.

MEMORIAL OF THE EXECUTIVE COUNCIL OF THE BRITISH MEDICAL ASSOCIATION.

To the Honourable the Select Committee of the House of Commons on Poor Relief.

We, the Executive Council of the British Medical Association, having had our attention drawn to the evidence of the Medical Relief of the Poor, lately laid before your honourable Committee, beg most respectfully to express to you our conviction, that there is a great need of considerable changes being made in the present arrangements for the medical relief of the poor; We, therefore, as the Executive Council of an Association representing 2,100 medical men, feel that, as your resolutions will be of vital importance to a large section of the profession, we should ill discharge our duties to those who have elected us did we not at this most important crisis lay before you our opinions on the main points of the evidence brought before you during the last session; and this we propose to do in as brief a manner as possible, by embodying in a few recommendations the most striking portions of the extremely valuable and searching evidence of Mr. Griffin, the Chairman of the Poor-law Medical Relief Association, and the no less valuable, concise, and practical resolutions of the Metropolitan Poor-law Medical officers, agreed to at a public meeting held May 10th, 1861, and published in the 5th Report of Poor-law Relief, at page 94.

The recommendations which we would humbly submit to the consideration of your honourable Committee are the following:

1. We think it a matter of the greatest importance to the suffering poor, that in sickness or accident medical aid should be obtained for them as speedily as possible, and we consider that under certain judicious restrictions powers may be given to other parochial officers, besides the relieving officers, to issue orders of relief; and with a view to facilitate the applicant in seeking for early assistance, we think that application for medical relief *only* should not be considered an act of pauperism, nor entail any of its consequences.

2. It is notorious, in many instances, that relieving officers issue orders in a very indiscriminate manner, and such proceeding has a very injurious tendency in doing away with the self-dependence of the labouring population; it is also notorious that, in this instance, extra burdens are thrown upon the medical officer from the neglect of the relieving officer to inquire into the pecuniary resources of the applicant.

In addition to such injury, the onus of proving the recipient's right to such order devolves upon the medical officer, who must either undertake the case, or refuse it on his own responsibility.

We think the duties of the relieving officer, and those of any parochial officer, alike empowered to issue orders of medical relief, should be more strictly defined, and more rigidly enforced by the Poor-law Board.

3. We consider it equally essential to the interests of the sick poor and medical officer, that the appointment of the latter should in all cases be made permanent.

And in order that competent medical advice be insured for the poor, we entreat the Select Committee to require from the Poor-law Board, that in every instance where it is practicable, the parochial medical officer should possess the double qualification, and be registered as such. We regret that this has not been so strictly carried out as was expected from 168th Article of the Consolidated Order of 1847, and by subsequent order of the Poor-law Board, dated December 10th, 1859 (see 12th Report, p. 35), in which it was positively laid down, "That no person shall be qual to be appointed to the office of medical officer, unles be registered, and shall be qualified by law to pra both medicine and surgery."

In unison with the opinion of the metropolitan P law medical officers, embodied in their statement, Report, p. 95, we consider that it is a source of inju the poor, and a false economy to the rate-payer Poor-law guardians to *make cheapness a ruling guid their election of medical officers.*

4. There exists no inconsiderable amount of evid to show, as stated at the metropolitan meeting in last, "that in the great majority of instances, the re neration of the medical officer is very inadequate t services performed." We cannot press too strongl the Select Committee that, on behalf of the poo well as on behalf of the medical officer, the remun tion should be just and equitable, and in fair propor to the work done.

It would be a fallacy to conclude, from the com tion for these appointments when vacant, that they of a remunerative character; it is an indication, un pily, how readily some members of our profession sacrifice their own, and the interests of the professio large, in order to bring themselves forward.

5. The mode of payment for services rendered by parochial medical officer may be accomplished in ways.

1. As suggested by the Poor-law Commissione their minute of June 6th, 1839, at a minim computation of no less than 2*s*. 6*d*. per case in metropolis, and than 5*s*. in the provinces, additions according to distance travelled.
2. By a fixed salary based on the per case syst as suggested by Mr. Griffin at page 21 (xv) of 5th Report of Poor-law Medical Relief.

At the same time, should any of the medical offi be desirous of continuing their present contracts their boards of guardians, they should be allowe do so.

6. In regulating and adjusting the aforesaid sala and in various other matters having reference to the terests of the sick poor and their medical attendants consider that the appointment of a medical office connection with the Poor-law Board may be of impor service.

His duties may be defined as follows:—

To rearrange and enlarge the table of extras w has become necessary. To conduct the medical co spondence, and prepare the medical report to be nually laid before Parliament. To adjudicate in matters having reference to Poor-law medical relief, the adjustment of medical remuneration, and the pr extent of medical districts, etc. (See Mr. Griffin's Proposal.)

7. We think it would conduce to the interests of sick poor, and be satisfactory to the Poor-law med officers, if the medicines required by the former furnished by the board of guardians; and for this pose, we recommend the institution of dispensarie connection with Poor-law unions in the metropolis larger towns, and in all country districts (where pr cable), provided the sick poor will not have to s more than five or six miles at the utmost for their dicines. And we further think that certain articles be furnished by the board of guardians of diffe unions, such as cod-liver oil, leeches, linseed meal, and some other things, according to a list to be ag upon, and the same not to be included in any med contract.

8. We venture to hope, in accordance with the me politan medical officers, "that, in consideration of the and important duties performed by the parochial med officers, and the great personal risk of life to which t

es expose them, together with the maximum re- eration which they seek, they will be entitled to a rannuated allowance in common with the members ie civil service."

Finally, as in answer to a return moved for by Lord o in 1857, it was shown that there were no less than ,452 sick poor attended by the Poor-law medical rs in that year, we are of opinion that it would be calculable value (in the removal of preventible ents), if a medical register of the diseases of the poor (as suggested by Mr. Griffin in his 27th pro-) was established under the superintendence of the cal officer proposed to be attached to the Poor-law d, and by him annually brought before Parliament. the drawing up of these recommendations, which ow respectfully offer to your honourable Committee, ave had essentially at heart the interest of the sick and the fair and just remuneration of the medical r, in order that we may insure for the former the attention and services of the latter.

d we earnestly entreat your honourable Committee you will now pass such definite resolutions as will e Parliament effectually to deal with this branch of -law administration.

We have the honour to be,
My Lords and Gentlemen,
Your obedient Servants,
Charles Hastings, Knt., M.D., *President of the Council of the British Medical Association.*
Philip H. Williams, M.D.,
General Secretary.

orcester, April, 1862.

BRANCH MEETING TO BE HELD.

ME OF BRANCH.	PLACE OF MEETING.	DATE.
H and Bristol. [Ordinary.]	White Lion Hotel, Bristol.	Thurs., May 1, 7 p.m.

SOUTH-EASTERN BRANCH:

CHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD DISTRICT MEETINGS.

ext and last of the present series of these meetings will be the Bull Hotel, Dartford, on Friday, April 25th, at 3.30 p.m.

ier will be prepared at 5.15, for those who may be able to 1.

ns will leave for London at 8.40; and for Rochester and Maid- at 7.59.

tlemen intending to dine, are requested to give an intimation f on or before Wednesday, April 23rd, to Dr. Spurrell, lere; or to

James Dulvey, *Honorary Secretary.*

Brompton, Chatham, April 18th, 1862.

RMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

NERAL meeting of the Birmingham and Midland ties Branch was held in the Medical Department, ingham Library, Union Street, on Thursday, April 1862: J. B. Melson, M.D., in the chair. There also present twenty-one members.

ection of President-elect. It was proposed by Dr. E, and seconded by Mr. Clayton, and carried una- usly—

That this meeting be adjourned for a fortnight for lection of president-elect."

w Member. Dr. David Henry Monckton of Rugeley, mber of the Association, was unanimously elected a ber of the Branch.

per. The following paper was read: Foreign Bo- in the Urethra. By Alfred Baker, Esq.

Correspondence.

MEDICAL TITLES.

Sir,—Allow me to make a few remarks about the title of Dr., and the letter of your correspondent M.R.C.P.

In the first place, I must remark that any person who is a Fellow, Member, or Licentiate, of any College of Physicians, must, of necessity, be diplomatised. M.R.C.P., to commence, shows ignorance of the difference between a degree and a diploma.

With regard to his so-called analogies, I beg to inform M.R.C.P. that any person who has received ordination at the hands of a Bishop of the Established Church is legally entitled to the prefix of Rev.; the university degree being simply an ornamental addition, and not an essential. If M.R.C.P. will look at his prayer-book, he will find no mention of an university degree; in fact, any person well recommended, morally and intellectually, able to pass the Bishop's examination, is eligible for the ministry of the Church of England.

As regards the title of barrister-at-law; a person obtains that style and title only after he has been called to the bar by one of the inns of court. Here, again, an university degree is not essentially necessary, although the possession of one shortens the period of study.

As regards the right of the nobility to their courtesy titles, I shall only say that it has never yet been questioned, and has existed from time immemorial.

As regards the first two analogies, I think I have clearly proved that clergymen and barristers, who have no university degrees, are entitled legally, and not by courtesy, to the title of Rev. and Barrister-at-law.

I now come to the common sense view of the case. When a person puts Dr. on his card or door-plate, it implies, or, at least, ought to, that he is either a doctor of divinity, a doctor of laws, a doctor of medicine, or a doctor of music; if he is neither of these, he has no legal claim to the title of doctor; for if we are to admit the courtesy claims of the Licentiates of the College of Physicians, by the same rule, we must admit the right of the Society of Apothecaries to confer the title of surgeon. All these courtesy titles, before the passing of the Medical Act were allowed; but now that the various qualifications are clearly defined, there is no excuse for persons assuming titles to which they are not entitled.

In conclusion, I should advise the M.R.C.P.s and L.R.C.P.s of the London College to bow to the decision of their College; and their Edinburgh brethren (more especially those who previously held only the diploma of the College of Surgeons) to be thankful that they were able to obtain an extra qualification on such easy terms. Besides, if they will glance at the table of precedence among men, they will find that doctors have a distinct and admitted rank much higher than non-graduate physicians, who come lower down, under the head of gentlemen by profession. This, I consider, goes a good way to prove that physician and doctor are not synonymous terms.

I am, etc.,
Common Sense.

Sir,—The question of the "Assumption of Titles," which had of late been only smouldering, has been puffed up into a little flame by the movement of Dr. Hitchman and others.

The question had been so far settled more than two years ago by the general feeling of the profession.

Besides this, the General Council of Medical Education and Registration refused, through its Registrar, to recognise the title of Dr., save as synonymous with a medical degree. The College of Physicians of London has, through its Registrar, refused the title of Dr. to its

Fellows, Members, or Licentiates, unless they have a medical degree.

The College of Physicians of Edinburgh, after having, from April till August 1859, granted its license without the personal appearance of the applicant, stated, through its secretary, on the 28th of April, 1860, that "This College has never encouraged or authorised its Licentiates to assume any other title than that of L.R.C.P.Edin. Should any irregular assumption of medical titles have taken place, a registration association appears to be a very suitable body to take the matter up."

So far we have the case as concerns the London and Edinburgh Colleges.

In June 1860, however, a champion appeared for the King and Queen's College of Physicians, Dublin, who boldly asserted that that body had the power of conferring the degree of M.D. or Phys. D.

Two letters signed "Veritas" have, within the last few weeks, reasserted the claim of the King and Queen's College of Physicians to confer the degree of M.D.

It might have been thought that the decision of a court of law, as alluded to by "Probitas," has settled this point in the negative.

Now for M.R.C.P. in the Journal of the 5th instant, who pleads, from three supposed analogous cases, that it is only just that gentlemen without a medical degree, should be styled "Dr."

The cases quoted are unfortunately selected by M.R.C.P. First, as to the title of "The Rev." It is not because a person is, in the one case, M.A. or B.A. of an university, or, in the other case, a "literate" person, that he becomes the Rev.; but because he has been ordained by a Bishop; and, therefore, after that ceremony, the "literate" person is as much the Rev. as the other.

Next, as to the barrister-at-law. It is not the circumstance of a person having an university degree that entitles him to be called barrister-at-law; but the fact of his having kept certain commons in an inn of court, and having undergone the necessary examination, that entitles him, as well as the law student, without a degree, to be called to the bar, and thus equally to be barrister-at-law.

That the sons of a duke or marquis should have the courtesy title of Lord, or that the eldest son of an earl should, by courtesy, have his father's second or inferior title, if he have one, is recognised by long and universal sanction; but M.R.C.P. is again wrong in supposing that all peers' sons are lords by courtesy; they are only Hon. by courtesy, and esquires in law.

But this acknowledgment of rank, sanctioned by long and undisputed public consent, has no bearing on the recent irruption into the profession of a countless host of claimants, not for courtesy, but for an assumed right, many of whom hope, by substituting "Dr." for "Mr." on their door-plates and cards, to lead the public to suppose they are something superior to Mr. So-and-so over the way.

It is against this that the profession has generally protested.

You yourself must often be placed in a delicate position as editor, in assigning their due titles to your numerous correspondents; and it is easy to observe that, with all the care in the world, you cannot avoid sometimes giving the coveted title in one case, and withholding it in another.

The Council of the Association have, no doubt unintentionally, increased the difficulty by publishing for a time, in the list of local secretaries, the names of many as Dr. indiscriminately (omitting altogether the title M.D.), whether such secretaries had their degree, or were merely Licentiates of a College of Physicians.

This was contrary to the strong opinion recorded at the annual meeting of the Association in 1859.

I am, etc., Honestas.

April 8th, 1862.

Sir,—I would beg you to insert the following rem
in reply to your correspondents "Probitas" and "De
It appears to me that both these gentlemen have
torted the meaning of my words. First, they both
out by saying that I have "asserted" and "posit
affirmed" the right of the King and Queen's Colle
Physicians, Dublin, to confer the degree of Doctor;
they have both accused me of inaccuracy. I have
asserted anything on my own responsibility; but m
politely "called attention" to the wording of the dipl
granted to Licentiates of that College; and I was
duced to do this, from a statement made by a c
spondent in your Journal of March 8th, in whic
implied that the Dublin College of Physicians had
rank and title."

I, therefore, distinctly deny that the *onus prob*
rests with me, as "Delta" imagines. I will further
the sentence, "entitled to the degree, title, and quali
tion of Doctor of Medicine," were not my words;
simply a quotation from the diploma granted by the
lege. The very fact of my referring "Probitas" to
Atthill for the information he required, and my
giving an extract from the *Medical Directory* w
alludes to the Charter and Acts, clearly proves th
felt that I was not in a position to satisfy the curi
of "Probitas," or was unwilling to take the troubl
doing so; and not that I was desirous of extrica
myself from a difficulty, as he has stated.

With regard to the error of which he speaks in
Medical Directory, and which I certainly copied, a
have to say is, that if it is a mistake, the onus rests
Mr. Churchill, the publisher, and not with me; he a
should be called to account. Exactly in the same
the King and Queen's College of Physicians, Irel
should be held answerable for conferring a deg
which "Probitas" and "Delta" distinctly assert that
have no right to do, and not a private individual, wh
unwilling to believe that the Dublin College of Ph
cians would confer a qualification they had no claim
and merely states the fact of their conferring the de
of Doctor of Medicine, and which I challenge "Pr
tas" or "Delta" to disprove.

I hold that there are certain things one must take
granted in connection with universities and colleges
with everything else. Scepticism would be sure to
to endless trouble and confusion. Imagine every
duate calling in question the right of their univer
conferring degrees. I am myself a graduate in a
and I should think it just as preposterous to dem
proof of the right the university had of conferring
degree upon me, as a Licentiate of the College of P
sicians, Dublin, would probably do as regards their deg
"Probitas" must excuse me for saying that he is i
curate where he mentions that I "state" that for
hundred years the Licentiates of the Irish College
been entitled to the "degree, title, and qualificatio
Doctor of Medicine"; and I would beg him to refer
my letter in your Journal of March 29th, when he
be convinced of his error.

If what he asserts be true that the licence gran
and the form of admission used up to the year 1861
different to what exists at present, all I can say is t
to my mind, it is a strong proof of the "rank and ti
they possess, because, surely, if they have been cont
to go on for two hundred years without conferrin
degree or title, it is most improbable that, at the expi-
tion of that time, they should suddenly do so, *apro*
of nothing, unless they were perfectly convinced of t
right. I am at a loss to understand the meaning of
note of interrogation placed after the word "diplo
in "Delta's" letter. Surely, he cannot doubt the
that the Dublin College of Physicians does gran
diploma; for, in another part of his letter, he ad
that their diploma is registered by the Medical Coun
In conclusion, I would apologise for having so l

assed upon your time; but I have been compelled so in self-defence. I will merely add that I hope “Probitas” and “Delta” will clearly understand this is the last letter I intend writing on the sub- for I am neither the legal defender of the Irish ge of Physicians; nor do I hold any office in con- on with their corporation; and I have also no time for rels. I have referred your correspondents to the er authorities, and really their disputes must be ed by them. Those authorities may call “Probitas” Delta” to account for denying their rights; that is, ey think it worth their while to do so.

I am, etc., VERITAS.

R,—The various arguments ingeniously brought for- by those claimants for the title of Dr. who do not ess an university degree, have been repeatedly and answered; but your correspondent M.R.C.P. has erit of novelty, if not of logical sequence, in his pt to support these claims by reference to analo- so obviously incorrect.

rst, as to clergymen, they are entitled to the prefix ev. in virtue of their holy orders, altogether irre- ive of their possession of an university degree.

ur correspondent's second “analogy” (?) is of the character. A gentleman who has been called to nglish bar is, *de facto*, a barrister-at-law, whether an university graduate or not.

to the analogy of “courtesy titles”, the public give “ungrudgingly” to the sons, daughters, etc., of , though it is more than questionable that such d be the case, if “courtesy titles” were sold for £10. reviously to the notorious year of grace, it was to give the courtesy title of Dr. to non-graduate bers of the College of Physicians. But, when it ne known that a College of Physicians had, in the e of a few months, sold hundreds of its new mas, and that many of the purchasers had assumed tle of Dr. it is not surprising that the profession “grudged” indefinitely to extend the courtesy, and the growth of the opinion that the title of Dr. ld be confined to those who possess the doctorate.

I am, etc., F.R.C.S.EDIN.

pril 8th, 1862.

hatever views may be taken by different persons on subject, we think that the profession generally will in this, that the courtesy title given to Members Fellows of Colleges before the year of grace ought, fairness, to be still given to them. EDITOR.]

R,—The letter signed M.R.C.P. in your last issue onceive, deserving the best attention of the govern- ody of the Royal College of Physicians of London. emperateness, and not less its truthfulness, com- it to the notice of the profession at large, and especially to that of the president and censors of foresaid College.

on the authority of Dr. Pitman, Registrar of the ge of Physicians of London, we are assured that by-laws” relative to Fellows and Members being -graduates” are now “being revised by a com- e, by whom the entire question will be considered” y, reconsidered). Under these circumstances, it would seem both expedient and right for your spondent (M.R.C.P.), as well as for that numerous of physicians, and not doctors, whom he may be o represent in his letter to yourself, to wait with nce the promised revisal of the same by-laws. e can be, I fancy, no doubt of the issue, *i.e.*, if and justice are of real value.

at say Dr. T. Mayo and my examiners at the Col- in Pall Mall? Simply this: “they have examined approved” myself, “a marvellous proper person” natissimum virum”), and “have, therefore, conceded to me the privilege both to teach and practise the science and art of medicine; and have also given to me to enjoy, here and elsewhere, the highest honours, and titles, and privileges, usually awarded to physicians.” The annexed extract from my College diploma will put this matter in the most conclusive light:—

“Ei concessisse liberam facultatem et licentiam tam docendi quam exercendi scientiam et artem medicam, eidemque summis honoribus, et titulis, et privilegiis, quæcumque hic vel alibi medicis concedi solent, intra auctoritatis nostræ limites frui dedisse.”

Permit me to add, I have the highest confidence in the honour and integrity of Dr. A. Sutherland, Dr. H. B. Jones, and Dr. J. R. Bennett, the three surviving censors of the four who, I find, have affixed their signatures to my diploma, including, of course, Dr. T. Mayo; and, therefore, I cannot doubt but that claims such as my own to the “title of Dr.” will be again, and ere long, most readily and fully acknowledged by “the College.” (See Dr. Pitman's letter in No. 62 of the JOURNAL.)

I am, etc., ANOTHER M.R.C.P.

April 11th, 1862.

SIR,—In your columns of last week (April 5) appear three letters on the disputed topic, Who is a Doctor?” Two of these refer solely to the question whether the College of Physicians of Ireland has power to formally grant the title of Doctor of Medicine. The Lord Chief Justice, the highest legal authority, having decided that the College has no such power, it would be superfluous to argue the matter.*

To the third letter, which is virtually an appeal *ad misericordiam*, I ask to reply. The author, who signs himself M.R.C.P., asks that Fellows and Members of the London College of Physicians should be designated Dr. on the following grounds: Because this prefix has been recognised by the public for many years as denoting a physician; because of the analogous custom of the other learned professions; because, until the year 1859, the epithet Dr. was applied by the London College of Physicians to all their members, whether graduates or not.

M.R.C.P. appears to have forgotten that the real change is in the physicians themselves. The status of physicians in 1859 was very different from what it is in 1862. The physician then was, as a matter of course, a man who had passed through a more prolonged course of study, and more extended and rigid examinations, than were demanded from ordinary practitioners; he was, moreover, *ex officio*, not a general, but a consulting practitioner; and a large proportion of the physicians of that date were actually university graduates as well. The title of Dr. was applied, in courtesy, to all; it was not worth while to cavil at its use by the small minority who were non-graduates; and it would have been invidious and churlish to do so, as in actual attainments and status all were nearly equal.

This is no longer the case. The once eminent title of physician has been so vulgarised by the action of a certain acute and business-like College, that it no longer implies any sort of special professional status; and, necessarily, the courtesies formerly vouchsafed to physicians as such, are now withdrawn.

The physician of 1859 was above the average standard of his professional brethren; the physician of 1862 is just as probably below. Some of the possessors of diplomas (at £10) are gentlemen who, to use the technical term, had not "passed the Hall"; consequently had no legal qualification to even practise medicine; and were but too glad to avail themselves of the cheap and easy method opened to them. It is the assumption of the title of Dr. by these year-of-grace men which is the real *casus belli.*

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* [We believe that on this point our correspondent errs. The judge, in delivering judgment on the point submitted, stated that the question as to the right of the College to confer the title of M.D. was not before the Court, but simply whether a mandamus ought to issue to compel the Registrar to insert M.D. after Licentiate, which the Court decided in the negative, inasmuch as the title of M.D. was not specified in the Medical Act as one of the titles conferable by the College. EDITOR.]

The doctorate is almost the only distinctive title left in the profession; and if every man who has given £10 for a physician's diploma is allowed to dub himself Dr., the title will soon be just as valueless as a distinction, as that of physician is rapidly becoming.

The analogy of other professions, as quoted by your correspondent, appears to me to incline very differently from his view of it. True, a curate, who has entered the Church as a "literate person", is styled Rev. just as much as if he were a graduate; the term being applied simply to his priestly office. So, most certainly, a barrister-at-law is called a barrister-at-law, although not a Master of Arts. Did, however, M.R.C.P. ever hear of a barrister in this predicament being called doctor of laws; or of the "literate" curate being addressed by his bishop or any person as the Rev. Dr. So-and-so? or has he forgotten that doctorates of law and divinity exist, as well as a doctorate of medicine? In neither the church or the law would the assumption of the title of Dr. by non-graduates be permitted.

The argument that because the public have considered the title of Dr. to be distinctive of a physician, therefore, every physician should assume it, if worth anything, proves too much; as the term is popularly applied, not only to physicians or to any regular practitioners, but to all professors of healing, to the utmost verge of quackery, herb doctors, water doctors (not hydropathists), cow doctors, etc.

Either the title of Dr. is of value, or it is not. If valueless, why are such persistent efforts made to assume it? If it be of value, let those only take it who are entitled to it legally. The Colleges of Physicians of London and Edinburgh officially say that their Licentiates have no legal right to the title; and the proper court has decided that neither have the Licentiates of the Dublin College.

It may seem hard that physicians of good standing should be debarred, through no fault of their own, from using a title which they were, from courtesy, accustomed to do; but it would be much harder that the title should lose its distinctiveness, and be rendered valueless to those who are legally entitled to it, by being allowed to the year-of-grace men, who have thought fit to accept diplomas as physicians, granted without an examination, and without even appearance before the granters. The number of diplomas so given by the Scotch College was, I think, near a thousand in one year—a number probably exceeding that of all the physicians in the kingdom before 1859. Of course, the unfortunate veterans are swamped by the new recruits.

Many a gentleman has allowed, as a matter of courtesy, free access to his pleasure-ground, without let or hindrance, to some few of his friends or neighbours; but when he finds his grounds overrun by a crowd, he forthwith locks his gate, and sticks up a notice inscribed "No thoroughfare." This is "defence, not defiance," or churlishness. I am, etc., DELTA.

SIR,—Your correspondent "Veritas" does not attempt to explain the evident anomaly of a *college* granting *degrees* as well as licenses or diplomas. None but *universities* can create *graduates.* I beg to refer him to the second page beyond his letter in the JOURNAL of March 29th, 1862, where he will find that in the "College of Physicians (Ireland) Bill," now before Parliament, a distinction is drawn between "*such of its licentiates as are, and such as are not, graduates in arts or doctors in physic of any university,*" etc. How then, can it be
pretended that all its licentiates are alike gradua
doctors in physic? In his last paragraph, he
quite to lose sight of the fact that no one denie
registrability of the King and Queen's College licen
diploma as such, but that it is not, and cannot b
cognised as a degree. He does not appear to pe
or to allow the difference between a university d
and a college license or diploma, which is the
point for which we contend. The great importan
this subject must be my apology for troubling y
insert these few lines.

I am, etc., INTEG

April 10th, 1862.

POOR-LAW MEDICAL REFORM

LETTER FROM ROBERT FOWLER, M.D.

SIR,—Will you kindly insert the subjoined sche
your next impression? It embraces, I believe, a
main requirements of the Poor-law medical of
leaving all details to be worked out by the executi

One word as regards the Remuneration Clause.
based on the idea that the administration of the
law is but an extension of the operation of ord
benefit and sick societies. That, whereas these so
pay their medical officers so much *per member per a*
whether ill or well, so does the *total* number of pa
relieved represent the individuals who have been
who are, entitled to be recipients of the services
union medical officers.

The second element of the basis is intended to ob
in the least objectionable mode possible, the a
varying ratio of sickness to pauperism in differe
calities.

The sums I have stated would, I believe, prod
remunerative minimum in all the metropolitan
perhaps in other similar) unions. In purely co
districts, I believe that double (or in some few
treble) the rates of my two first elements will, in
junction with the third element, be adequately co
sative.

With the assistance of the union clerk, any gentl
can readily calculate what the figures (say, of the
year just ended) would produce as his next half-
salary, according to my plan.

I shall be but too glad to receive, either publi
privately, the opinions of my Poor-law brethren o
my scheme.

I firmly believe that in its operation it w
on the one hand, prevent the indiscriminate iss
orders, which results from the present system of
salaries; and on the other, would invalidate the
tions to the per case system of payment; viz., th
putation that the medical officers could manuf
cases; and that the poor would suffer the greatest
ship and oppression, by reason of the increased diff
of their getting orders. I am, etc.,

ROBERT FOWL

145, Bishopsgate Street Without, April 7, 1862.

Heads of Scheme.

1. Every medical officer already appointed, or
appointed after shall continue in
until he may die, resign, or become legally disqu
to hold such office, or be removed therefrom by the
law Board.

2. After no person shall be qu
to be appointed to the office of medical officer unle
be registered, and shall be qualified by law to pr
both medicine and surgery. (Subject to the provi
of *Article* 169 *General Consolidated Order, 24th*
1847.)

3. The contract with each [district] medical
shall be to this effect: that he will attend, when a

ny poor person in the [district] for which the con-
is made; viz., without an order, in the class of—
'hose who are on the permanent relief list; *b.*
se who are in receipt of temporary relief, either for
ead of the family, or any member of it; *c.* Urgent
, whether of resident or casual poor. With an
r—Any poor person named in such order. A list of
ns comprised in the two first named classes shall
rnished to the medical officer, and revised every
months.

Orders for medical relief shall be given as at pre-

If in any of the three first named classes, the me-
officer has grounds for doubting whether the ap-
nt has not sufficient means to provide medical at-
ance at his own cost, he may require such applicant
oduce an order before he gives his attendance.

If the medical officer shall have attended a case,
the guardians shall afterwards determine that the
er attendance of the medical officer, at the charge
e [union or] parish, ought not to be given; such
shall, notwithstanding, be reckoned as one case in
half] yearly total.

Each medical officer shall make a weekly report to
guardians, of the cases under his care, and shall
d the Board when summoned, as at present.

District medical officers shall have a similar power
rdering any necessary diet or clothing for out-door
ers under their care, as is conceded to the medical
rs of workhouses in *Articles* 108 *and* 207. (*General
olidated Orders*, 24*th July*, 1847.)

Within fourteen days after the 25th day of March,
the 29th day of September in every year, the clerk
ch Board of Guardians shall calculate the salary
he half-year next ensuing, of every separate indivi-
medical officer of the union or parish, upon the
wing basis:—*a.* Not less than (say 10d.) per head
he * total number of paupers relieved during the
half-year in the district or workhouse of the union
arish.† *b.* An additional sum per head of the same
ber, when the amount of cases of illness in the dis-
or workhouse has, in the past half-year, exceeded
25) *per cent.* of the total number of paupers so re-
d (the sum per head varying, say from one penny
an increase of from 25 to 35 *per cent.*, to sixpence
an increase of from 85 to 100 *per cent.*† *c.* An ad-
nal gross sum to be fixed by the guardians, with
sanction of the Poor-law Board, as a remuneration
espect of the distance which the medical officer may
to travel in attending the sick poor, or in respect
ther local circumstances. (Say one-third of the
le salary, calculated as above, of every individual
ical officer of a district or workhouse shall be de-
ed whenever the guardians find all the drugs in
district or workhouse.)

). A table of fees for midwifery and surgical opera-
s, and a list of more expensive drugs and appliances
l be drawn up by the Poor-law Board, with the ad-
of the Medical Council appointed under the new
ical Act. Every medical officer appointed to attend
workhouse, town or country [district], shall, in ad-
n to his salary or other remuneration, be entitled
is fee, according to such table, after attending a case
uded in it; and any such medical officer shall be at
rty to direct any drug or surgical appliance included
uch list to be made up and supplied by some chemist
roved by the guardians, or at their own dispensary,
ey shall have established one.

1. Medical officers shall have access, after the first
rteen days following the 25th of March and 29th of
tember, to the Pauper Classification Book, the In-
r Relief List, and the Out-door Relief List.

12. Each medical officer shall indicate, by a figure in red ink, the entry of every fresh case reported in his Medical Relief Book. The same sick pauper shall be counted but once as a case of sickness during the half-year.

13. Each case of sickness extending after the 25th of March and the 29th of September, shall be considered as a fresh case in the ensuing half-year. But all extra fees for midwifery and surgical operations shall be payable but once, with respect to the same person, and in consequence of the same cause or injury.

14. That a system of superannuation should be given to worn-out union [medical] officers giving the whole of their time to the service of the union, on the scale of the Civil Service Superannuation Act, and subject to the like restrictions as are contained in the said Act.

Omitting the "non-resident paupers not in the relief lists."

In purely country districts, double (or, in some few cases,
le) these minima rates.

THE EDINBURGH COLLEGE OF PHYSICIANS.

LETTER FROM T. MORLEY ROOKE, M.D.

SIR,—If Dr. Haldane wishes to establish, or if he already has it, to preserve, a character for candour, he will not waste his ink in denying the mere forms of expression attributed to him by any writer; but he will state categorically whether the allegation contained in Dr. Hitchman's letter was true or not; viz., that Dr. Haldane, as secretary to the Edinburgh College of Physicians, informed him that his personal attendance in Edinburgh was not necessary to his receiving the license of the College. It is certainly the common belief, both in the profession and out of it, that a man during the so-called year of grace (I should rather style it the year of disgrace) had only to make application, and send the requisite vouchers, including £10, by post, to receive his licence in return by the same medium. Gentlemen I could name were seen about in their practices day by day, at the time of their diplomas being granted.

I am, etc., T. MORLEY ROOKE.

Cheltenham, April 14th, 1862.

CHARGE OF MANSLAUGHTER. Frederick Robinson, at the Central Criminal Court, was last week indicted for manslaughter. The facts connected with this charge have been given very recently. On the 4th of March the deceased was in a condition of approaching labour, and a midwife, named Jane Nicholas, who had attended her in her previous confinement, was sent for. On her arrival she found the unfortunate woman on the point of giving birth to a child, and had every appearance that she was strong and well. After she had been delivered there were some appearances which induced the midwife to send for the prisoner, who attended. He came and performed an operation, which was alleged to be the cause of death. The woman died thirty-six hours after giving birth to her child. A *post mortem* examination was made, and it was found that the placenta was still in the body, and that a portion of the bowels had been removed, which was the cause of death. Mr. Sleigh, in a lengthy speech, addressed the jury on behalf of the prisoner, and said that the administration of the ergot of rye might have caused the death of the deceased, and the prisoner might have been mistaken in the case. He called several medical gentlemen, who gave him a very high character for skill and humanity, and one gentleman said he had known him for one-and-twenty years, and always looked upon him as a very skilful man. The jury gave a verdict of guilty. Mr. Justice Mellor in passing sentence said the jury had, after great patience and attention returned a verdict of manslaughter against the prisoner; but taking into consideration the high character for skill which he had hitherto borne, and his having already been confined in prison for a month, he hoped he should be meeting the ends of justice by passing a lenient sentence. He then sentenced the prisoner to four months imprisonment.

Medical News.

Royal College of Physicians. At the Comitia Majora, held on Monday, April 14th, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Bridge, Alexander, 7, Argyll Place, Regent Street
Drysdale, Charles Robert, M.D., 39, Southampton Row
Fish, John Crockett, M.B., Caius College, Cambridge
Tatham, John, Holland House, Kensington

The following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of Medicine and Midwifery, were duly admitted to practise physic as Licentiates of the College:—

Broad, James, M.D., 164, Shoreditch
Deck, John Field, Nelson, New Zealand
Dyer, Samuel Sumner, Ringwood, Hants
Godrich, Thomas, 2, Blomfield Road, Maida Hill
Jay, Frederick Fitzherbert, Acle, near Norwich
Moore, Robert Wilson, Clifton-on-Teme, Worcestershire
Ray, Robert, Victoria, Australia
Rix, Samuel Babût, Tunbridge Wells
Sloan, John Charles, Bellshill, parish of Bothwell, Lanarkshire
Stevens, Robert Stead Jones, Christchurch, Hants
Swinhoe, George Money, New Swindon
Taylor, Frederic, Woodstock, Oxon
Tonge, Morris, M.B., Wimbledon Common
Venning, Edgcombe, 24, Belgrave Square
Vernon, Bowater John, Westfield
Walls, Charles, 97, Tachbrook Street, Pimlico
Weld, George Henry, 2, Clarendon Villas, Plumstead

Royal College of Surgeons. The following gentlemen passed their primary examinations in Anatomy and Physiology, at meetings of the Court of Examiners, on April 8th and 9th; and, when eligible, will be admitted to the pass examination.

St. Bartholomew's Hospital.

Currie. John Legge
Eck, Vincent Frederick
Fowler, Oliver Humphrey
Glynn, Thomas Robinson
Greatrex, Adolphus Burnell
Hilton, Caleb Samuel
Jones, William
Kiernander, William C.
Mudge, Belling Harvey
Osmond, Thomas
Power. William Henry
Williams, Thomas Edward

St. Thomas's Hospital.

Armstrong, James Hunter
Greaves, Charles Augustus
Parker, Benjamin W.
Scott, Robert John

Guy's Hospital.

Duke, Olliver Thomas
Evershed, Montague F.
Freeman, Alfred
King, Thomas
Muir, Henry Skey
Nichols, Robert Thomas
Sheen, Alfred
White, Charles

University College.

Atkinson, Charles S. A.
Bruce, Alexander
Gill, William
Grencock, John Baily
Marriott, Henry Thomas
Richards, Samuel S. C.
Oliver, George
Powell, Richard Douglas
Wall, Joseph

Charing Cross Hospital.

Carter, William
Churchill, John Foot
Larin, Michael Drury

King's College.

Bromley, Edward P. B.
Colthurst, James Bunter
Gedge, Joseph
Richards, Joseph Peeke
Shears, Arthur

St. George's Hospital.

Barker, William Lewington
Beviss, Charles
Wearne, Vivian

Westminster Hospital.

Hatherley, Henry Reginald
Watts, Algernon Newbeggin

Middlesex Hospital.

Ashford, John Wilson
White, George

London Hospital.

Elliot, John
King, George

St. Mary's Hospital.

Lyle, Thomas

Birmingham School of Medicine.

Bobart, William Matthews
Court, Josiah
Gilbert, Henry
Smith, Solomon Charles
Smith, Thomas Haywood
Stubbs, Henry

Manchester School of Medicine.

Renshaw, Charles Jeremiah
Scott, William John

Leeds School of Medicine.

Nunneley, John Albert

Bristol School of Medicine.

Barrett, John
Parson, Thomas Cooke
Thomas, Robert W.

Newcastle School of Medicine.

Spencer, Lionel Dixon

Grosvenor Place School.

Barrow, Thomas Samuel

Dublin School of Medicine.

Sanders, George B. S.

Apothecaries' Hall. On April 10th, the follo licentiates were admitted:—

Gimblett, John, Taunton
Griffin, William Henry, Banbury
Horrocks, William, Guy's Hospital
Jones, John, St. Bartholomew's Hospital
Ludlow, Ebenezer, St. Bartholomew's Hospital
Mottershead, John, Butley, near Macclesfield
Shepherd, Charles Dunbar, Frederick Street, Gray's Inn R

APPOINTMENTS.

Barnes, Robert, M.D., elected Lecturer on Midwifery at St. mas's Hospital, in the room of the late C. Waller, M.D.

Brazier, —, Esq., appointed Professor of Chemistry in the Un sity of Aberdeen, in the room of the late Andrew Fyfe, M.D.

***Fitzpatrick**, John, M.D., elected Physician to the Eastern pensary, Bath.

Guy, William A., M.B., appointed Examiner in Forensic Medi in the University of London.

***Heath**, Christopher, Esq., elected Assistant-Surgeon to the W minster Hospital.

***Johnson**, George, M.D., appointed by the Crown a Member of Senate of the University of London.

Latham, P. W., M.D., elected Assistant-Physician to the W minster Hospital.

Liveing, Edward, M.B., appointed Physician to the St. Maryleb General Dispensary.

Odling, William, M.B., appointed Examiner in Forensic Medi in the University of London.

***Sandwith**, Humphry, M.D., appointed Consulting-Physicia the Hull General Infirmary.

Snape, Joseph, Esq., appointed Lecturer in Dental Surgery Mechanics in the Liverpool Royal Infirmary School of Medicin

Royal College of Physicians. At the Comitia jora, held on Monday, April 14th—

Watson, Thomas, M.D., was elected President of the College.

Burrows, George, M.D. **Quain**, Richard, M.D. **Spurgin**, John, M.D. **Stewart**, A. P., M.D.	were chosen Members of Council.
Bennett, J. R., M.D. **Garrod**. A. B., M.D. **Oldham**, H., M.D. **Sibson**, F., M.D. **Spurgin**, J., M.D.	were elected Examiners.

Royal Army. The following appointments have be made:—

Allan, Staff-Assistant-Surgeon A., M.D., to be Assistant-Surg 17th Foot, *vice* J. G. Cuppage.

To be Staff-Assistant-Surgeons:—

Cuppage, Assistant-Surgeon J. G., 17th Foot, *vice* S. Sam.
Doran, Assistant-Surgeon J., M.D., 60th Foot, *vice* A. Allan, M.D
Harvey, Staff-Assistant-Surgeon H. O., half-pay.
Illingworth, Assistant-Surgeon J. A., 57th Foot.
Scott, Assistant-Surgeon J. A., 70th Foot.

Royal Navy. The following appointments have be made:—

Cooper, Astley, Esq., Assistant-Surgeon, to the Plymouth Divisi of Marines.
Hatherly, Narcissus C., M.D., Surgeon, to the *Conquest*,
Riding, W. G., Esq., Assistant-Surgeon, to the *Cumberland*.

Militia. The following appointment has be made:—

Elkington, J., Esq., to be Assistant-Surgeon 1st Regiment W wickshire Militia.

Volunteer Corps. The following appointments hav been made (A.V.=Artillery Volunteers; R.V.=Rif Volunteers):—

Davidson, F., M.D., to be Assistant-Surgeon 3rd Administrati Battalion Essex R.V.
Dewar, A., M.D., to be Assistant-Surgeon 1st Fife R.V.

To be Honorary Assistant-Surgeon:—

Champneys, H. M., 10th Sussex R.V.

DEATHS.

rie, Peter, M.D., Surgeon R.N., at Great Malvern, on April 9.

ey, John, Esq., late of 4, Cleveland Row, St. James's, at Chislest, aged 63, on April 14.

ardson, Alfred, M.D., of 16, King's Place, Commercial Road st, of fever caught in the discharge of his duties, aged 34, on ril 14.

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asgow Medico-Chirurgical Society. Dr. William has been elected president, and Dr. John Paxton Dr. George Robertson vice-presidents, for the year, e Glasgow Medico-Chirurgical Society.

eath from Starvation. A female has just died at y (Yonne), from the effects of a fast of nine days, h she had imposed on herself from religious exion. Death took place on the ninth day.

Excellent Example. Amongst other donations ounced at the annual festival of the University ege Hospital, we find one of 250 guineas from Mr. ey, which is to be devoted to the introduction of s and sanitary improvements.

crease of Infantcide in London. No fewer than cases of alleged child murder were reported to the orities in the course of one day of the last week; on three of them coroner's inquisitions were held, verdicts of wilful murder in every instance reed.

enefits of Life Insurance. The late Mr. James inson, so well known in connexion with dental sur-, and whose death resulted from an accidental cture in the thigh while pruning a rose-bush in his en, was insured in the Railway Passengers Asnce Company upon a general accident policy, which res to his representatives £1,000 for £3 actually . (*Daily News.*)

ractitioners of Medicine. In a police report, we as follows:—"Mr. John Wray, who keeps a che's shop at 52, Dorset Street, Manchester Square, practises in the name of Dr. Henery, appeared to ver to an assault summons taken out against him is father, Mr. Martin Oster Field Wray, who prac- in the vicinity of the London Road, Southwark, as Bell."

t. Mark's Ophthalmic Hospital, Dublin. Mr. le has absolutely assigned St. Mark's Ophthalmic pital to trustees for the benefit of the poor of Ire-. This institution was founded by Mr. Wilde, who the purpose purchased and repaired, at a cost of e than £1,100, the premises formerly known as the Street School of Medicine, but which since then been designated St. Mark's Hospital.

ar Taxes. Some of the stamp duties which it is proed to levy will excite a smile, for the State is to draw an me out of the sale of such articles as aromatic snuff, balm of life, female pills, cough syrup, hair restora-, hair dye, Old Dr. Jacob Townshend's sarsaparilla, ily pills, Hyperian fluid, eye water, tooth powder, the whole tribe of quack medicines, in which both gland and America are more fertile than any other of the world.

acancies. The following appointments are vacant: ssistant-physician to the Metropolitan Free Hos-l, by the resignation of Alexander Wallace, M.D.; geon to the Bath Lying-in Charity, by the resigna- of Hugh Massey, Esq.; resident surgeon at the ston-super-Mare Dispensary, by the resignation of J. H. e, Esq.; resident assistant-surgeon and apothecary at Hoxton House Lunatic Asylum; medical officer for second district of the Tonbridge Union; medical cer for the second district of the Marlborough Union.

r. G. C. Wallich, who went out as naturalist, in summer of 1860, in H.M. steamer *Bulldog*, during the survey of the proposed telegraphic route to America *viâ* Iceland, Greenland, and Labrador, is about to publish his observations in a work entitled *The North Atlantic Sea-bed*. It will comprise a diary of the voyage, an account of deep-sea soundings and sounding apparatus, observations on animal life at extreme depths in the sea, and a detailed history of the various organisms discovered. The book will be illustrated with numerous plates.

Sudden Death of a Sergeant-Major of Volunteers. About 10 p.m. on Wednesday (9th instant), John Hooper, the Sergeant-Major of the 37th Middlesex (Bloomsbury) Volunteer Rifles, left the Guildford Arms Tavern, apparently in perfect health, to go to his home, and in a few minutes afterwards he was found lying on the pavement. He was conveyed to the Royal Free Hospital, where he was immediately attended by the House Surgeon, who pronounced life to be totally extinct, probably from apoplexy. The deceased had on two different occasions received presentations of a sword and a gold watch. The day before his death Mr. Hooper had completed an assurance of £100 in the Volunteer and General Life Office, and this sum is forthwith to be paid to his widow. Few more striking illustrations of the advantage of life assurances can be quoted.

The Queen's Hospital, Birmingham. Our readers will recollect that the urgent necessity for additional wards for the more systematic classification of the in-patients, the want of more convenient accommodation for the out-patients, and more suitable apartments for the resident medical officers, dispenser, matron, etc., of this institution, determined Mr. W. Sands Cox, on his appointment as Principal of Queen's College, to endeavour to remedy these defects. With that view he proposed to raise the sum required for the new buildings (£1500), by donations and by contributions of penny postage stamps. The idea was not only ridiculed in certain quarters, but the plan was opposed. Mr. Cox, however, began his arduous task on his own entire responsibility, under the most flattering auspices, namely, by a donation of £100 from her Most Gracious Majesty the Queen, and the result, as appears by an advertisement, is that all the expenses incurred have been paid, and that after deducting the cost of collection (£120), a sum of upwards of £27 remains in hand. (*Aris's Birmingham Gazette.*)

Cambridge University. The examinations for medical degrees in the ensuing Term will commence on Monday, the 26th of May, at 9 a.m. in the Arts' Schools. Gentlemen, candidates for the degree of M.B., intending to offer themselves for examination, are required to signify the same to the Regius Professor of Physic on or before the 12th of May, specifying whether they offer themselves for the first, second, or both examinations. A fee of three guineas is paid to the Professor by each student when his name is sent in for the first examination for the M.B. degree. N.B. The classical subjects for the ensuing examination for the M.B. degree are:—*Hippocrates:* the 5th, 6th, 7th, and 8th sections of the *Aphorisms*. *Aretæus: On the Causes and Symptoms of Acute Diseases.* The 6th, 7th, 8th, 9th, and 10th chapters of the 2nd books. *Celsus:* the 3rd and 4th books. Candidates will be required to satisfy the Examiners in the portions selected from each of the above authors. Candidates are requested to call on the Regius Professor with their certificates before admission to examination. Bachelors or Licentiates of Medicine, or Masters of Arts, desirous of proceeding to the degree of M.D. in the ensuing term, are requested to communicate their intention without delay to the Regius Professor of Physic, with a view to the arrangements necessary for the public exercises in the schools.

Epidemiological Society. At the meeting on April 7th, the following office-bearers for the ensuing year were elected:—*President:* B. G. Babington, M.D., F.R.S. *Vice-Presidents:* Sir B. C. Brodie, Bart.; Edwin Chadwick, C.B.; Rev. Thomas Dale, M.A., St. Paul's; J. B. Gibson, M.D., C.B.; Sir C. Hastings, M.D., D.C.L.; Sir John Liddell, C.B., M.D., F.R.S.; A. Nisbett, M.D., R.N., Honorary Physician to the Queen; John Simon, Esq., F.R.S.; Sir A. Smith, M.D., F.R.S., K.C.B,; T. Watson, M.D., F.R.S. *Treasurer:* H. Mapleton, M.D. *Secretary:* J. O. McWilliam, M.D., F.R.S., C.B., R.N. *Foreign and Colonial Secretaries:* East Indies, James Bird, M.D.; Egypt and Syria, W. Camps, M.D.; France, Waller Lewis, M.B., F.G.S.; Germany and Russia, H. Weber, M.D., W. E. Swaine, M.D.; Portugal and the Brazils, J. O. McWilliam, M.D., F.R.S., C.B., R.N.; Sweden, Norway, Denmark, and Iceland, R. G. Latham, M.D., F.R.S.; West Indies and North America, G. Milroy, M.D. *Other Members of Council:* C. J. B. Aldis, M.D.; F. J. Burge, Esq.; A. Bryson, M.D., F.R.S., R.N.; W. D. Chowne, M.D.; H. Greenhow, M.D; Colonel Hough; Ernest Hart, Esq.; C. F. J. Lord, Esq.; J. F. Marson, Esq.; C. Murchison, M.D.; E. W. Murphy, M.D.; — Nichol, M.D.; W. Odling, M.D.; J. N. Radcliffe, Esq.; B. W. Richardson, M.D.; Burdon Sanderson, M.D.; E. C. Seaton, M.D.; Spencer Wells, Esq.

Memorial Tablet to John Hunter. A beautiful memorial, similar to that of the late Mr. R. Stephenson, C.E., has been placed in the nave of Westminster Abbey, adjoining the engineer's grave, to the memory of the above distinguished physiologist and anatomist, who died in 1793, the remains of whom, it may be remembered, were removed from the church of St. Martin's-in-the-Fields to Westminster Abbey when the vaults of the churches in the metropolis were closed. The memorial, which is of polished granite, inlaid and bordered with brass, bears the following inscription: "Beneath are deposited the remains of John Hunter, born at Long Calderwood, Lanarkshire, N.B., on the 14th of February, 1728; died in London on the 10th of October, 1793. His remains were removed from the church of St. Martin's-in-the-Fields to this abbey on the 28th of March, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter to record their admiration of his genius as a gifted interpreter of the Divine power and wisdom that works in the laws of organic life, and their grateful veneration for his services to mankind as the father of scientific surgery. 'O Lord, how manifold are Thy works; in wisdom hast Thou made them all.' Psalm civ., 24."

A Poor-Law Medical Appointment. Mr. Gorham, in a letter to the *Kent Times*, points out the pecuniary character of the office of Poor-law Medical Officer of Tonbridge District. "I notice," he writes, "with deep regret, that by an advertisement in the public papers the salary offered this year is exactly the same as that which was given many years since—a salary which was only barely sufficient to cover the expenditure *then.* What, I ask, must it be *now* that the pauper patients have increased *more than treble?* Allow me to call the attention of the ratepayers to the following statement: £75 per annum for attendance night and day extending over many miles on 1,700 paupers, equivalent to—1,500 shillings for attendance night and day extending over many miles on 1,700 paupers, equivalent to—about 10½d. per annum for attendance night and day extending over many miles on each pauper, equivalent to—*less than one farthing per week for attendance night and day extending over many miles on each pauper*, equivalent to—a dead loss to the medical man, and an incentive to him to supply the least possible assistance and the worst of drugs to every poor person in the parish, unless he pays for it out of his own pocket. Can this be done without loss to the medical officer? I happen to know from a long and painful experience, extending over a p of ten years, that it *can not* be done without loss. above figures are quoted from the returns made years since, when I had the *honour* of holding *lucrative* and *soul-elevating* appointment. I would m add that in the face of such statements it has often considered paradoxical that medical men should forward to take the parish appointment, considering it is altogether so unremunerative. The answer is the position gives a certain sort of status and publ to the individual, and is analogous to sinking capit the shape of advertisements. Of this the guardian well aware, and, I am sorry to say, take advantag the fact."

A Proper Censure. At a coroner's inquest, Mr. Ogle Else deposed that he resided at Victoria G Bayswater, practising as a legally qualified surgeo 30 years standing in the neighbourhood of London. attended from three to four daily, at No. 18, Blooms Street, Bedford Square, known as the establishme the Rev. Willis Moseley, A.M., LL.D., just to take consultations to oblige the rev. gentleman's succes Dr. Gatehouse. Thirty years ago the Rev. W. W Moseley made a certain discovery in medicine for vous affections, which he kept a secret, and he lished a well-known book, which had passed thir editions. Seven years ago he retired, and Dr. Gateho (witness's friend), succeeded him. On the 10th Ma deceased called, in consequence of reading the book, having told witness he was suffering from loss of mory, pains in the head, and nervousness, and that had been under regular treatment without benefit, ness gave him the medicine alluded to, and some also, to last him one week. He then minutely descri the constituent portions of the drops, powder, and lot which he said were always kept made up in large qu tities, precisely as prescribed in the Rev. Willis Mosel book, and which he argued were as perfectly harml as cold water applications. Mr. J. E. D. Rogers, pr tising at 41, Denbigh Street, Pimlico, and formerly P fessor of Chemistry, gave the result of the analysis the drops, powder, and lotion; but only for the ing- dients desired to be known. The drops were harml and so far as he could ascertain, the lotion was same. With regard to the powder, he found that was an ordinary meal, containing a good deal of starch, w considerable per centage of ordinary nitre in unusu- sized grit. His opinion was that on rubbing the pow in its gritty condition on the surface of the head, t grits of nitre broke the skin and produced irritation. M Skeggs, a legally qualified practitioner of 35 yea standing, in St. Martin's Lane, gave evidence on beh of Mr. John Ogle Else, to the effect that the lotion w of such a trifling nature that it could hardly be call medicine—cold water was about as good; and his opini was that deceased died from inflammation of the me brane. The deputy-coroner, in summing up, strong denounced the Rev. W. Willis Moseley and his boo Mr. John Ogle Else, and the establishment in Bloom bury Street. The jury, after a protracted deliberatio returned the following special verdict: "That deceas died from the mortal effects of coma, brought on by di ease in the frontal vein of his head, and after he h used certain external remedies to his head; and that what means the said disease was occasioned there w not sufficient evidence to prove. The jurors, furthe cannot but pass a most severe censure upon Mr. John Og Else, for lending his name and countenance to the u of quack medicines, as supplied to the deceased Joh Hays, from the establishment, 18, Bloomsbury Stree Bedford Square, and which is at the present time pr sided over by him, and which was known as that of th Rev. Wm. Willis Moseley, A.M., LL.D."

:RATION DAYS AT THE HOSPITALS.

......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.
.....Guy's, 1½ P.M.—Westminster, 2 P.M.
DAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
AY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
......Westminster Ophthalmic, 1·30 P.M.
.Y.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

:TINGS OF SOCIETIES DURING THE NEXT WEEK.

:. Medical Society of London, 8.30 P.M.: Clinical Discus-on; Dr. Richardson, "On the Antiseptic Properties of Am-onia."

LATION STATISTICS AND METEOROLOGY OF LONDON — APRIL 12, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
g week....................	Boys .. 964 Girls.. 930	1894	1252
ge of corresponding weeks 1852-61		1947	1306

ter:
est (Sat.) 30.100; lowest (Th.) 29.808; mean, 29.964.
meter:
est in sun—extremes (Sat.) 94 degs.; (Tu.) 50.2 degs.
ade—highest (Sun.) 56 degrees; lowest (Sat.) 34.4 degs.
—43.8 degrees; difference from mean of 43 yrs.—1.5 deg.
e—during week, 25.6 degrees; mean daily, 9.3 degrees.
umidity of air (*saturation*=100), 90.
irection of wind, N.E.—Rain in inches, 1.83.

TO CORRESPONDENTS.

l letters and communications for the JOURNAL, *to be addressed the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

SPONDENTS, who wish notice to be taken of their communica-s, should authenticate them with their names—of course not ssarily for publication.

NUMBERS.—We beg to thank several members for back num- of the JOURNAL.

S.E. writes that it is a mistake to suppose that acupressure aining ground among the surgeons in Edinburgh; and that practice has not been countenanced in the Royal Infirmary.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—A sician writes:—"If the President of the King and Queen's ege of Physicians, Ireland, deliberately confers a degree upon ntiates (he having no legal power to do so), ought not the lical Council to proceed against him, in his official capacity, so settle this vexed question?"

ER TO MR. THOMAS MARTIN.—We are requested to state that dinner, to which a few professional friends have invited . Martin, of Reigate, will take place on Friday, the 25th of ril, at the "Albion", in Aldersgate Street, at seven o'clock pre-ely. Mr. Propert will take the chair; and Mr. Hood and . Erichsen will act as stewards.

MUNICATIONS have been received from:—Mr. W. SANDS X; Mr. J. C. ROOPE; Dr. JAMES RUSSELL; Dr. HERMANN EBER; Mr. E. GARRAWAY; Dr. THOMAS SKINNER; Dr. DAVEY; . T. PARTRIDGE; Mr. A. PRICHARD; Mr. SYME; Mr. JAMES LVEY; Dr. J. BEDDOE; THE REGISTRAR OF THE MEDICAL CIETY OF LONDON; Dr. P. H. WILLIAMS; Dr. BARNES; Dr. NSTALL; Mr. J. WEAVER; Dr. T. MORLEY ROOKE; Mr. WILLIAM PNEY; Mr. O. PEMBERTON; HONESTAS; Mr. J. WARD; Dr. CHARDSON; DR. MCWILLIAM; and THE SECRETARIES OF THE STETRICAL SOCIETY.

ADVERTISEMENTS.

The Medical Practice advertised last week, with References to WILLIAM SHEPHERD, Esq., Barnsley, IS DISPOSED OF.

Cell Therapeutics.
1 vol. 8vo, price 4s.
HEALTHY AND DISEASED STRUCTURE AND CONSUMPTION. 1 vol. 8vo, with Plates, price 12s.
By WILLIAM ADDISON, M.D., F.R.S.
London: JOHN CHURCHILL, New Burlington Street.

Just published, in 8vo, pp. 518, with 10 Lithographic Plates and 6 Woodcuts, price 15s. cloth, gilt top,

Obstetrical Transactions, Volume the THIRD: Being the Transactions of the Obstetrical Society of London for the year 1861; with List of Officers, Fellows, etc. The present volume contains, besides the Papers, Essays, etc., read before the Society, Reports of the Discussions which have taken place at the Society's Meetings, and other additional matter.
London: LONGMAN, GREEN, LONGMAN, and ROBERTS.

On Medical Evidence in our LAW COURTS; being an Exposure of its present Defects, etc., with a Suggestion for its Amendment. By Dr. J. G. DAVEY, F.R.A.S., etc. etc. Sold by T. KERSLAKE & Co., Park Street, Bristol. 1s.

The "Medical Register" for 1862 is now published, under the direction of the General Council of Medical Education and Registration of the United Kingdom, pursuant to an Act passed in the year XXI and XXII Vict., Cap. XC. entitled "An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery."

☞ The "MEDICAL REGISTER" (price 4s.) can be had on application, as follows, viz.:—
LONDON.......Office of MEDICAL COUNCIL, 32, Soho Square, W.;
EDINBURGH { Office of BRANCH COUNCIL, 28, Albany Street; or Messrs. MACLACHLAN & STEWART, 64, South Bridge;
DUBLIN........Messrs. HODGES, SMITH & Co., 104, Grafton Street;
or it will be sent by post to any person applying for the same at any of the above places, upon payment (per post-office order) of 4s. 10d.

Dr. Costello's Cyclopædia of PRACTICAL SURGERY.—This Cyclopædia forms a connected Series of Monographs, presenting, for the first time in our language, information complete in every department of Surgery, and forming in itself a Library for the Practitioner and Student. It consists of 30 parts, or 3,000 pages, in double column, Royal 8vo, Illustrated by 1,500 engravings on wood and steel.—Sold at the Office, 5, Greystoke Place, Fetter Lane, Fleet Street, price £4 : 4.—Only 480 copies remain unsold.

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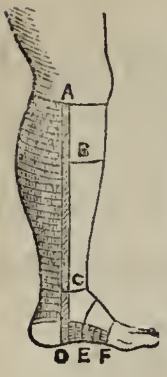

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"HENRY J. STORMONT, Esq., Surgeon, Cheshunt."

"Having ordered from our Druggists 'CHLORODYNE,' I was not only DISAPPOINTED IN ITS EFFECTS, but annoyed when I rece a SPURIOUS Compound. I have been in the habit of using your CHLORODYNE with great advantage to my patients and satisfacti myself. I have just discharged, well, out of this Hospital, a woman who had pyæmia after hour-glass contraction of the uterus; *I quite certain* that her recovery was caused by taking a dose of CHLORODYNE three times daily, or *when* the rigors were severe. I have several cases where inflammation set in after instrumental delivery or extraction of the placenta, and *never* had a *recovery* before when cases were so severe as the case mentioned; but I did not know the value of your medicine.

(Signed) "JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

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Lecture

ON

IE IMPORTANCE OF THE DIGESTIVE ORGANS IN THERAPEUTICS.

DELIVERED AT

T. MARY'S HOSPITAL MEDICAL SCHOOL,
FEBRUARY 19th, 1862.

BY

THOMAS K. CHAMBERS, M.D.,
ELLOW AND CENSOR OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON; PHYSICIAN TO, AND LECTURER ON MEDICINE AT, ST. MARY'S HOSPITAL; ETC.

M anxious that you should be properly impressed h the importance of the digestive viscera to the e of disease. The result of every case, surgical medical, depends almost entirely on how far, ely or foolishly, these organs are watched over, l whether they are well or ill-treated, either by scientific prudence of the skilled physiologist, empirical rules of the routine practitioner, the dition of the nurse, or the instinct of the patient. ch and all may be a faithful guide; but where re is a difference of opinion, I should prefer sting to the first, and so does the public, except en in a fit of obstinacy or prejudice.

o an unhealthy state of the digestive viscera, siology enables us to trace, by distinct steps, eral morbid conditions not manifested in the ans themselves, but affecting the whole body. On deficiency of their power of appropriating food end nearly all the cases of anæmia and general ility, affecting particularly the muscular struces which make up a great portion of our daily ctice. And secondarily to the anæmia may be ibuted the formation of tubercle, and all its conuences of pulmonary, renal, mesenteric, and other ns of consumption.

he blood starved of its requisite supply does not iciently stimulate the vitality of the tissues, and ubercular or semivital growth takes the place of mal growth. Degeneration may originate in the e way. The unrenewed *effete* particles remain as in the tissues; and so you get softened and ted hearts, cirrhosed liver, Bright's kidney, atroc softening of the brain, apoplexy, etc.

o the same cause may be traced an obscure inciency, rather than disease, of mind, very common ng our chronic invalids and habitual patients. y complain that they awake in the morning, not unrefreshed by sleep, but seemingly more tired n when they went to bed. They have an unacntable despondency and carelessness about the re, accompanied by a conviction that something nother unfortunate is going to happen. They have power to prevent it; and do not know that they ld exert the power if they had it. They drag r languid limbs to their daily task unwillingly; feel quite unable to do anything as they ought. figures get confused as the merchant adds up ledger; the *employée* remembers he has an imtant duty to perform, but cannot recollect what ; even the light labours of daily housekeeping a heavy burden. A morbid dislike to the idea ood causes the attractions of the family meal to be simply repulsive. Sleep is sought, but is broken by painful dreams, or fidgets, or wakefulness. If there is any innate or hereditary tendency to insanity, now is the time when it is developed; spectral illusions, derisive, tempting, or foolish voices, half deceive half irritate the victim; and he is fortunate if he is saved from crime or a lunatic asylum by the curable source of his unhappy state being correctly ascertained. But if there is no previous tendency, the mental miseries may go on for years and years without producing any real unsoundness of mind. Without any further symptoms even than these you may be safe in referring the *origo mali* to the digestive canal.

There is also a suspicion that some diseases of malassimilation, such as gout and rheumatism, may be due to imperfections of the digestive organs. In them an organic acid, uric or lactic, and perhaps others yet unnamed, are found in pernicious excess over the alkalies; and, as acids are certainly formed by the decomposition of the food, and one of them (the lactic) especially, in great abundance, it is presumed that the cause of the malassimilation resides in the viscera which contain the food during digestion. This idea that the digestive organs are to blame for gout and rheumatism, is of very old date; yet the evidence for it does not increase; and it remains, as of yore, a strong presumption, waiting to be confirmed by a physiological tracing of its steps.

Whatever value we may attach to the evidences of the dependence of diseases on the digestive organs, it is very clear that we look to them for relief from those diseases. Out of the six or seven hundred forms of drugs in habitual use, very few indeed are not occasionally offered to the stomach for acceptance, and an overwhelming majority of them are adapted for use only in this way. If we are to continue to employ this time-honoured agency in our attempts to remedy bodily maladies (and I see no indication of a change at present), it is surely of prime interest to secure its active and efficient condition. It is waste of toil to try to get in by a closed door.

Let it be observed, that it is not constructive medicines, not alone aids to the normal work of the alimentary canal, that we introduce through its walls. We expect it also to take up those whose agency is, physiologically speaking, its direct converse, whose effect is that of augmenting destructive metamorphosis. We call upon it to take up calomel as readily as bark, and wine, and oil. It is, therefore, equally of importance to have it in a normal working state when our aim is destruction, as when it is arrest of destruction or construction. When a sudden poison or paralysis has fallen on these paths of absorption, our hands are paralysed too; the staffs we lean on fail us. What buckets of physic used to be poured through the half-dead bowels in cholera! It might just as well have been thrown at once into the nightpan—its ultimate destination if the patients lived long enough. They did not always do so; for I once found a drachm of ipecacuanha, which had been administered three hours before death, safe in the stomach. It had produced no vomiting, and had not been moved towards the pylorus. Again, what enormous quantities of opium may be given by mouth to a patient with delirium tremens by an incautious practitioner, who does not reflect that the reason of its not acting is that it lies dormant in the stomach, and is of no more good than if it were in the pill-box! But let the primæ viæ be cleared by a dose of calomel and a purgative enema, and the tension of the nervous system be relieved by absolute quiet and monotony, and then an ordinary dose of opium, more than which ought never to be administered, produces calm, rest, and a joyful waking.

But it is when reconstruction is the immediate object of the remedies to be administered, that the importance of the digestive organs is most obvious. Mark the difference between two consumptive patients taking cod-liver oil. One, whose digestion has been carefully brought into a healthy state, swallows it in large quantities, at any time of day you please, complains of no inconvenience, enjoys life, and does credit to the doctor, laughs and grows fat. Another, in consequence very likely of some easily removeable cause, nauseates the smallest dose; if, in spite of instinctive repugnance, it is forced down, it gets rancid; fœtid painful eructations follow; and the patient not only gets no advantage from the drug, but is prevented by it from deriving the usual benefit from daily food; appetite is lost; and rapid emaciation shows how little construction is carried on. Remark, again, in continued fever, how the period of the restored renewal of the poisoned nervous system, which is announced by the ceasing of delirium, follows immediately on the clearing away of the dead epithelium from the mucous membrane—a beneficial change, of which I have taught you to see evidence in the moistened and cleaned tongue; whereas, till this change takes place, no step is made towards recovery. In both instances, the difference between one case and another, between the patient who is a credit and a joy to us and the patient who continues to wring our heart with anxiety, lies in the more or less vitality of the digestive mucous tract.

Thus, however sceptical we may profess ourselves as to the dependence of gout and rheumatism upon the digestive viscera, it is through those organs that we mostly try to reach the malady. It is through those organs that we endeavour to get our large doses of potash and our iodide of potassium into the blood. There are those who, in their treatment of these affections, rest more exclusively on the drugs named than you have seen me do; and to them, therefore, even still more than to me, should the integrity of the digestion be a care.

We must remember also that it is of no use to employ the best possible means of staying the morbid symptoms, unless the digestive organs assimilate sufficient material to replace that which is diseased, and which we are bestowing pains on the removing. We waste our labour in clearing away abnormal structure, if new does not take its place. This is too much forgotten by medical men when they use blood-letting, general or local, as a means of cure. They often starve their patient at the same time, thus intensifying and exaggerating all the harm likely to arise, increasing the anæmia, and still further depressing the nervous system. The truly rational plan is, when you take away old blood, to try and put in new; and, to that end, to get as much fresh food assimilated as possible. Thus the least harm is done, and the greatest good that the remedy is capable of. The neglect of this precaution is one of the causes of the bad repute, so much worse than it deserves, into which bleeding has fallen of l years. Those who would restore its good fame m be careful of their patient's digestion.

The digestive tract has not the advantage p sessed by the respiratory and by the upper part the urinary apparatus and other parts, of bei double. An animal has two lungs, two kidneys, t hemispheres to his brain, two testicles or ovaries, l only one stomach, and one intestinal canal. This a reason for great caution in preserving its integri and explains the powerful influence which deran ment of any one of its parts has not only over t whole tract, but over the whole body.

Illustrations
OF
HOSPITAL PRACTIC
METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

ON THE THERAPEUTICS OF ACUTE DROPSY.*

By James Russell, M.D., Physician to the Hospita

In commenting on the treatment of cases of ac dropsy which have fallen under my notice in the ab institution, I shall confine myself to those which ha run an uninterrupted course, unchequered by th serious accidents which, in many instances, form a la element in the malady.

The acute dropsy, as its name implies, may assu the character of an active disease, setting in with hi feverish reaction, whence it may hurry rapidly into t formidable complications of suppression of urine, e leptiform convulsions and coma, or inflammation o serous or of a solid organ. But although this descr tion undoubtedly applies to not a few cases, there many others, the majority in fact, to which it is qu inapplicable; and I cannot avoid thinking, that placing the essence of the disease in acute congestion the kidney, and adapting this hypothesis to every ca we shall commit an error in our pathology, and sh seriously vitiate our therapeutics by placing our m reliance upon remedies which may be even injurio and withdrawing our attention from others upon whi our main reliance should be placed.

In the more acute forms active measures will called for; local bleeding, counterirritants, digitalis, a other antiphlogistic remedies; but experience sho that there is a large and a highly important class cases in which the indications for such treatment c tainly do not exist, such as especially those presenti themselves in children, particularly after scarlet fev and also others which may occur at all ages and und various circumstances.

In these cases, great derangement in the functions the kidneys is equally the leading symptom, and cons tutes the chief source of danger; but the absence of a thing like a state of active congestion of these orga seems indicated by want of the symptoms usua attending that state. The record of many of the cas which form the subject of these remarks is striking deficient in evidence of active reaction, and not less in the early than in the subsequent stages of the m lady. In the account given of the commencement of t attack, the fever was often comparatively slight, shiv was more frequently absent than present, and pain the back was a very uncertain symptom. Vomiting ., indeed, more constant; and even when it had been irely absent, its intimate connection with the disease . indicated by the facility with which it was excited accidental occurrences; as by indiscreet exposure, lessened secretion, by imprudence in diet, or by ue severity in the use of cathartic medicines; and . tendency to vomit often seriously interfered with use of aperients, one of the most important class of edies in this disease. But still it is to be remarked ; the position held by the vomiting in the sequence vents was very uncertain, and that its urgency by no .ns corresponded with the severity of the particular .

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* The following remarks formed the substance of a paper read the Midland Medical Society.

ı one case œdema set in twenty-five days after let fever, and was followed in six days by bloody e; but no vomiting occurred till four days later, then soon ceased. In another case, there was no iting till ten days after the dropsy; in a third, with sharp fever, the patient only vomited once; whilst fourth, after very slight scarlet fever, œdema set in on seventeenth day, but vomiting was constant through- he intervening period, and lasted seven days after- s, although the dropsy speedily disappeared. Once , vomiting had been entirely absent till accidental sure to an open window during convalescence from lropsy gave rise to feverish irritation and to inces- vomiting, although no change appeared in the ty or quantity of the urine.

om these and other facts we must, I think, be led fer this symptom, in these and similar cases, to the ges in the blood which we know to be present, r than to inflammatory action going on in the eys.

ıust not, however, be supposed to assert that the lation of the kidney is not seriously affected; on ontrary, it is impossible to conceive of embarrass- of function, especially when suddenly inflicted, ut supposing corresponding embarrassment in the ation; and to such disturbance in the circulation of dneys we must attribute the presence of blood and umen in the urine. But in a very large number of we possess no evidence, at least so far as indica- for treatment are concerned, that such disorder of ation has assumed the form of active congestion. *post mortem* appearances, indeed, frequently indi- a tendency to rapid degeneration of the renal I have found the kidneys more or less anæmic, ntertubular capillaries and tufts empty, and the granular and containing fat. In a drawing now me, the section of the kidney differs in no appa- respect from another drawing of the large white , the non-desquamative disease of Johnson.

ong the phenomena of the disease, the impure ion of the blood holds the first place; it is the t change which occurs, and is the cause of the quent disturbance in the function of the kidneys; afterwards reinforced by the sudden infusion of nentitious matter, consequent upon the dimi- l action of the kidneys, it gives rise to most if not subsequent symptoms, and is the source of all rils to which the patient is exposed. Next in im- ce, as they are second in the order of events, rank grave disorders in the nutritive function; mani- themselves first in the blood, by destruction of s; and subsequently in the system at large, by nd often protracted debility, and by considerable, mes extreme, emaciation. In a child who has eft the hospital, the wasting rivalled that which in the last stage of phthisis.

se two particulars then, the state of the blood e condition of general nutrition, which seem most nent in the pathology of the malady, constitute ie basis of our therapeutics. The former indicates the means by which the kidneys are to be relieved, and by which the immediate dangers are to be averted; the latter, the nutritive disorder, will claim serious attention, in the first instance, as exposing the different organs to the injurious operation of poisonous agents, and will often long remain an important object of treatment, after the condition in which it originates has ceased to exist.

Among the various modes in which the blood may be poisoned, there are three which demand special attention in relation to the present subject: infection by one of the so-called morbid poisons; repression of the secretions; and the introduction of imperfectly digested food. There can scarcely be a doubt that all cases of acute dropsy, both those which follow scarlet fever or any other disease, and those occurring idiopathically, originate in one or other of these causes.

To take the case of the secondary dropsy after scarlet fever as the most common form of the disease, there seems every reason to believe that the fever, subsiding, leaves a remant of its poison in the blood; and that the poison is naturally attracted to the skin especially, and probably also to the kidneys, for the purpose of elimination. Hence any check to the free action of the skin, or any increase in the impurities already contained in the blood, particularly in the form of compounds, which the kidneys naturally excrete, whether through the imprudent use of stimulants, or through derangement in the function of digestion, overburdens the kidneys, and arrests their action, precisely as, in a further stage of the malady, the liver and bowels are rendered torpid. In conformity with this opinion, it is a fact of much significance that the outbreak of the dropsy is sometimes preceded or accompanied by a reappearance of one or other of the symptoms of the original fever, intimating thereby the continued presence of the poison, and an interruption to its elimination through the natural channels.

In a large proportion of cases of secondary dropsy, the preceding scarlet fever has been of a very mild type; in them, it is probable that the poison of the disease has been imperfectly eliminated. Moreover, what is more easily proved, precautions are soon intermitted, and exposure is incurred at a very early period. There are other cases in which the eruption and the fever have been fully developed; but, the throat not having been affected, recovery is sufficiently rapid to outstrip those other changes in the blood which are essential for perfect reestablishment of health, but of which the patient is not rendered sensible by his sensations. Here, again, exposure is too soon incurred, or imprudence in diet too soon permitted. Moreover, the practice among the poor of nursing their children during illness in their ordinary living-room—a practice admitted in the case of several of my patients—involves great risk of exposure even during the ordinary offices of illness. Of a few cases which I have carefully noted, the scarlet fever had been very mild in fifteen out of twenty-three; in two only was it severe. Exposure was admitted, or was exceedingly probable, in sixteen out of eighteen.

In this connexion, I would call attention to the very small amount of exposure which is sufficient to bring about mischievous consequences; for it is a capital fact in the pathology of the disease, that the blood, after scarlet fever, is exquisitely intolerant of any increase in its impurity; and the skin is equally sensitive to the operation of any influence adverse to its free action. In one of my patients, recovery was proceeding satisfactorily, when an open window in a lobby at some distance from her bed sufficed to cause a relapse, although the girl was kept at the time close in bed.

Imprudence in diet, and the injudicious use of stimulants, during recovery from scarlet fever, have also their share in producing the disease. But, after large deduction has been made in favour of the above mentioned causes, a certain proportion of cases of secondary dropsy (probably a small proportion) will remain in which we are compelled to infer that the dose of the original scarlet-fever poison was sufficiently large to produce the disease of itself, or that the kidney was predisposed to the disease by some infirmity. Such cases will take their place in the same category with those which occur in diphtheria, and occasionally in Asiatic cholera.

The practical inference from these observations has a very important bearing on the prevention of the disease. I need merely refer to the precautions which they suggest during the process of recovery from scarlet fever, and have only to impress the importance of determining the period through which our precautions should extend rather by number of days than by the apparent signs of health manifested by the patient.

The first indication—the purification of the blood, and what is included therein, the relief of the kidneys—will be effected mainly through the other secreting organs, chiefly the skin or the bowels. I have already expressed my conviction that careful discrimination must be exercised in selecting cases for the employment of depletion or lowering remedies. I would by no means deny the efficacy of local bleeding, dry cupping, counter-irritation, in particular cases. The embarrassment in the circulation of the kidneys, even when not active, may require such a relief. But I would urge that lowering measures, if needlessly employed, will defeat their own end. Under such circumstances, they must actually oppose the kidney in resuming its proper function, and must increase the tendency to degeneration. Moreover, they will seriously depress the already enfeebled powers, and still further impoverish the blood. The combined result of these effects will be greatly to endanger the occurrence of the severe accidents to which the patient is ever exposed.

Nor, on the other hand, does it seem admissible to employ the stronger diuretics; nor, indeed, in the early stages, diuretics of any kind. By acting upon the skin, and upon the bowels, we have a valuable and often all-sufficient means of relieving the kidneys; and it may be taken as a general rule, that the danger of any particular case will be in an inverse ratio to the freedom of the secretions, or, at least, to the readiness with which the secreting organs respond to our measures.

A strictly regulated temperature, with due regard to ventilation, is the first requisite. It is necessary perpetually to remind ourselves of the extreme sensitiveness of the secreting organs, and especially of the skin. One illustration I have already given. A little child brought to the hospital with acute dropsy, not of a severe character, died next day from collapse of the lungs, occasioned by a limited effusion within the chest, the result, no doubt, of exposure whilst she was carried to the house. Another of my patients opened his hospital career with thirty hours of suspension of urine, probably from the like cause. A little girl, under my friend Mr. Carter at the Dispensary, was taken out surreptitiously during the stage of convalescence from secondary dropsy. She became much worse during the night, and died on the following day, with symptoms of pneumonia and peritonitis. In a second case under the care of the same gentleman, a similar series of occurrences took place, though I was not informed of the exact mode of death.

For the purpose of restoring the free action of the skin, the most efficient means are to clothe the patient in flannel, and to keep him in bed between the blankets. Besides the immediate benefit resulting from this plan, in maintaining activity in the circulation of the skin, it materially promotes the efficiency of the hot-air bath—a most invaluable agent in the treatment. The patient often continues to perspire profusely through the whole night under the influence of the warm clothing. These remedies, being direct in their action, are more sure a powerful than diaphoretic medicines, which, besides, liable to the objection of creating nausea; whilst opi in the form of Dover's powder, will be absolutely m chievous, at least until the blood has been unloaded, the bowels have recovered from their torpor.

In the employment of purgatives, care is requis On the one hand, the indolent condition of the bow requires us to choose the stronger medicines of t class; on the other, whilst the object is rather to pu the blood than merely to empty the bowels, the ene of our measures must bear relation to the strength the patient. A little child was exposed to much suf ing, and her death was hastened, by excessive irritati with flatulent distension of the bowels, remaining a the action of one or two small doses of elaterium. W these precautions, it is often most striking to witn the relief from serious symptoms which sharp purg will frequently afford.

The measures to which I have referred must conti to receive constant attention whilst we endeavour fulfil the second indication—that of amending nutriti and improving the general health. The disorder of trition forms a leading feature in most cases, even fi the first. The earliest indication of its presence is treme languor, strikingly manifested in the bearing the patient; this is speedily succeeded by consider depression of strength, and by great feebleness of pu the appetite is lost; anæmia, often to an extreme deg appears early; and emaciation often proceeds to a considerable extent. A tendency to the deposit of p phates in the urine, which is apt to appear, is prob due simply to an independent change in the urine, f decomposition in the organic matter contained in fluid; just as a more usual deposit, that of uric aci caused simply by the precipitation of that acid, pre in its normal amount, through a change in the sol property of the urine; for it will be found that no ther deposit of uric acid can be obtained by chem means.

Now this state of anæmia and depressed nutrition not seem to bear any necessary relation either to th verity of the scarlet fever or to the urgency of the sy toms of the secondary attack itself; nor to the amou dropsy; nor is it always in relation with the discharg albumen. In one patient, the scarlet fever had been sl the dropsy inconsiderable, though general. The averaged fifty-three ounces, specific gravity 1012, e sive of what was passed with the stools; albumen ra from one-third to one-fourth for twenty-one days. anæmia was very prominent, and the emaciation gressive; convalescence was not fully established fifty days from the appearance of the dropsy. child, in whom the scarlatina was trifling, the dr slight and brief in its duration, the albumen in s quantity and disappearing on the thirteenth day, was obstinate vomiting, and the emaciation rivalled of the last stage of phthisis; it was sixty-eight day fore she was discharged. In a third case, with attack of scarlet fever, and the dropsical symp presenting a most favourable character, and with and considerable diminution in the amount of the men, the anæmia was prominent; and, though am ment was progressive, the boy did not leave the hos till the fifty-third day of treatment, the sixtieth o dropsy.

I think, then, that we must regard the state of blood as the main cause of the defect in nutrition probably must attach as much importance to the crease in the globules as to the drain of alb through the kidneys.

Were I to indicate the dangers special to the dis which depend upon this lowered condition of hea should mention failure of the heart's power, from combined operation of the poison and of faulty (the death of one of my patients was due to this ;e); collapse of the lungs from sudden though only lerate effusion within the chest—a condition well wn to be intimately related, especially in children, to amount of power possessed by the inspiratory muscles ave mentioned a death which was due to this acci- t); and increased liability to convulsion and coma, lainly evidenced in the chronic forms of uræmic and rninc poisoning.

he measures to be employed for restoring health a nutritious but plain and unstimulating diet, cod- oil, and tonics; and of the latter, the preparations on are principally indicated by the anæmia which is prominent a symptom. But, in employing these edies, especial care is required not to anticipate the od when the stomach is prepared for their reception; ose during the period of convalescence may be easily ed by an error in this particular. In one of my ents, where recovery seemed fully established, meat ordered on the fifteenth day, but occasioned vomit- which immediately ceased by the withdrawal of the ding aliment. In another boy, the symptoms were sually obstinate, when it was discovered that, through rror, he was taking meat; a more appropriate diet at ushered in convalescence. In a dispensary patient, very was proceeding satisfactorily, when a breakfast acon was followed by return of the dropsy, and by convulsions.

ic success which attends the tonic treatment will be rially influenced by the rapidity with which the rities are removed from the blood. Regeneration lood-cells is always a work of time, especially their destruction has resulted from poisonous cy. Much perseverance and constant attention to functions of digestion and secretion will be called and recovery will often be slow, even when not dis- ed by adverse circumstances. Nor is it merely the ral symptoms which continue: a considerable time elapses before the urine entirely loses its albumen its bloody tinge; and this even when severe local ptoms have not presented themselves. In a boy, very from the general symptoms was slow, but y; urine averaged fifty-three ounces, specific gravity ; albumen ranged from one-third to one-fourth for ty days, but had not left the urine till the seventy- day of the dropsy; nor had the urine quite lost its iness on that day. In a girl, whose general health been greatly depressed by the disease, the dropsy slight; urine averaged fifty-seven ounces, specific ty 1009 (not including that passed by stool); albu- never exceeded one-sixth (after the seventh day, she was first seen); but the urine was not per- free from blood till the fiftieth day. And in ner girl, with an inconsiderable amount of dropsical on, but advanced anæmia, it was seventy-eight before the urine finally regained its normal r.

RST CLASS HOSPITAL PATIENTS. This, indeed, was proved in the course of a discussion at the Medical and Chirurgical Society, a short time which followed the reading of a very interest- paper by one of the medical staff of the Hos- for Consumption at Brompton. It was stated that, ose who obtain relief at that institution, there are of the poor of London; they are, for the most part, e well-to-do portion of the community, who can to remunerate the struggling medical practitioner is professional services; and to any person who will the trouble of observing, more than twenty per of the females seeking relief there are expensively ed in silks and satins; and it is not unusual to ob- many driving there in pony phaetons and respect- roughams. (*Observer.*)

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON THE RELATION OF TEMPERAMENT AND COMPLEXION TO DISEASE.

By JOHN BEDDOE, B.A., M.D., Physician to the Bristol Royal Infirmary.

[*Read Feb.* 20*th*, 1862.]

I FIND myself in the difficulty, which is, I suppose, felt by everyone who attempts to treat briefly of an extensive subject, which is rather of a speculative than of a practical character. In fact, I have found it impossible to reduce the heads of my subject into regular and logical order, without trespassing more upon your time than I should feel justified in doing, particularly as it is one of my principal objects to draw from some of the experienced practitioners around me some of the results of their observations on the physiognomy of disease, and to learn whether they recognise any measure of truth in the popular doctrine of temperaments, and whether they think much that is useful for the diagnosis or prognosis of disease can be drawn from it.

I will begin, then, with a few words on the complexional characters assigned by ancient and modern writers to the several temperaments; and will thence proceed to discuss the current opinion that persons of certain complexions are more liable than others to particular diseases, and to lay before you some of my own observations on the subject.

In Cullen's opinion, the idea that there existed four principal varieties of temperament was probably gained at first by observation, and subsequently theorised upon, and adapted by the classical physicians to their conceptions of the four elements and the four humours. Dr. Prichard seems to have inclined to the same view: and to it I subscribe. It is favoured, I submit, by the fact that there are some discrepancies in the manner in which they severally reconciled these three orders of ideas. Hippocrates had worked out the connexion between the qualities of heat, dryness, coldness, and moisture, and the superabundance of particular humours, on the mixture of which latter his temperaments were founded. But he ascribes sloth and timidity to people of a bilious constitution, apparently from actual observation, whereas the hot and dry were naturally thought by Galen and his followers likely to be the most courageous of men.

These latter, again, take little notice of the four humours, and base their temperaments on the elementary qualities, the indications of which are followed out by Galen with great ingenuity. Observing, it would seem, that the natives of hot climates were mostly black-haired, while the barbarians of the cold north were light-complexioned, he ascribed black hair to heat and bile, and light to coldness and phlegm. But as heat, and courage, and hairiness, were supposed to go together, he was thus led into a dilemma, from which he extricated himself very ingeniously in the following passage:—

"For the Gauls and Germans, and all the Thracian and Scythian race, have their skins cold and moist, and therefore also soft, white, and hairless; but all their natural heat has betaken itself with the blood into their viscera, where being pent up, and agitated, and seething, it renders them courageous, daring, and rash of counsel; but in the Ethiopians and the Arabians, and all those, in fine, who dwell in the south, the skin is rendered dry, parched, hard, and black, by the fervency of the air that surrounds them, and by their own natural heat being driven to the surface, their whole body indeed obtaining a very small portion of natural caloric, but being warmed by what is external and acquired."

He is at considerable pains in other passages, to show that we must not diagnose the temperament of the entire body from the evidence afforded by a portion of it. Thus, he says, an aquiline nose and small eyes may be marks of a dry temperament, but this dryness need not extend to the entire organism. It is obvious from such passages as these, that his scheme was a much more complex one than that of the moderns, with whom temperament is "a particular state of the (*whole*) organism, characterised by the predominance of one or other system, of one or other species of functional activity." (Racle, *Des Diathèses.*)

I have collected from Paulus Ægineta the following descriptions of the four temperaments of the Galenists. It must be premised that the colour of the hair is mentioned by Paulus in connection with the qualities of the brain, not with those of the whole organism.

"People of the hot and moist temperament have soft, fleshy, rather hairy bodies; their hair is straight and yellowish, and does not soon fall off; they cannot endure long watching; they are prompt to action and to anger, but easily appeased.

"The cold and moist have narrow chests, hairless bodies, soft, white skins, feeble muscles, ill-formed joints, and invisible veins; their hair is lightish, especially in youth, and they do not become bald; the more marked the temperament the lighter is the hair.

"The hot and dry are very shaggy; the hair of their heads is of rapid growth, black, thick, strong, and curly, but they soon become bald; the veins and arteries are large, the pulse strong, the body, firm, muscular, and lean, the skin hard and dark; their excretions are small; they require little sleep; they are active, passionate, and implacable.

"Lastly, the cold and dry have a white skin, slender bodies, fine muscles, not without some fat; they have small joints, and little hair, and what they have is tawney," (here Paulus differs from the moderns, and also from the Arabians, who assign black hair to the fourth temperament.) "These are cowardly, low-spirited, and apprehensive."

The Arabian school acknowledged the existence of the four temperaments, which they based upon the prevalence of one or other of the four humours. Dr. Adams quotes from Rhazes the following concise description of their signs:—

"As for the complexion of the patient—you may know that if he has a white and ruddy colour, well-conditioned flesh, and a thin skin, which quickly reddens when you rub it, the material or humour is indicated to be sanguine. And if the body is fat and white, without ruddiness, and without hairs, with small veins, soft flesh, slender bones, and joints indistinctly marked, and the conformation generally resembles that of women, it appears that the material is phlegmatic. But if the body is lean and hairy, of a yellowish complexion, with large veins, and well marked joints, it shows that the material is choleric; and swarthiness of complexion, hardness of body, roughness and hairiness of skin, are signs that it is melancholic."

From the Arabians, according to Dr. Adams, our modern writers have taken their ideas on this subject. But considerable differences are observable in the accounts even of those who restrict themselves to the four original temperaments, and still greater among those who have attempted to improve upon the original scheme by adding to their number. Dr. Prichard's descriptions seem to me among the best I have met with, and his views have the merit of great distinctness and simplicity. He attributes great importance to the varieties of complexion and external character, of which he acknowledges principal ones—the fair, or xanthous; and the dark melanous. He identifies the sanguine temperan with the former, and the choleric with the latter, consi ing the phlegmatic to differ from the sanguine "by a full and perfect development of the structures esse to the vital functions," and the melancholic to be a constitution "bordering on disease," and bearin analogous relation to the choleric.

Other authors, again, have constructed system temperaments, in which the colour of the hair and is not taken into account, or at least is not consid physiognomic, and not made part of the definiti Thus, Bostock establishes five:—the sanguine, nervous, the tonic or fibrous, the muscular, and the laxed; and in his description of them, does not allude to the colour of the hair and eyes, or eve the skin. Racle, in his treatise on *Diatheses*, affor more favourable example of this class of writers. definitions appear to me pretty clear and accurate, s as they go. "A man has the sanguine temperam says he, "when he presents an exaggerated dev ment of the circulatory system, has veins and ries distinctly marked, and a lively coloration the skin; when he is plethoric, active, but little posed to disturbances (exaggerations) of the ner system."

"A woman has the nervous temperament, on the trary, when she is mobile, impressible, easily turne laughter or to weeping; when her powers can in t be easily depressed, or lend themselves to long painful labour."

Such a system as that of which I have just giv sample has the disadvantage that it gives little assist towards diagnosing by the eye alone the temperam of a patient. It is in appealing so directly to vi characters that the more usual system promises t more profitable to practical medicine. I fear, how that it would be impossible so to develope it as to re it applicable to the whole human race, so nume would be the exceptions we should have to make. certainly, all negroes are not choleric, spite of t black and curly hair, and yellow conjunctivæ; nor all Chinamen melancholic, nor all American Indi though in the latter variety of man that temperame probably the prevailing one. When we come ne home exceptions to Dr. Prichard's rules are per less common. Thus, the mental, and probably the stitutional characteristics of the melancholic tem ament, are more common among the dark-haired W and Irish than in our own comparatively fair race; b the other hand, some light-complexioned Welshmer in other respects perfect examples of this type. S tribes at least of the ancient Gauls and Germans described as having had the external characteristic the sanguine temperament, including light hair and eyes; and their patience of cold, their impatienc heat and of continuous labour, their levity, their rec and chivalrous courage, go far to prove that in their there was a thorough correspondence between the ternal aspect and the moral and physical constitu The influences of civilisation have probably tende degrade the physique of the northern Germans, are now for the most part lymphatic rather than guine in constitution. And accordingly, whereas sanguineo-xanthous variety of mankind unquestion bears cold better than any other, it was found by B Larrey, that in the campaign of Moscow the Gern and Dutch suffered more severely than the French Italians.

The numerous tribes of the Finnish stock vary siderably in the colour of their hair, which in s tribes is black, and in others red, but it is always stra and their complexion is dusky. They appear to have same temperament everywhere, if we may judge

n other indications, namely, melancholic verging to-
ds phlegmatic.

Iere I may mention a curious fact relating to the
tlanders. They are, as is well known, a generally
race, of Norwegian origin; but among them are
ıy dark-complexioned individuals, who are apt to
sent the Finnish type of countenance—a flattish face,
ıd cheek bones, and coarse, lank, dark hair. Now,
notorious in Edinburgh, that the Shetlanders are
subject to nervous diseases; but Dr. William
ertson, a very acute and accurate observer, once re-
ked to me that the most numerous and most obsti-
hypochondriacs among them were of the dark type;
my own limited observations went to confirm this
ement.

n the whole, I think we should be content to forego
use of chromatic characters as pathognomonic signs
mperament; still using them, however, as subordi-
aids in forming a diagnosis. We might then
ribe the sanguine temperament, as it occurs in this
ıtry, as accompanied by a clear and ruddy com-
ion, with eyes and hair generally light, but often of
r colours. I have known fine examples of the san-
e temperament who had black eyes and hair, and
ombination of hazel eyes with brown hair is very
mon.

ypical lymphatics have a complexion either pale or
w, with straight hair, either light, red, or of a dull,
brown.

the bilious or fibrous temperament, the skin and
are most often dark, the eyes dark-grey or
n.

the melancholic, the complexion is swarthy, yel-
h, or pale, with straight hair, usually dark, and
black.

come now to my own observations on the influence
lour on disease, or rather on the mode of their as-
tion. I have been led to make them in order to
e the facilities I had acquired by having examined
olour of the hair and eyes in the general and in the
ital population of Bristol and other places, for
ological purposes. I have thus been enabled to
ıre tables exhibiting the proportions in which the
ent hues of the iris and the hair occur—firstly,
e general hospital population of Bristol; secondly,
e hospital population, or in- and out-patients of the
itals and dispensaries there; thirdly, in cases of
isis observed by me in the same place; fourthly,
ases of carcinoma observed in several parts of
and and Scotland; and fifthly, in the insane popu-
ı of Morningside Asylum, near Edinburgh.

E EXHIBITING THE COLOUR OF THE EYES AND HAIR
N THE UNDERMENTIONED CLASSES OF PERSONS.

Eyes Light.

	Number. observed.	Hair. Red.	Fair.	Brown.	Dark.	Black.
al population stol)	5000	2.5	12.1	28.2	12.7	.6
tal population stol)	1600	3.	10.6	24.4	15.	.5
sical (Bristol) ..	166	3.	12.	21.6	17.	
rous (various es)	66	3.8	6.8	26.5	9.9	3.
e (Morningside, Edinburgh)....	156	2.2	12.	37.3	12.2	.3

Eyes Neutral.

	Number. observed.	Hair. Red.	Fair.	Brown.	Dark.	Black.
al population stol)	5000	.5	1.3	4.8	5.5	.5
tal population stol)	1600	.3	1.5	6.	7.2	.7
sical (Bristol) ..	166		.6	6.	6.	1.2
rous (various cs)	66			2.3	11.3	1.5
e (Morningside, Edinburgh)....	156		.6	5.	5.5	.6

Eyes Dark.

	Number. observed.	Hair. Red.	Fair.	Brown.	Dark.	Black.
General population (Bristol)	5000	.8	.8	6.4	20.2	3.2
Hospital population (Bristol)	1600	.5	.8	7.2	18.7	3.6
Phthisical (Bristol) ..	166	.6	.6	3.5	19.5	8.4
Cancerous (various places)	66			.8	25.	7.6
Insane (Morningside, near Edinburgh)....	156		.6	4.	13.7	6.

These tables do not tend to bear out the rather widely diffused and popular idea that light-haired and light-eyed people are on the whole more subject to disease than others. In fact, the correspondence observed between the proportions of the several combinations of colour in the general and in the out-patient population, is close enough to provoke the suspicion that further observations might prove them to be identical. I am disposed, however, to believe that the slight advantage which my tables indicate in favour of the combination of blue or grey eyes with brown, or, as the French call it, chestnut hair, is real and substantial. Theoretically, one would be inclined to expect that as a medium temperament is acknowledged to be the best, so a complexion neither dark nor very fair would be preferable to either extreme: and the combination I have mentioned may be allowed this advantage, though of the two it approaches nearer to the fair than to the dark end of the scale. Again, the fact of its being the most common in most parts of the British islands, also affords a presumption in its favour, as the one best adapted to the climate.

It used to be said that struma was a disease of the fair-haired temperaments; but in our times that opinion has been modified by more careful observation. There is more difficulty in deciding the point as to the external forms of scrofulous disease than as to pulmonary tuberculosis, for the obvious reason that the former occur principally in children, who have not yet assumed their permanent complexional characters, and for whom it is more difficult to get a standard of comparison. Rilliet and Barthez found dark hair more common among tuberculous than among healthy children. Mr. Barwell, who, in his recent volume on *Diseases of the Joints*, enters minutely into the physiognomy of scrofula, says that in both of the two usual types the colour may be either dark or light; but that in the second, the torpid or phlegmatic type, the hair is usually either dark or of a disagreeable red. He also says that "as many cases and more intractable forms of struma occur in individuals with thick swarthy complexions and coarse dark hair, as in those with fine light hair and blue eyes." In all these statements I am disposed to agree. It is my impression that red hair is particularly common in strumous children.

As to pulmonary phthisis, I can speak more decidedly. The table I submit confirms my previously published observations on this point, showing that persons with black hair are most liable to consumption, and those with brown hair least so. The most perilous of all combinations appears to me to be that of dark eyes and hair with a thin skin and fine complexion.

Some doubt seems to hang over the relation or antagonism between cancer and scrofula or tubercle. The pathological observations of Dr. Sibley, made in the fertile field of the Middlesex Hospital, go to prove that the coexistence of the two is not so rare as we have been accustomed to believe. Dr. Christison is of opinion that persons of scrofulous diathesis are peculiarly liable to malignant disease in advanced life. My own observations neither confirm nor absolutely contradict this idea. They shew that black-haired people are particularly obnoxious to this frightful form of disease. Next to them come those with dark-brown hair, and then probably those with red; but the numbers are not large enough to enable me to speak positively. Brown and fair hair enjoy a comparative exemption.

Skin-diseases, as a class, select especially children and adults with a thin skin and light complexion; but are more obstinate, *cæteris paribus*, where the skin is thick, coarse, and dark. Lupus, for example, is rare, except in fair complexions.* Erysipelas, eczema, pemphigus, all appear to affect by preference the delicate and thin skin of the sanguine temperament; and I think the same may be said of psoriasis. Whether such diseases as spedalkshed and pellagra evince any such preference, I have not been able to ascertain; perhaps not, as the skin affection plays in them an important part indeed, but does not in itself constitute the disease. But it may be worth mentioning, that the Cagots, a pariah race in the south-west of France, who were for centuries branded as hereditary lepers, are described as of handsome countenance, with fair white skins.

My own observation, which in that department is however of course very circumscribed, would lead me to say that syphilis is disproportionately common among people of sanguine temperament. If this be true, the cause is probably a moral one; viz., the reckless and passionate character that is so prevalent among men of this type. Similarly, an explanation for the supposed prevalence of the arthritic diathesis among them, might be sought in moral and dietetic rather than constitutional failings. Of the few diabetics I have observed, most have been fair, and several red-haired; and I am decidedly of opinion that spirit-drinking is an important predisposing cause of this obscure disease.

I cannot say much as to the connection between the colour of the iris and the diseases of the eye, which one would naturally expect to be manifest. Mr. Wilde has made very extensive observations on this subject; and I hope he will some day favour us with his conclusions. I gather from his statistics, that iritis and cataract are both somewhat more common in eyes that have much pigment than in such as are grey or blue.†

Lastly, I come to mental diseases; and here my comparatively limited opportunities led me independently to the same conclusions which Dr. Prichard based on his extended experience. I will therefore quote his dicta. "The choleric and sanguine," he says, "when affected by disease of the nervous system, have complaints of greater violence and acuteness: mania or raving madness belongs particularly, according to the observations of M. Esquirol and many others, to these constitutions. The melancholic temperament is most prone to monomania, attended with depression and melancholy illusions. Hypochondriasis much more frequently affects the phlegmatic and melancholic; the most severe cases I have observed, and those which approached most nearly to the character of melancholia, have certainly occurred in individuals of a dark leaden complexion, fixed and sullen aspect, and lank coal-black hair."

To this, I have little to add, except that it accords also with the opinions of the superintendent of the large lunatic asylum at Prague, an observant physician, whose name I regret having forgotten.

The connection between epilepsy and melancholia has been acknowledged ever since Hippocrates affirmed it. It seems to extend to the complexion of the sufferers, among whom I have observed lank black hair to be particularly common.

SOUTH-EASTERN BRANCH: ROCHESTER, MAIDSTONE, GRAVESEND, DARTFORD DISTRICT MEETINGS.

ON A PECULIAR CASE OF VARIOLA.

By C. L. Allwork, Esq., Maidstone.

[*Read March 28th*, 1862.]

The following case came under my observation in month of May, 1855; and, as it possesses interes showing the effect of mercury in modifying an atta variola, I have thought it worth recording. I ough state that I report it from memory; but the cir stances made so great an impression on my mind, I can vouch for the truthfulness of the narrativ would premise that small-pox was prevalent in M stone at the time when it occurred.

C. T., of middle age, a chemist and druggist, been unwell some days; and, thinking his indispos arose from biliary derangement, had taken suffi mercury to produce ptyalism, from which he was s ing at the time I saw him.

After experiencing the usual premonitory symp of variola of forty-eight hours duration—viz., ri lassitude, headache, vomiting, pain in the back, general febrile disturbance—a papular eruption its appearance, first on the forehead and wrists, then more or less over the whole body. As soon as took place, the feverish symptoms subsided, and h much relieved. On my opinion being communicat him that he was suffering from small-pox, he manif much anxiety, and told me that he had always e tained a great horror of the complaint, and had d mined, if ever he should be unfortunate enoug be the subject of it, to have the first advice he coul for his relief. Accordingly, a friend was despatch London, to secure the services of Dr. Munk, phys to the Small-pox Hospital. This gentleman pron attended; and, after making a careful examinati the patient, coincided with me as to the nature o complaint, and expressed his opinion that it would bably be a sharp attack of modified variola (he had vaccinated, cicatrices being plainly visible). In order he might have the opportunity of seeing him again next day, the doctor remained in the town that n and, on our visit the next morning, we found our pa had passed a tolerable night, that the papulæ larger, and that he was going on satisfactorily. same conditions were observed by me on my even visit, and also the following morning. Towards afternoon and evening of this day, however, I found papulæ began to decrease in size, and by the morning they had degenerated into mere maculæ. this arose an unfavourable condition of the patient Dr. Munk was again summoned; headache, intoler of light and sound, indisposition to be disturbed, fuse perspiration, and great prostration, being the minent symptoms. Bark and acid, with support in shape of wine and beef-tea, were administered. I not recall to mind the successive changes from d day. Suffice it to state that his progress to reco was slow; the system had evidently received a siderable shock, for which time was required to re itself.

I may state that Dr. Munk felt great interest in case at the time, and searched the records of the Sm pox Hospital, but could find no mention of any a gous case. He believed it to be one of variola, short in the papular stage by the system being u the influence of mercury, at the same time protecte a certain extent by the prior vaccination.

Remarks. That this was a case of variola canno doubted. Small-pox was rife in the town. The i position he suffered for some days before the prem symptoms set in, and which the patient supposed e owing to biliary derangement, were doubtless due ie disease incubating. Then, the nature of the pre- itory symptoms—viz., rigors, lassitude, vomiting, lache, pain in the back, and general febrile symp- s, and the relief afforded when the papular eruption e its appearance—clearly show the nature of the idy. Then comes the question, What part did the ury take in arresting the progress of the eruption? know very well the effect this mineral has in iteracting the poison of syphilis: why not of vario- poison? We also know that mercury is a de- sing agent; and, in this case, that tendency was ly manifested by the lowered state of the vital rs. Now, supposing we should ever have the rtunity of diagnosing a case of variola in the stage icubation, should we be justified in administering ury with a view of arresting the progress of the in its papular stage? Taking the foregoing ex- e as a precedent, I think, by pursuing such a course, hould be committing a great error. Here was a in the middle period of life, of temperate habits, of able power, suffering from symptoms of an alarm- haracter, due in a great measure to mercury, and ne placed under less favourable circumstances t have terminated fatally. The subject, however, e of great interest; and I am anxious to learn of iembers present their opinion on the matter.

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* Professor Hebra, of Vienna, told me that he had seen several cases of discoloration from the internal use of nitrate of silver; but that they were all in people with fair skins and light or red hair.

† In confirmation of this statement, Mr. Prichard informs me that, among his ophthalmic patients, he has observed the dark iris to concur more often comparatively with internal, and the light with external disease.

INISCENCES OF THREE FATAL CASES OF TRAUMATIC TETANUS.

By Adam Martin, M.D., Rochester.

[*Read March 28th*, 1862.]

27th, 1828. The first case occurred in the person baker and confectioner, of middle age, temperate s, and rather delicate constitution. While he was ig down Chatham Hill on his cart, the wheel slipped nly off, and he was thrown with great violence on flints which had been recently spread on the road. lling, the palm of both hands was considerably ited; the skin over one of the patellæ was cut to one; the skin over the chin was also cut and ited; and there was a discharge of blood from the ear. I saw him soon after the accident, and ed the wounds, after removing several splinters of from the one on the chin. All went on satisfac- until the morning of the ninth day, when he be- o feel a degree of stiffness in the muscles of the nd neck. The above symptoms, and a peculiarly l expression of countenance, indicated very clearly was about to happen. I sent for my friend, the r. Smith of Maidstone, who arrived about 4 o'clock, The poor patient had had several very severe s of opisthotonos before the doctor came, after the paroxysms became more frequent and more , until four o'clock on the following morning, he expired, after being about three hours quite ose.

e treatment in this case was the warm bath and ful opiates.

e second case occurred in the person of a young iy farmer, residing in the neighbourhood of Rain- In the summer of 1832, while loading a pistol, owder exploded, and the ramrod entered the palm e right hand, near the carpus, and tore the flesh kin open to the tip of the ring-finger. He was led by a medical gentleman, who dressed the l soon after the accident, and continued to attend intil the sixteenth day after the injury, when I alled in. I found, on inquiry, that he had been l with stiffness of the jaw and neck on the twelfth fter the accident; and that these symptoms were followed by paroxysms of opisthotonos, which returned every three, four, or five hours. On examination of the wound, I found a piece of the ramrod, about an inch and a half, imbedded in it, and in contact with the tendon. I ordered a hot bath, a poultice to the wound, an opiate at bedtime, and a calomel purgative in the morning. On the following day, he appeared in every respect much in the same state as at my former visit. He had had some sleep, and several very severe paroxysms. The pulse was rapid. The muscles of the jaw, neck, back, and abdomen, felt rigid and hard. I cupped him over the lower cervical and middle dorsal vertebræ, and ordered the anodyne to be repeated, and a tonic mixture to be taken every four hours, and the calomel purgative when necessary. From this date the paroxysms became less frequent and less severe, and ceased on the ninth day of my attendance, and did not return again until the middle of the night of the fourteenth, when he was aroused from his sleep with a most frightful one, which proved fatal in less than an hour. Death took place in this case on the thirtieth day after the accident, and on the eighteenth after the first appearance of the disease.

On a careful examination of the body thirty-four hours after death, I could discover no disease, with the exception of a highly congested state of the lungs, brain, and spinal marrow, especially of the latter.

The third case occurred in the autumn of 1832, at Otterham Quay, in the person of a strong middle aged labourer, who had been employed for some time in unloading wood from a barge. He had enjoyed good health until the evening of the day on which I saw him, when he began to feel a difficulty in opening his mouth, and stiffness in the muscles of the neck, which had been gradually increasing during the day until I visited him in the evening, when I found him walking about before the door, complaining of no pain, only of the stiffness. On examining the hands, I found a very small splinter of wood, surrounded by pus, under one of the thumbnails. He was not sensible of having received any injury, and therefore could not tell me how long the splinter had been in the thumb. I removed the splinter, and ordered a warm bath, and poultices to the hand, He was seized very soon after I left him with a severe attack of opisthotonos, which returned in quick succession until he died, about three o'clock on the following morning, without having used the warm bath, or taken any medicine.

CASE OF TRAUMATIC TETANUS: RECOVERY.

By Frederick J. Brown, M.D., Rochester.

[*Read March 28th*, 1862.]

The following is the case of Emma C., aged 28, of Chatham, a single woman, seen by me for the first time on July 4th, 1861. On June 22nd, she wounded her left hand by a fork. The wound was in the web of the thumb, on its dorsal aspect, close to the proximal joint of the index finger. The wound healed, and left a soft cicatrix, which was scarcely visible.

Trismus set in on July 2nd, but was lightly regarded by the patient. This was the eleventh day since the accident, counting by the Roman method. Two days later—namely, on July 4th—in the evening, tetanus occurred suddenly in the form of opisthotonos. When I arrived at the house, the patient was in bed, complaining of a suffocating sensation, and pain extending from the pubes to the throat. Speaking induced spasms of the muscles. The mouth could with difficulty be opened half-way. There were red papillæ on the tip of the tongue. The pulse was slow.

The treatment ordered was as follows:—brandy in milk; five minims of Fleming's tincture of aconite, with two grains of iodide of potassium, every two hours; and half a drop of croton oil every four hours; and a turpentine liniment to be rubbed over the spine and front of the body.

July 5th. The report was that the patient had suffered from spasms all night. I found her in a state of collapse—namely, the pulse small, weak, and flickering; skin cold and mahogany-coloured; eyes sunken and fixed. The bowels were loose, and there had been one act of vomiting, which nearly caused suffocation. The respiration was jerking. She had taken three drops of croton oil, and had vomited the last dose. She had only taken two doses of the aconite mixture. She was ordered to omit the croton oil, but to take the mixture, and to have half an ounce of brandy every hour.

Evening report. The skin was warm and perspiring; the pulse full and steady; the respiration was less jerking: the abdominal muscles were hard and tense; there was a sensation of tightness in the hips and in the arms. She had had fewer spasms through the day.

July 6th. Next day, I found that she had passed a quiet night by lying motionless; for the least movement induced spasms. The pulse was steady, 96.

Evening report. There were spasms during the last three or four hours, even when the patient was lying motionless. The eyes were fixed and the forehead corrugated; the skin was cold; the pulse was weak. The muscles of the chest were affected.

July 7th. The patient had passed a quiet night. The aconite mixture was omitted. I ordered chloroform mixture, half a drachm in six ounces of spirit and water; also, of croton oil, one dose (half a drop); also, blue ointment to be applied to the epigastrium.

Evening report. The spasms came on at 4 P.M. There was jerking spasmodic action of the abdominal muscles. The pulse was 80. The bowels had not operated. She vomited some beer that was given her.

July 8th. She passed a very bad night, having had frequent convulsive jerkings. The bowels acted twice through the night.

Evening report. She was quieter during the latter part of the day. Sweating at present.

July 9th. She passed the night as usual, not being at rest for longer than fifteen minutes at one time. The spasms were mostly confined to the abdominal muscles, but there were some in the legs. The patient had taken some beef-tea and arrowroot.

Evening report. The sweating continued; countenance improved. There had been an improvement in the features during the last two days.

July 10th. The spasms were less intense.

July 12th. The patient had improved. The left side of the body was now affected to a greater degree than the opposite. The left thumb and hand (the wounded hand) were affected by tonic contraction.

July 13th. She complained of urgent sense of tiredness. India-rubber plugs were used to save the tongue from being injured by the convulsive movements of the jaw; the tongue was already sore from having been thrust out and bitten.

Evening report. The patient was seized at 4 P.M. with cold sweats, and she appeared to be dying. This was the tenth day, counting from the date of the opisthotonos. The left hand was drawn forcibly to one side. A belladonna plaster was applied to the epigastrium, and a liniment was used to the hand. The liniment consisted of belladonna, morphia, and camphor.

July 14th. She passed a better night, having rallied before midnight. She was better to-day. An addition of chloroform was made to the liniment. She regularly took the chloroform mixture, also the brandy and a small quantity of beef-tea. She took twelve ounces of brandy in the twenty-four hours.

July 15th. She passed a better night, sleeping for periods of half an hour, when she would be disturbed by spasms.

July 16th. The patient was better. The pulse had suddenly risen to 116, and had become rod-like strong.

July 17th. The pulse maintained the same char There were no general spasms now, but she suf from cramp. The left hand was better. The pa expressed herself as feeling much better.

July 18th. She had much cramp in the night continued to feel well. The cramps had replace spasms entirely.

July 20th. The patient was improving.

July 26th. There was considerable improvemen

July 29th. The patient was able to eat fish.

August 5th. The patient was sitting up in her This was the thirty-third day, counting from the se of the opisthotonos.

The patient at this time and for several days suffered from cramp; but her recovery was not ret by their occurrence.

[N.B.—The father of the patient, when a young had lock-jaw after the extraction of a tooth.]

The following is a tabular view of the principal in this case. The wound in the hand was receiv June 22nd; and the trismus appeared on the ele day—July 2nd.

Date.	Day of trismus.	Day of general tetanus.	
July 4	3	1	Opisthotonos.
July 5	4	2	Collapse succeeded by sweating.
July 6	5	3	Exacerbation about 4 P.M., wh curred daily more or less.
July 7	6	4	Improvement of the features.
July 12	11	9	Left side of the body markedly a and the left or wounded hand forcibly aside.
July 13	12	10	Collapse. Local treatment wounded part.
July 14	13	11	Amelioration of symptoms.
July 16	15	13	Pulse 116, and rod-like.
July 17	16	14	Cessation of general spasms.
July 26	25	23	Considerable improvement.
July 29	28	26	Able to eat fish.
Aug. 5	35	33	Sitting up, feeling well, but exp ing cramps.

She suffered from cramps for many days quently. Upon this, I would remark that cram pears to be a minor degree of tetanus, just as the are a minor degree of chorea, and as the vapours minor degree of hypochondriasis.

A FEW REMARKS ON FOREIGN BODIES IN THE W PIPE: WITH A CASE.

By JOHN ARMSTRONG, M.D., Gravesend.

[*Read March 28th*, 1862.]

AMONG the numerous accidents which require d and skill on the part of the surgeon, probably few imperatively demand them than those of foreign in the larynx and trachea. Take, for instance, the most frequent of these occurrences. A man eating his dinner, suddenly becomes wild in his ments, his eyes bolting out of his head; he speak, and, unless relieved, is dead in a few m What has happened? A piece of meat has got the epiglottis, and partly into the larynx, and suff him. Two cases of this kind came under my both were fatal, although in one instance two su arrived; one while the patient was alive, but who possess the above qualities; the other after the was dead. The *post mortem* examination sho large lump of meat in the situation named, w finger would have removed; or, if not, laryng would have saved the man's life. Occasional foreign body is smaller in some of its axes t others, and the patient presents the peculiar char ıe moment being in excellent spirits, and the inute struggling for life. Occasionally the body is fixed in the upper part of the tube, se to symptoms like croup, and so much so as ve the medical attendant. I well remember a man asking me some years ago to see a case ı, which he said was croup. He had leeched, , etc.; but all to no purpose. I learned, on hat the distress of breathing had come on sud- ıd that the child (about two years old) had had of earthenware in its mouth, which had disap- I suggested that probably this had got into the ; and that under any circumstances, even if it up, laryngotomy would give the child the little ıg chance for its life; if it should prove to arise presence of a foreign body, it would probably child's life. Neither parents nor medical man ear of the operation, and the child died almost that night. I examined the windpipe, and m the upper part of the larynx the veritable earthenware.

ase of the late Mr. Brunel is fresh in our s, because of its peculiarities and happy termi- and I am desirous of presenting to the Society great interest which has occurred in my prac- which has also some peculiarities, and ended in recovery.

8th, 1862, 8 P.M., I was hastily summoned into try to a boy, W. F., aged 10, supposed to be om a bean having entered his windpipe. The iven was, that on the day before he had a bean outh, and he set off to run with another boy, bean slipped down, and he appeared as if he strangled. This state of things subsided; and rank, and even sang; so that nothing was done. 8th, he was seized with such difficulty of g, that they thought he would be dead before I t to him. I found him greatly distressed; his minent; countenance livid; and breathing very His pulse was feeble and slow, and his sur- l. I performed laryngotomy. The body was lled, although a violent fit of coughing occurred pening of the larynx. The effect of the opera- very satisfactory, and the boy was greatly re- A cannula was fixed in the opening. In the e cannula escaped from the opening, and, some e afterwards, the distress of breathing returned. n early next morning, and enlarged the open- nding it fairly into the trachea. By means of and such means as I possessed, I endeavoured old of the bean, but unsuccessfully. By the of the father's master, a worthy clergyman, Mr. rling was requested to meet me; and I re- him to bring any suitable contrivance he had for ld of the foreign body. Meantime, the effect of rgement of the opening was most satisfactory. s countenance, skin, and feelings were amazingly l; so much so that, when Mr. Curling, myself, arrived, Mr. Curling had obviously some doubts I had not made a mistake. The examination hest showed that there was little air going into t side, and that there was a peculiar cooing, sound over the right bronchus. The boy was t of bed; and then the difficulty of breathing, peculiar cough, returned, removing all doubts presence of a foreign body in the windpipe. ing resolved to try and seize the bean, and re- and, having obtained from Messrs. Weiss these genious forceps (which I have, through the of Messrs. Weiss, the pleasure of placing be-), proceeded to do so. The opening I had s found sufficient to admit the forceps; and Mr. with great expertness, passed them down imes, on each occasion bringing up a portion of t last he brought up the principal part of the outer covering of the bean; a violent cough followed; and through the mouth and opening in the trachea the rest of the bean was expelled. The boy was put to bed; tepid-water dressing used; a little diaphoretic mixture. No bad symptoms arose; the wound healed, the voice returned, and in about ten days the boy was quite well; except a small part of the wound, which was unhealed.

FOREIGN BODY EJECTED FROM THE BRONCHUS TWENTY-THREE WEEKS AFTER ADMISSION.

By S. Monckton, M.D., Maidstone.

[*Read March 28th*, 1862.]

J. B., aged 7 years, an artisan's child living in Maidstone, was brought to the West Kent Infirmary on October 3rd, 1862, in a state of extreme dyspnœa, quite unable to stand or speak, blue, cold, and evidently on the very verge of death by suffocation. At the first glance, the child might have been in the last stage of croup, the noise of which was closely simulated; or suffering from urgent reflex or irritative laryngeal spasms. After desiring the tracheotomy trochar to be laid at hand immediately, the next step was to inquire as to what preceded his present state. It appeared that the day before, on returning from an infant school at noon, he told his mother he had swallowed half a nutshell, which "had made him bad" for a few minutes. He seemed, however, all right while narrating the occurrence, and continued so, with the exception of one choking fit in the evening, till next morning at ten, when, being seized with alarming symptoms of cough and suffocation, he was hurried off in a neighbour's arms to the infirmary. By allowing him to lie perfectly still for a few minutes, the child improved a little; and, after two hours perfect rest in bed, the breathing became almost natural. He spoke clearly, and air entered and permeated both lungs. Under such circumstances, and entertaining some doubt as to whether the bygone spasms might not have had an extrabronchial origin (for no one had seen him swallow the nutshell), I declined to open the windpipe. He was put to bed in a small ward, and constantly watched. Next day the breathing was almost natural; he had very slight cough and expectoration; he could eat, drink, and sleep. The senior surgeon practised a few manœuvres to dislodge any foreign body, but without result. He concurred with me in deeming an operation not required.

The boy remained in hospital six weeks. During the first three, he suffered what might have been an attack of idiopathic bronchitis of moderate severity. The râle and respiration were just the same in the two lungs. Commonly, but not always, there was a distinct flapping or vibration to be heard between the scapulæ during expiration and inspiration. At the end of six weeks, though rather thin and not quite right, he was well enough to go home, which he did, with orders to return regularly for inspection once a week. Nothing particular was reported or discovered at these visits; the vibratory sound was heard occasionally, but after another six weeks disappeared, or, at all events, ceased to happen to be detected. It then became difficult, from the absence of illness about the boy, to make him attend regularly; but, on the 15th of March, his mother appeared with the half-nutshell in her hand, which he had suddenly expectorated without difficulty or accident the night before, twenty-three weeks after its introduction.

[Dr. Monckton produced the nutshell, which appeared rather less than half of the entire shell of a long filbert-shaped nut, but little changed, except a slight rounding off of the broken edges. He went on to say that the chief interest about the case to the meeting would be found in the contrast it presented, especially in its treatment, to that so ably described to them by

Dr. Armstrong. He did not at all intend to propose for general adoption a merely expectant management in these very urgent cases; but he did suggest that the bare fact of a foreign body being strongly presumed to be within the air-passages need not, as a matter of course, lead on to operative interference. The following points, among others, would tend to justify the expectant system in a given case, supposing that urgency which usually attends their commencement to have passed away. Firstly, the body being tolerably innocent in shape and material; secondly, its being sufficiently loose not to press upon or ulcerate the mucous membrane—not impacted, that is to say; thirdly, not sufficiently light and mobile to be perpetually ascending into the larynx; and fourthly, pretty easy access on the part of the patient to surgical aid in the event of suffocative symptoms coming on.]

Reviews and Notices.

Public Health in Relation to Air and Water. By W. T. Gairdner, M.D.; Fellow of the Royal College of Physicians, Edinburgh, etc. Pp. 369. Edinburgh: 1862.

The greater part of this book consists of lectures delivered by Dr. Gairdner to a mixed professional and popular audience; his objects being to instruct his medical pupils in some of the principles of sanitary science, and to endeavour to establish "a cordial understanding between the medical profession and the public in this matter of public health."

The lectures are seven in number: of them, the first is introductory; the second treats of Air and Water as Sanitary Agents; the third, of Impure Air; the fourth, of Scanty Water; the fifth, of Impure Water; the sixth, of Drainage and Sewerage; and the last, of Sanitary Organisation. Appended to the lectures are copious statistical and other notes, occupying above eighty pages of the book.

Dr. Gairdner has, as would be expected, treated his subject with special reference to the sanitary condition of Edinburgh; but not exclusively so, for the doctrines laid down in his lectures are so expressed as to be capable of general application. We do not propose to enter on a formal analysis of the work; but, *en passant*, we may notice that the author adopts the theory of the diffusion of cholera and other zymotic diseases by means of water, adducing as proof the remarkable observations made by Dr. Snow on the connection of the notorious Broad Street pump with the spread of cholera in 1854.

In the lecture on Sanitary Organisation, Dr. Gairdner pleads for a combination of legislative and voluntary action. We must have, he says (speaking of Scotland), "*an authorised sanitary inspection;* and we must have it, to a certain extent at least, *under medical superintendence.*" That is to say, he would have a measure similar to our Metropolis Management Act introduced into Scotland. At the same time, he does not desire the exclusion of "voluntary and less systematic agencies from this good work." Private and personal influence, directed towards instruction in sanitary matters may, he thinks, be usefully exercised by the official inspectors, by women, and by those engaged in the religious and moral instruction of the people. This
combination of the compulsory with the vo
which he advocates is highly judicious.
struction and persuasion do all that they ca
if they can do all that is desired, so mu
better: but, until the public mind is tho
awakened to the importance of attention
main facts of sanitary science, means must b
to preserve men, even against their will, fr
necessary perils and dangers.

The greatest credit is due to Dr. Gairdner
attempt he has made to indoctrinate his coun
with the importance of attending to public
as well as for the manner in which he has
carried out his endeavours. The fame of th
burgh school, in all departments of the heal
has been deservedly great: and this fame w
by no means diminished, if it assumed a
eminence in that most noble branch of med
the preservation of health and the preven
disease. We wish Dr. Gairdner all success
laudable enterprise which he has undertaken

Progress of Medical Sci

Red Softening of the Cerebellum. The
ing case is related by Dr. J. Török. The pati
Œ. Z., a girl aged 7 years and 8 months, fair a
blue eyes, and of small frame, so that she appe
years younger. At the age of a year and a h
began to walk on her toes, but was four years ol
she could use her heels in standing; her gait,
was always tottering and insecure. She could n
and down stairs without creeping; she could n
a stool, and, if placed on one, would cry out w
She had not the perfect power of extending he
but nothing abnormal was to be perceived in th
sponding muscles. Her disposition was cheerf
had very little appetite; but was in the habit o
others if they had anything to eat, and cons
always had her pocket filled with pieces of brea
was not afraid of darkness, but dreaded the
storm. She had so strong a perception of app
changes in weather, that she was regarded as
barometer. When the sky was perfectly clou
that no one would expect rain, she would co
corner; and, when asked what was the matte
reply that it was soon going to rain—which wa
the fact. She had no want of desire to learn, b
to be soon seized with headache and general p
tion during her lessons. She could repeat stories
etc., word by word, after hearing them read o
her arithmetical power was so low, that she co
even count ten. Before she came under Dr. Tö
servation, she had had an abscess in the neck;
pain in the bowels, with diarrhœa; frequent
which, after twelve to sixteen hours, suddenly e
the discharge of a thin fluid; and five months pr
she had had a mild attack of scarlet fever.
illness commenced on May 16th. On the previ
she had taken cold, apparently from having ru
distance in the rain without her hat, and had p
much. The first symptoms were pain, heat of t
a very violent pain in the occipital region, cau
to cry out, photophobia, sleeplessness, and deli
awaking from a partial slumber. Cold was ap
the head, leeches were used, and a purgative wa
On the next day, the fever and headache were l
she had violent pain in the neck, and along the
of the vertebral column. She was ordered to

ture of infusion of lime flowers with some liquor
nonicæ acetatis and tartar emetic; and a dose of
mel in the evening. The following day, she had
a sleepless night; she was seized with an involun-
desire to spit, which she did at intervals of eight or
minutes all the forenoon. At 4 P.M., she had very
ere pain in the lumbar region, which, after some
rs, extended round the abdomen, sometimes on the
t side, sometimes on the left, as far as the umbilicus.
this state she died, between ten and eleven at night.
post mortem examination, the meninges of the brain
e found to be hyperæmic, but opaque. The sub-
ce of both cerebral hemispheres was healthy, and
ented many puncta vasculosa on section. There
no effusion into the ventricles. The medullary
stance of the cerebellum, in both hemispheres,
remarkably soft and red. There was no trace
change in the pons Varolii nor in the medulla
ngata. The chest was not examined. The liver
ained much blood; in the small intestine were nu-
ous rose-coloured spots of the size of pigeon's eggs;
many ascarides, of which, however, there had been
ppearance during life. (*Wiener Med. Wochenschr.*,
ember 2, 1861.)

ACENTA PRÆVIA COINCIDENT WITH FIBROUS TUMOUR
HE UTERUS. A patient recently under the care of
Pajot, at the Hôpital des Cliniques, was in the ninth
th of pregnancy, suddenly attacked with hæmorrhage
placenta prævia. The fœtus was removed by
ing; but, notwithstanding every care, the patient
from the loss of blood. On *post mortem* examina-
there was found to be a fibrous tumour in the pos-
r wall of the uterus, towards the lower part of the
side of the organ. What connection had the
ence of this tumour with the faulty portion of the
enta? (*Gaz. des Hôpitaux*, 8 Fév., 1862.)

DO-ARSENITE OF MERCURY. Dr. Pedralli states, in
Bulletino della Societa Medico-Chirurgica di Bo-
a, that obstinate cases of syphilis—especially in the
gedænic form of the disease, and where the skin or
s are affected—are readily cured by an iodide of
nic and mercury, made in the following manner.
of iodide of arsenic, 1 part; distilled water, 625
—by weight; dissolve in a glass vessel over a spirit
, and add 2 parts of biniodide of mercury, and 5 parts
dide of potassium, or as much as may be required
ssolve the binoxide. The mixture is to be kept in
ck glass bottle, well closed. The dose is at first
drops daily in mucilage, and is to be gradually in-
sed by two drops each day until it amounts to eighty
s or more; when the cure is established, the me-
e is diminished daily in the same proportion. If—
h rarely occurs—gastro-intestinal irritation be pro-
d, the use of the medicine must be suspended for a
days, and a little carbonate of magnesia should be
. (*Presse Médicale Belge*, 16 Mars, 1862.)

ATISTICS OF LITHOTRITY. M. Civiale states that,
ng 1861, he had under his care 66 patients affected
stone in the bladder; of whom 52 were operated
r the first time, and in 14 the calculus had reap-
ed after previous operations. Of these patients, 61
operated on—51 by lithotrity, the operation being
essful in 49 cases, and 10 by lithotomy, of whom 4
and 6 recovered; 5 were not interfered with, on ac-
t of the large size of the calculi and the diseased
of the organs: of these, 2 have died. Taking all
ases in 1860 and 1861 together, M. Civiale has had
calculous patients: 115 males and 5 females. Of
e, lithotrity has been performed on 88; of whom,
ve died, 79 have recovered, and in 6 functional dis-
ances remain—independent, however, both of the
e and of the operation. Lithotomy has been performed on 17 patients; of whom 8 are cured, 2 have fistulæ remaining, and 7 have died. The 15 remaining patients have not been operated on; 6 have died, and 9 are still alive. (*Gazette des Hôpitaux*, 25 Fevrier, 1862.)

CÆSAREAN SECTION. A case of Cæsarean section, in which both mother and child were saved, is recorded by Dr. A. Peschko of Landskron. The woman was 26 years of age, had suffered from rickets and rheumatism in childhood; her stature was small, and there was no spinal distortion; but the pelvic outlet was narrowed in the anteroposterior direction. The operation was performed on October 5, 1861, labour-pains having set in on the previous day; the sutures were removed on the 14th; and the mother and child are reported as quite well on Nov. 11th. (*Wiener Medizin. Wochenschr.*, Marz 1 and 8, 1862.)

ANEURISM OF THE SUPERFICIAL PALMAR ARCH TREATED BY CAUSTIC. A patient under M. Nélaton's care had phlegmon of the hand; in the course of which sloughing took place, leaving bare a part of the superficial palmar arch. The walls of the vessel sloughed in several places, and hæmorrhage occurred, which was readily arrested by pressure. In two or three days, a small pulsatile tumour appeared, which gradually increased in size, and, bursting on the third day after its appearance, gave rise to hæmorrhage. M. Nélaton, having placed cotton wool so as to protect the surrounding parts, applied chloride of zinc. Both the effused blood and that within the vessel were coagulated; and it was found, on examination the next day, that the pulsations of the artery were arrested for some distance beyond the point where the caustic was applied. It was hence inferred that the cure of the aneurism was perfect. (*Gazette des Hôpitaux*, 8 Mars, 1862.)

NITRIC OXIDE OINTMENT. In consequence of the rapidity with which a change is undergone by ointments (*e.g.*, the nitric oxide ointment) used for ophthalmic purposes, made of fat or butter, M. Keffer recommends the use of castor oil mixed with at least one-eighth part of wax. He says that the preparation remains unaltered for a very long period. (*Répert. de Pharm.*, Nov. 1861.)

ATROPHY OF THE DELTOID MUSCLE: POWER OF RAISING THE ARM RETAINED. A man, aged 40, under the care of M. Duchenne, had been exposed during several hours to cold and damp. On the same day, acute pain was felt in the shoulder, and having continued four days with equal intensity, it then disappeared; but the patient perceived at once a rapid wasting of the shoulder, and, when he came under observation, no trace could be seen or felt of the deltoid; nor could any muscular contractions, indicating the presence of this muscle, be excited by strong electric currents. The joint was healthy. Notwithstanding the atrophy of the deltoid, the man was able to raise the arm as well as the other; feeling only much fatigued after raising the diseased arm several times. There is but one way of explaining the retention of power over the arm; viz., by supposing that the supraspinatus muscle raises the humerus to the horizontal position; that then, by the contraction of the upper third of the trapezius, the shoulder is elevated; that the serratus magnus at the same time separates the lower angle of the scapula from the spine and raises the external angle; so that by this combined action, the shoulder is raised. (*Gaz. des Hôp.*, 22 Mars, 1862.)

RUPTURE OF THE UTERUS DURING PREGNANCY, IN A WOMAN WHO HAD PREVIOUSLY UNDERGONE CÆSAREAN SECTION. Madame S., aged 32, of small stature, who had had rickets in early life, was operated on by

Cæsarean section at the end of her first pregnancy in August 1856, on account of the smallness of her pelvis and of the impossibility of effecting delivery by instruments. The child was extracted alive; and the mother had perfectly recovered at the end of three weeks. In May 1859, the catamenia ceased, and she found herself again pregnant. When she was five and a half months advanced in gestation, she was suddenly attacked, after making an effort, with severe pain in the abdomen towards the hypochondria; and vomited much and frequently in the course of the day. The next day, the vomiting and pain continued; and she perceived a remarkable projection at the lower and middle part of the abdomen. Dr. Bourgeois was called to her a week afterwards; he found the abdomen as much developed as in a woman at the full term. A rounded tumour, of the size of the head of a full-sized fœtus, pushed forward the skin of the abdomen. When the woman stood erect, the tumour fell in front of the pubes, forming a hernial protrusion through the muscles, which were pushed aside. When the patient lay down, the tumour could, by manipulation, be reduced within the muscles. The limbs of a fœtus could readily be felt through the skin. Six weeks afterwards, pains like those of labour set in, and the patient had a discharge of black fœtid clots of blood from the vagina. Symptoms of peritonitis also appeared, but were subdued by belladonna and mercury; and for some days there was a rather copious secretion of milk. From this time, the discharge of black fœtid blood continued, and, on December 11th (the middle of the eighth month), it became very abundant, the blood being sometimes mixed with serum. The abdomen had diminished in size; the passive movements only of the fœtus could be detected; and, since the attack of peritonitis, the sounds of the fœtal heart had not been heard. On December 27th, the hæmorrhage had ceased; there was only a sero-sanguinolent fœtid discharge. The case was laid before the Surgical Society of Paris, who appointed a committee to examine and report on it. In the report presented, the conclusion was arrived at that there was rupture of the uterus, through which the fœtus had partially protruded into the abdominal cavity. It was advised that Dr. Bourgeois should leave the patient alone for the present: that if at any time symptoms demanding interference should set in, the state of the uterus should be ascertained by means of the sound, and that, if no portion of the fœtus remained in it, gastrotomy should be performed; but that, if the symptoms were not too pressing, caustics should be preferred to incision. The proper period of the patient's delivery would be about the end of January 1860. On the 28th of this month, the abdominal tumour became elongated, and the skin of a deep red colour, and very tender on the least pressure. The cyst which had been formed under the abdominal walls gave, on February 2nd, indications of bursting externally by ulceration, and on the 17th, the abdominal wall was laid open; and on the 20th, a foot of the fœtus presented at the opening. Dr. Bourgeois seized this with forceps, and succeeded in extracting the entire fœtus. The placenta could only be removed in part, on account of adhesions. The patient bore the operation well, and, excepting some attacks of vomiting and pain, appeared to be doing well until March 6th, when she was attacked, after a hearty meal, with peritonitis, and died the next day. No *post mortem* examination could be obtained. The fœtus was putrid and emaciated; the thorax and abdomen were flattened, and the limbs slender. The skin was of a darkish-red colour, and was torn in several places by the manipulations used in extraction; the muscles were softened; the bones were blackish; the genital organs were those of the male, in a rudimentary state. The nails were represented by thin membranous patches. The placenta, of which only half was removed, was very hard, like liver, but more resistent, and the umbilical cord w
very strong. Dr. Bourgeois supposes that the ruptu
of the uterus took place in the following way. Wh
the woman was raising a heavy weight, the abdomin
muscles contracted strongly, and pressed the uterus su
denly against the vertebral column. (*Gaz. Méd. de Lyo*
16 Mars, 1862.)

British Medical Journal.

SATURDAY, APRIL 26TH, 1862.

HOSPITAL ABUSES.

We have often called attention to the large amou
of abuses practised in London hospitals by the a
mission of improper objects of charity to a particip
tion in their benefits; and must once again call t
attention of our readers to it.

We wish now particularly to notice the fact, th
the medical officers of our hospitals are nominally r
sponsible for the commission of abuses of this natu
The governors throw the *onus probandi* upon the
"It is your fault," they say, "if improper objects a
admitted to our charities. You have it in your pow
to exclude them; and you are wrong if you do n
act upon your power." But then the medical offic
have neither the time nor the inclination to bu
themselves in investigating the condition in life
hospital patients; nor is it to their interest to do
They obtain what they seek; viz., the position a
credit attaching to hospital medical officers; a
this is more than a set-off to them for the injury i
flicted upon them, as individual members of the p
fession at large, through the aforesaid abuses. Th
obtain this, and they are silent. The injury fa
mainly on those medical men who are not attach
to public institutions; it is they who are main
robbed by this iniquitous perversion of the grat
tous advice system. They are robbed of their p
tients, and they obtain no compensation in the w
of that *kudos* which is supposed to cling to t
skirts of hospital medical officers. Here, then,
the fix. The governors of hospitals say, "It is
business of ours to interfere;" and the medical o
cers answer, "It may perhaps be our affair to te
the patient's position; but the business is too odio
and impracticable for us to waste our time upon;
prefer being robbed, and quietly to watch the p
cess of robbery going on." There is no mista
about the fact. Every medical man in this metr
polis is wide awake enough to its truth. And is the
never to be any attempt made to arrest this sham
ful abuse? Is it to be allowed to go on spreadi
indefinitely?

There is really, to the initiated, something th
would be ludicrous, if it were not very sad, in the pi
able whinings after assistance daily set forth in o

nals by medical charities. We assert that the ; has arrived when the morality of all these false ns upon charity must be called in question. The ic, whose money is obtained through these spe- pleas of urgent distress, give their money under listinct understanding that it is to be applied he needy sick—solely to those who require the of charity to help them in their misery. And far, therefore, as this money is perverted to the of improper objects of charity, the aforesaid itable public is defrauded. The conclusion is itable and undeniable.

ow, we appeal to the consciences of the medical ers of our London charities, and put this question hem: Are you not, in so far as you in silence on and knowingly act a part in this perversion e gifts of charity, guilty of participation in the l which is practised on the benevolent, and the y inflicted upon your own profession? Are not assisting in the production of those nu- us evils which are the necessary attendants of pplied charity—in the robbery of the benevo- and in the robbery of the really proper objects harity, by permitting its gifts to flow in a false tion—in the robbery of your own profession, by g advice gratis to those who can pay for it? finally, are you not assisting in the promotion neral demoralisation, by encouraging the public ndulge in that want of self-respect and self- nce which is implied in this abuse of medical ities? Is there not, we would ask, *patriotism self-sacrifice*—we will not say honesty—enough amongst us to urge us to inquire into, and, if be, seek a remedy for this monstrous abuse?

THE INDIAN FUNGUS DISEASE.

H. V. Carter has given a description, in the *sactions of the Medical and Physical Society of bay* for 1860, of a curious local disease, generally ting the feet, which prevails endemically in y parts of India. The disease has for at least ty years been known to surgeons as something rent from the affections of the foot commonly and, according to their idea of its nature, has designated as "*ulcus grave*"; "*morbus tubercu- pedis*"; "Madura foot" (from its prevalence in Madura district); "*Podelkoma*"; etc. Of its nature, there have been various surmises; some rding it as of scrofulous origin, while others rejected that idea. To Dr. Carter is due the t of having carefully investigated, by dissection the microscope, several specimens of the disease, of having shown that its distinctive character e penetration of a vegetable fungus within the es of the limb.

ie general characters of the disease, as observed r. Carter, and by other surgeons who have described it previously to him, are the following. The foot—to which it is most generally confined—is greatly enlarged, assuming an oval or globular form; and, scattered over the foot, are numerous soft swellings or tubercles of the size of peas or marbles, having puckered apertures or fistulous openings connected with him. Many of these openings lead into tortuous sinuses, allowing the ready passage of a probe, more or less deeply, into the tissues of the foot; sometimes, but not always, as far as the bone. The apertures also sometimes present small black grains of the same nature as the deposit to be presently noticed; in some cases, a watery or sanious fluid, or occasionally an imperfect pus, is discharged, in which there may be white masses, analogous with another form of deposit in the more interior parts. On examination of the parts when removed, there are found—in the words of Dr. Eyre, who has described the disease in the *Indian Annals* for July 1859—"numerous minute tubercles, resembling fish-roe, lying beneath the muscles, and extending from the bones to beneath the skin, and nodules composed of the same, often black in colour." Amputation is the only remedy that has been found efficient in the removal of the disease. It is necessary, however, that it be performed sufficiently high; for the deposits have been found to extend in the soft parts as high as five inches above the ankle.

Dr. Carter sums up the appearances seen on dissection in the following words:—

> "General confusion of parts, owing to absorption of the bones, and fibrous thickening of the soft parts. Often the presence of granules, separate, or aggravated in mulberry-like masses of a yellow or brown colour; lodged in spherical cavities, excavated in the bone, or in soft parts, or in tunnels or channels leading from these cavities to the apertures on the surface, also lined with a membrane; these granules are present in the discharge. Sometimes there is a deposit of a fleshy (may be reddish or dark coloured) substance, containing numerous minute particles (white or red), and occupying the same localities as the above-mentioned granular deposit. Lastly, in the same cavities and tunnels, we may find black granules; spheroidal, tuberculated masses of the same colour, and radiated in structure, which have been mistaken for melanosis or blood-clots."

The appearance of the bones in the disease, where destruction of their tissue takes place, is characteristic. They do not present the irregular excavation of caries; but, when affected—and individual bones of the ankle and foot joints may be diseased while the adjacent bones are free—they are found to be hollowed with spherical cavities, varying in size from a pin's head to a round bullet, lined by cancellous structure, and containing the peculiar deposit to which reference has been made.

This deposit has been made the subject of microscopical examination by Dr. Carter; and on the discovery which he has made regarding its nature turns the interest of his narrative. The deposit, whether in the bones or in the soft parts, consists of *vegetable fungi*, presenting different appearances in the black and in the lighter coloured masses; an elaborate description of which, with drawings, is given by Dr. Carter. Whether this difference in appearances denotes also a generic difference, he does not attempt to absolutely decide; but, from the similarity of the external appearances, of the structural changes, and of the clinical history in all the cases, and from the indications of transitional forms presented by the fungi, he is inclined to believe the varieties to be at least closely related. Mycologists have yet to determine the exact genera and species of these fungi; but the fact is made out, that they are fungi, and that they are deposited in the tissues of the foot to a depth unheard of in Europe.

As to the mode of origin of the disease, not much has as yet been ascertained, although Dr. Carter has endeavoured to obtain information on this subject from medical men in various districts in which it prevails. So far as the answers to his inquiries have gone, it is universally admitted that members of the same family or persons living in the same house, do not get the disease at the same time; therefore, it appears to be neither contagious nor infectious. As to the question whether the germs of the disease are introduced from without, the answers received have been contradictory; but, from the opportunities which Dr. Carter has had of examining some specimens in an incipient stage, there would appear to be at least the highest probability that the fungus is introduced from an external source, probably through the opening of sweat-glands, or, it may be, through wounds accidentally made. Regarding the causation of the disease, some surgeons, *e. g.*, Drs. Ballingall, Colebrook, etc., have supposed that the inhabitants of cotton districts are specially liable to it; but Dr. Carter has not been able to discover any appearance in a specimen of cotton soil from Madura (where the disease is very prevalent) indicating the presence of a fungus similar to that found in the diseased specimens.

The facts described by Dr. Carter then seem simply reducible to this: that in certain parts of India there prevails a disease of the foot, entirely distinct from anything known in our European nosology, the distinctive character of which is the development of fungi deeply within the tissues of the limb. This is, we believe, the first occasion on which so remarkable a phenomenon as the penetration of cryptogamic vegetations to any depth beneath the surface of an animal of high organisation has been made out. Setting aside the superficial development of vegetable parasites, as seen in skin-diseases and sometimes on mucous membranes, the only analogous phenomenon which we can call to mind is that which occurs in the development of fungi within the bodies of some of the lower animals; of which examples are presented in the destruction of the silkworm by the muscardine, of wasps in the West Indies by a similar gro or in the development of certain species of *sph* in the bodies of various caterpillars in China, tralia, and New Zealand.

We have thought it right to notice these searches of Dr. Carter; because, though as yet cessarily incomplete in all that relates to the o of the disease, and to the precise nature of fungi, they indicate an interesting fact in pathol No doubt we shall, at some future time, obtain ther information on the subject.

One remark we must make in conclusion, a is this: that it is gratifying to notice the readi and zeal with which Dr. Carter's applications information, on the disease which he has descri have been responded to by numerous medical in various parts of the Bombay presidency.

THE WEEK.

The position assumed by a part of the medical in reference to medical evidence given in the ca Rich *v.* Pierpoint is utterly untenable. It is monstrous to assume that a medical man is, u no circumstances, to appear and give evidence demnatory of the practice of another medical m and yet this is the result to which the reasoning the medical press referred to would naturally It is simply absurd to say that a medical man hear both sides of the case before he enters the c to give evidence. How can he possibly do so? medical man, when subpœnaed and forced to evidence in any case, need only act as Dr. Ro Lee acted in this instance; viz., give an ho straightforward opinion; and not make himsel advocate in the witness-box. Then, if the acc be innocent of the charge laid against him, it necessarily happen, as it did here, that the evid called by the prosecution demonstrates the innoc of the accused. To blame Dr. Lee, or any one acts as Dr. Lee did in this case, appears to us t an unwarrantable interference with the cours justice. To confound his evidence in any way that given by Dr. Duncan, is to mingle toge things which are totally incongruous and oppo Those gentlemen who lately gave evidence aga a surgeon, who was convicted thereby and puni for improper treatment of a midwifery case, are cording to this kind of reasoning, just as deser of blame as Dr. R. Lee. To attempt to thro shade of discredit upon Dr. R. Lee in the cas Rich *v.* Pierpoint is, in our opinion, inexcusable.

A correspondent of the *Times* again attempt scale or throw down the high walls of the Bot Gardens at Chelsea. We fancy it would be very

e Apothecaries' Company to defend the exclu-
ss of the gardens on the score of scientific
. The return would be curious which told us
nany medical and other students visited the
soil during the year. We fear the number
be infinitely less than of those who visit some
bouring gardens of celebrity :—

> iere is no one else," says G. W. C., "who has any
> rights, except, perhaps, the Curator, who might
> he old books and the dried plants and seeds, which
> alued at some thousands of pounds in 1793, and
> of course, gone on increasing in number and value
> ince that time. But if there be a Curator, of
> I have no knowledge, Kew would form a much
> sphere for his ability. See where these four
> of the fairest pleasure-garden ground in the me-
> s are situate. They are just in the line from the
> ition to the Thames. Kensington is stealing down
> mpton; Brompton is coming down to Chelsea.
> ew years there must be straight, broad streets all
> y between Hyde Park and the Thames. The Ex-
> n Road and Prince Albert's Road can never stop
> of their natural terminus, which is the bank of
> ver. These gardens will then be invaluable as
> recreation grounds; and if the lord of the Chelsea
> , who now holds the most improveable property in
> rld, has any contingent claim upon them, he has
> mense interest in getting them thrown open at
> At any rate, I have succeeded in eliciting this:
> are four acres of ground which no one uses,
> is a burden to its possessors, and which is a nui-
> to its neighbourhood. Keep it uselessly shut up,
> so insist; but do abate the nuisance. Do pull
> he wall."

e *Lancet* of April 12th, we read that "it is
tood that the friends of Mr. Erichsen and
aget (of Leicester) would put forward these
ntlemen as candidates" for seats in the Coun-
the Royal College of Surgeons. Mr. Erich-
owever, states, in the *Lancet* of last Saturday,
e has no intention of becoming a candidate
present occasion. Mr. Paget, however, in a
published in this day's JOURNAL, distinctly
that he "intends to offer himself again to the
vs at the anniversary of 1862." He is led to
this announcement by the importance which
aches to the representation of the provincial
ns in the College; and, while he modestly
ims all pretensions beyond honesty of purpose,
tes that he will "cordially support any other
late, either in conjunction with or in place of
lf," whom an influential section of his brethren
leem worthy of the honour of a seat in the
il. We are glad that Mr. Paget has thus
a declaration of his intentions, and trust that
l receive such an amount of support as will
his election. The provincial surgeons have
dly a right, moral as well as legal, to be re-
ited in the Council of their College—the Col-
f Surgeons of *England*—by one or more men
ly belonging to their ranks. Mr. Paget's
to the honourable distinction which he seeks
ndeniable. He merely urges as a claim his "honesty of motive" in addition to legal qualifications; but this same honesty is, as we take it, the highest claim which he could put forward, and we know that he possesses it. Having passed a long life in the honourable exercise of professional duties, and having gained to himself a name respected, not only in the midland counties, but even beyond, Mr. Paget is a man whom the Fellows of the College of Surgeons may choose as a representative of the provincial section of their body, in the full confidence that he will faithfully fulfil the trust committed to his charge.

WE regret to see that the brutalising phase of the wonderful exhibition of M. Blondin on the high rope is still permitted within the precincts of the Crystal Palace. A company of gentlemen have (as the old saw goes, and as is well illustrated in the present case) no conscience or sense of propriety. Which of the directors, as an individual, dare take upon his shoulders the responsibility of permitting M. Blondin to risk two lives on the rope? But if two, why should not M. Blondin be permitted to risk three or more light weights? In the journals we read :—

> "Once more he is seen crossing over his slender footing; but bearing upon his shoulders a man apparently much above his own height and weight. The majority of the vast multitude, appalled at the Atlantean task and the reduplicate of the danger, involuntarily turn away their eyes from the fearful spectacle. His skill, as well as courage, triumph over the horrors of the scene, and he reaches the landing-place with his human cargo safely, though almost exhausted. We cordially concur in the opinion that M. Blondin's performances on the low tight rope are much more suggestive and diversified, and do not convey that sense of horror which is necessarily created from seeing a fellow creature placed in such a position as that of M. Blondin on the high rope."

AT a recent sitting of the Swansea County Court, Dr. Nicol brought an action against a person named Potter, to recover the sum of £15 : 0 : 6, being the amount due for professional attendance and advice. Dr. Nicol had made fifty-eight visits at five shillings each, and one visit by night, for which half a guinea was charged. The claim was disputed by the defendant, on the extraordinary ground that, sixteen years ago, the plaintiff had advertised in the *Lancet*, and in a Swansea paper, that his charge for visits would be three shillings; and the defendant's legal adviser attempted to argue that Dr. Nicol, having once made this public announcement of his tariff of charges, could only alter it in the same public manner. The judge, however, gave judgment for the whole amount claimed; observing that the plaintiff was no more bound always to charge according to an advertisement once issued by him, than a tradesman would be always to sell his goods at the price for which he had once advertised them. In the course of the delivery of his judgment, the judge (Mr. Falconer) made the following remarks.

"Until very recently, physicians, like barristers, could not recover any fee by an action at law; the theory, derived from the Roman usage of patron and client, being that the sum presented to them in acknowledgment of their services was a free gift, and not a payment. A recent act, however, had enabled physicians to recover their fees by legal process, if there was no bye-law of any of the Colleges of Physicians to prevent them; and he certainly thought this was a decided improvement upon the old system. Lawyers generally took very good care to be paid for their services, and a physician had at least an equal right to payment; the only difference between the two cases seemed to be that, whereas they never heard of a lawyer doing anything for nothing, they frequently did hear of physicians, from motives of humanity, doing a great deal of work for nothing. As to the members of the remaining profession, it was rather singular that they never—not even in theory like the lawyers, much less in fact like many physicians—did any part of their duty, even as a matter of assumption, for nothing."

THE French government has resolved to erect a statue to Esquirol. M. Toussaint has executed it, and its elevation in the court of the *Maison Impérial* at Charenton is to be shortly inaugurated.

MM. Demarquay and Leconte state that their observations lead to this positive fact; viz., that carbonic acid not only favours the healing of subcutaneous wounds, but that it is also the most powerful promoter of cicatrisation of wounds exposed to the air, when, through any local or general causes, they are rebellious to the ordinary methods of treatment. The carbonic acid acts as an excitant, and is only applicable in cases of old atonic sores. Under its influence, the sores become cleaner, assume a rose-colour; their borders are levelled; and in a short time a superficial pellicle forms around them, and also at different points of their surface. The gas is applied by means of caoutchouc bags, etc.

Dr. F. Sacc asserts that he has discovered a specific for the cure of eczema, a very common disease in his neighbourhood. This specific is the pure and concentrated commercial acetic acid. In his first case of severe eczema of the hand, he applied the acid with a brush to one finger only. The pain was very great, but disappeared in a few minutes, together with the *pruritus*. A white eschar formed, which was detached in a few days, and left a healthy epidermis. He then gradually applied it over all the other parts, and completely cured his patient. Since that case, which occurred two years ago, Dr. Sacc has treated all his cases in this manner, and "*has cured them all without exception*".

There are, we read, only four homœopaths in all Denmark; no *respectable* physician has yet embraced the delusion. There are three practitioners of it in Copenhagen, and one—an evangelical ex-minister—in Jutland.

Association Intelligenc

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE
BATH AND BRISTOL. [Ordinary.]	White Lion Hotel, Bristol.	Thurs., 7 P.

Reports of Societies.

ROYAL MANCHESTER INSTITUTION
MEDICAL SECTION.

MEETING HELD APRIL 2ND, 1862.

L. BORCHARDT, M.D., in the Chair.

CASES AND SPECIMENS.

Egyptian Mummy. Mr. GREAVES presented t
Society for examination the limb of a mummy
Thebes, and read also some notes upon the man
embalming practised by the ancient Egyptians.
Lund and Dr. Deville also, by previous appoint
presented a report upon the same subject. The
was unrolled in the presence of the meeting, displ
a beautiful specimen of the adaptations of circula
daging without reverse turns. The principal poin
ferred to were the modes of bandaging, the texture
(flax), and the nature of the saline and resinous
stances employed for antiseptic purposes.

Rodent Ulcer. Mr. T. WINDSOR exhibited a c
this disease. The patient, a woman, advanced i
had completely lost both eyelids and the orbital cor
on the left side. On the right side partial anc
blepharon had formed before ulceration took
but the lower eyelid was now being rather r
destroyed.

Fistula Lacrymalis. This case was exhibited b
T. Windsor, for the purpose of showing Mr. Bow
method of treatment by slitting up the lacrymal
and occasionally passing probes down the duct.

Cholesteotomatous Tumour. Dr. ROBERTS exhibite
of these tumours removed from the neighbourho
the mammæ by Mr. Dumville. It consisted entire
plates of cholesterine lying among cells of the dia
of the epithelium cells of the mouth, non-nucleated
of so delicate a structure as to resemble rather the
of vegetable than animal tissue. Exactly similar
had been found by him in two other tumours fro
other patient. They differed, however, from the fir
the absence of pearly lustre to the naked eye, an
of them contained no cholesterine. Histologically
Rogers considered the three tumours to be iden
and that their peculiarity consisted in the large de
and nucleated cells. He was unaware that the
ence of similar cells in the normal state had
pointed out, but he had found them in the white m
of the sebaceous follicles of the face. In order to
cover them, it was necessary to dissolve out the fat
the follicles by dilute caustic soda. The nature o
cells and their similarity from the different source
illustrated by drawings and microscopic preparatio

Operation for Squint. Mr. T. WINDSOR exhibit
case for the purpose of illustrating the frequent
effects of the old operation. The patient had been
rated on in 1840 for a slight convergent strabismus
now showed as a result a divergent one, with
bulging of the eyeball, and perfect loss of motio
wards beyond the middle line.

PAPER.

Treatment of Puerperal Convulsions. Mr. E. TH
read a paper chiefly with a view to elicit a discussic

lue of general bleeding in puerperal convulsions.
st entered into a general sketch of the pathology
disease, its relation to albuminuria and to func-
or organic disease of the kidney. He believed
ıe immediate *materies morbi* was probably urea or
ıate of ammonia; that Dr. Richardson's view of
istence of irritation of the spinal chord or nervous
s was probably correct; and that the influence of
e pressure on the renal veins was overrated. He
eferred to the practice of bleeding as almost uni-
y recommended up to a very recent date, and as
been unsuccessful in his own practice. He pre-
the plan of treatment by chloroform inhalation in
ervals of convulsive seizure, combined with mea-
to neutralise the presumed blood poison, such as
ministration of vegetable acids, benzoic, citric, or
c. Sixteen cases thus treated consecutively all
red. This plan is recommended by Dr. Tyler
. Dr. Ramsbotham recommends bloodletting,
the author regards as decidedly injurious. By
hill it is recommended in sthenic cases. Mr.
ıs then collected certain statistics from the prac-
the Dublin Lying-in Hospital by Drs. Sinclair
hnstone; of Guy's Hospital by Dr. Lever and of
f; also from cases recorded in the *Medical*
and *Lancet*. Of seventy-five cases bled, fifteen
r twenty per cent.; of thirty-one cases not bled,
lied, or ten per cent. He would, therefore, pro-
ıleeding in very plethoric persons only, or small
ıleedings to allay congestive symptoms in the
r kidney. An interesting discussion followed the
g of the paper.

Correspondence.

PHYSICIANS' FEES.

LETTER FROM THOS. K. CHAMBERS, M.D.

—The questions asked by your correspondent
physicians' fees seem to me to admit of easy so-
I will take them in order:—

[ay a physician see a patient at his own house for
an a guinea? Certainly not.

[ay a physician ever consult with a surgeon or
l practitioner more than once for a single fee?
ıly not.

[ay a physician meet a physician in consultation
ngle fee? The physician in ordinary attendance
ke a single fee; but it is his business to see that
ysician called in gets at least two.

'hat is the radius beyond which mileage becomes
able? Practically, it will be found that a radius
miles from a London physician's own house in-
all the practice he ought to take at a guinea a

'hat is the rate at which railway journeys should
rged? Each physician should have one invariable
ıd tell the patient of it. A deduction of one-third
ıe old guinea a mile has come into vogue; but
e at which trains travel is so various, that it is
'ays fair. Besides, in mixed road and rail jour-
t is awkward to calculate. A plan better under-
by commercial men (who are the best judges of
matters) is to charge by time. Respectable in-
e offices usually pay a physician at the rate of
uineas an hour; and if he take this for country
ys, I think he will find that in general he makes
the same as our forefathers, considering the
shed expense of travelling. But bustling popular
s say they can rattle off four or five visits an hour.
surgeons in attendance on the families are *exi-*
s of diagnosis, I would not give much for his nervous system after a course of such employment; but still such a man ought to get so many guineas per hour for journeys as he can make at home. Only, whatever his charge is, let it not be departed from.

As your correspondent describes himself as "a nervous man," his difficulty in asserting his rights is very intelligible. He does not speak till it is too late. Allow me to recommend him to have a short cut and dried speech ready learnt by heart, and to make it a moral duty to produce it in the same words to each patient who tries to cheat him. He won't blush after the first time.

But why should he blush at all? Is it avarice that has made him speak? No; a thousand times no; it is the very reverse of avarice; it is an unselfish determination to keep up the due remuneration of his struggling brethren. A public that finds it can defraud metropolitans with impunity, will soon try its hand on the more numerous provincials. Let country practitioners look to this, and think twice before they conspire with a patient to get a consultation cheap. Our interests are one and indivisible. And when a physician has failed to demand his fee, through "nervousness," pride, or because God has enabled him to live without it, let him repent on his knees of his sin against many a weary brother whom he is contributing to starve.

I suppose, in consideration of your correspondent's "nervousness" (pride?), we must pardon the omission of his name. I have not the same excuse, and remain

Yours, etc., THOS. K. CHAMBERS.

Brook Street, Grosvenor Square, April 14th, 1862.

SIR,—The letter inserted in your last number, signed "College of Physicians", opens up a wide question, no other than the position of the physician in reference to his own social standing in the profession, and the esteem in which he is held by society, much altered of late years in the large provincial towns by the gradual improvement in the education and social position of the general practitioner, no longer the mere shopkeeper of the last generation, but dignified by rank and position in our colleges and universities, and most probably regarded in society as a gentleman engaged in the practice of an honourable profession. Does not much of the evil of gratuitous medical services take its rise among the pure physicians, in consequence of this general improvement in professional education? Are they not compelled, by the arbitrary rule that their fee is a guinea, to prescribe for and frequently to visit patients whose means would enable them to pay a small sum, without the remuneration that they are clearly and honourably entitled to? Are there not many learned and honourable provincial physicians, toiling gratuitously at hospitals, frequently obliged to prescribe for men of greater means than themselves, whose professional income would be utterly unable to maintain them unless assisted by private means? Are they not sacrifices on the altar of the guinea-fee? I would answer your correspondent's queries as follows, hoping that his letter may call forth the discussion he seeks.

1. May a physician see a patient at his own house alone for less than a guinea?

Answer. This depends upon a point which appears to me to be entirely overlooked; viz., the circumstances of the patient. I usually expect my fee the first visit, and then ask the patient to call upon me once, twice, or three times more, according to his means.

2. May a physician meet a physician in consultation for a single fee?

Answer. Certainly, in the provinces especially.

3 and 4. The answers to these queries must depend upon the reputation and standing of the physician consulted. The rate of payment for railway journeys might, as a general rule, be fixed at five shillings per mile.

A great boon would be conferred upon us if the College of Physicians would give us some authoritative rule in relation to the subject. Much of the evils of gratuitous advice would be mitigated; and the admission to the College during the year of grace would be regarded as a boon, instead of, as now, an honour attended with a loss of income. All that we who joined the College during that period were called upon to do was to declare that we were not, directly or indirectly, interested in the dispensing or sale of drugs. What we ask now is, that the College should declare how many visits, either at home or abroad, the guinea-fee may legitimately cover. Such a declaration would be useful both to the physician and his patient.

I am, etc., A COUNTRY PHYSICIAN.

April 14th, 1862.

POOR-LAW MEDICAL RELIEF.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I was in hopes that the scheme propounded by Dr. Fowler, and inserted in consecutive numbers of the *Medical Circular* for February and March last, would have been confined to that journal, and thus have saved me the trouble of repeating my objections to his plan. Be it remembered that Dr. Fowler stated before the Select Committee last session in substance that he was the honorary secretary of the metropolitan Poor-law medical officers, who were one hundred and seventy-five in number, and were attached to thirty-eight metropolitan unions and parishes, and that he "was selected by them as one of the gentlemen to be examined by the Committee." At that meeting he stated the views of the metropolitan men, and now he comes forward with a diametrically opposite plan of his own. I thought I represented the views of a large number of the metropolitan men, and I was guided in this opinion by very many of them sending me subscriptions; possibly they may have done the same to Dr. Fowler. Should this be the case, permit me to recommend to them that they take a decided course in this affair, and declare for Dr. Fowler or myself, or adopt a specific plan independent of us both, otherwise I can assure them they run a great risk of not obtaining any relief, as it is not improbable the Committee may say, that as the metropolitan men cannot agree on a plan, that we will exempt them for the present from any legislation, a course which I was asked to sanction when our bill was before Parliament two years since, as a promise was then held out, that by my consenting to this arrangement, the metropolitan members would support a purely country bill. I did not agree to that suggestion, but in future it may not rest with me to adopt a similar course.

Dr. Fowler states: "With the assistance of the union clerk, any gentleman can readily calculate what the figures, say of the half-year just ended, would produce as his next half-year's salary, according to my plan." This course I have followed, and I find that in one district of the Weymouth union, the resident paupers relieved during the half-year were 166, those having medical orders only 40, and the non-resident paupers, which the doctor expressly omits in his plan, were 22, and of those, 15 were in a lunatic asylum. That the separate cases of illness were 131, and the repetitions 13, making a total of 144 orders received in the half-year for medical relief. In the second district, the number of resident paupers relieved during the half-year was 138; those having medical orders only 18; non-resident paupers, 4; and of these, 3 were in a lunatic asylum. That the separate cases of illness were 171, and the repetitions 11, making a total of 182 medical orders. By the doctor's plan, the officers of these districts would have their present inefficient salaries considerably reduced; in fact, in one case, the payments would average about 1*s.* 2½*d.* per patient, and in the other 1*s.* 11½*d.*
stead of 5*s.*, as is proposed by the plan of the Asso
tion. This certainly is "exclusive of a gross fixed
for distance or a mileage payment," but as these
districts are entirely in the town, and the farthest
tance not one mile from the residence of each of
officers, they will not be entitled to any extra paym
Need I say more as to what we poor country med
men may expect, should the views of our metropol
friend be adopted by the Select Committee. By
Fowler's plan, we are left entirely in the hands of
guardians, who may award (see note by Dr. Fow
"in purely county districts double, or in some few c
treble, these minima rates." The doctor, it appe
limits this increase to "purely country districts," bu
need not have put "some few cases," as he may rely u
it, the treble-payments would be few indeed. Again
writes: "An additional penny for every alternate te
fifteen per cent. of illness," with the foregoing provi
of its "being doubled or trebled;" Dr. Fowler m
have added, if the guardians could but be persuade
agree to such a generous arrangement. He finally
poses "an additional gross sum to be fixed by
guardians with the sanction of the Poor-law Board,
remuneration in respect of the distance which the
dical officer may have to travel in attending the
poor, or in respect of other local circumstance," wh
in effect, is leaving matters precisely where they
are, viz., in the hands of the guardians and Poor
Board, who at present give to one officer £5 and ano
£50 for performing precisely similar work. I un
stand Dr. Fowler has applied to be again examined
the Select Committee on his new plan. I, theref
hope the metropolitan medical men will at once de
on the course they wish to pursue, and not allow it t
forth that their honorary secretary, in his official
pacity, is the proposer of this new plan.

I am, etc., RICHARD GRIFFI

12, Royal Terrace, Weymouth, April 19th, 1862.

P.S. Has Dr. Fowler considered the effect of a sev
winter, or the sudden closure of mills in the manu
turing towns, whereby thousands in a single union
suddenly thrown upon the poors-rate? It is true
will benefit the medical officer; but is it probable
guardians will be so blind to the interests of the r
payers as to suffer such a law to pass as that wh
Dr. Fowler now proposes?

ROYAL COLLEGE OF SURGEONS: COUNC ELECTION.

LETTER FROM THOMAS PAGET, ESQ.

SIR,—The mention of my name by the *Lancet* of
12th instant, with that of Mr. Erichsen, as candi
for the councillorship of the Royal College of Surge
and the note of Mr. Erichsen to the *Lancet* of Satu
last, seem to call for an avowal of my intentions
regard to the coming election; and I cannot doubt y
readiness to allow me a few lines of space.

I estimate so highly, then, the representation of
provincial part of the professional body by provin
men in the Council, that I mean to offer myself ag
to the Fellows at the anniversary of 1862.

This announcement I feel to be due to those wh
ideas upon the subject of representation accord
my own, and who will be ready to vote and ind
others. I shall, however, cordially support any ot
candidate, either in conjunction with, or in place of,
self, whom an influential section of my brethren, me
politan and provincial, may decide upon associat
with me, or may deem preferable. The only qualif
tion I have to offer for the councillorship is honest
motive, coupled with the conditions required from c
didates by the rules of the College.

ıd last year to content myself with feeling the
; which I have now the opportunity of expressing
many metropolitan Fellows who volunteered to
eir votes and warm approval of the step I was
.

I am, etc., Thomas Paget.

icester, April 21st, 1862.

Medical News.

APPOINTMENTS.

ws, John, Esq., appointed Surgeon to the County Gaol, Salis-
in the room of the late W. Andrews, Esq.
ay, Andrew W., M.D., appointed Physician to St. George's
ital.
ett, Edward R., M.D., appointed Physician and Surgeon to
outhwold Dispensary, Suffolk.
/ilson, M.D., appointed Professor of Pathological Anatomy
iversity College, London.
ings, Sir Charles, M.D., appointed Honorary Consulting
ician to the Kidderminster Infirmary.
ings, Henry E., Esq., appointed House-Surgeon to the Kent
Canterbury Hospital.
and, R. H., Esq., elected Surgeon to the Manchester Eye
ital.
son, Adolphus, M.D., appointed Surgeon to the Manchester
Hospital.
Thomas J., M.D., elected one of the Medical Officers in
ıary to the St. Marylebone Provident Dispensary.
am, William, M.D., appointed Assistant-Physician to St.
ge's Hospital.

, Army. The following appointments have been
ıade:—

arrie, Surgeon R., M.D., 59th Foot, having completed twenty
full-pay service, to be Surgeon-Major.
all, Staff-Assistant-Surgeon S. H., to be Assistant-Surgeon
Foot, *vice* J. A. Hanbury, M.B.
n, Staff-Assistant-Surgeon J., to be Assistant-Surgeon 59th
, *vice* W. Crisp.

To be Staff-Assistant-Surgeons:—

Staff-Assistant-Surgeon W. H., M.D., from half-pay.
Assistant-Surgeon W., 59th Foot, *vice* J. Warren.
trick, Staff-Assistant-Surgeon J. A., from half-pay.
ry, Assistant-Surgeon J. A., M.B., 45th Foot, *vice* S. H. Mar-
.
thy, E., Esq.
Staff-Assistant-Surgeon J. J., from half-pay.
es, Staff-Assistant-Surgeon F. P., from half-pay.

Navy. The following appointments have been
ıade:—

Samuel, Esq., Surgeon, to the *Adventure.*
William G., Esq., Surgeon, to the *Coquette.*
ing, H. H. J., Esq., Acting Assistant-Surg., to the *Adventure.*

e following Assistant-Surgeons have been promoted
to be Surgeons:—

, John S., B.A., of the *Nile.*
son, Cunningham, Esq., recently of the *Devastation.*
n, John, Esq., of the *Doris.*
, Francis W., Esq., of the *Marlborough.*
, Edward H., Esq., of Greenwich Hospital.
William G., Esq., of the *Excellent.*
thy, Thomas, Esq., of the *Victory.*
s, Simon A., M.D., of Bermuda Hospital.

nteer Corps. The following appointments have
ıeen made (A.V.=Artillery Volunteers; R.V.=Rifle
Volunteers):—

y, F. J., Esq., to be Assistant-Surgeon 80th Lancashire R.V.
ne, W., M.D., to be Surgeon 1st Administrative Battalion
dingtonshire R.V.
, G. C., Esq., to be Assistant-Surgeon 4th Forfarshire A.V.
ams, J., Esq., to be Surgeon 1st Administrative Battalion
cknockshire R.V.

DEATHS.

land. On April 22nd, at Tunbridge Wells, Louisa, wife of
hn Blaxland, Esq.
ows. On April 16th, at 18, Cavendish Square, aged 21, Robert
ıry, second son of *George Burrows, M.D.
es, Joseph, Esq., Surgeon to the Peninsular and Oriental Com-
y's ship *Shanghae*, off Manilla, on February 14.
t, John, Esq., late Superintending-Surgeon, Bengal Establish-
ıt, at 26, Blandford Square, on April 14.
ow, Henry C., M.D., late 2nd Madras Cavalry, at Southsea,
58, on April 21.
Oliver, Lewis B., M.D., at 7, Addison Terrace, Kensington, on April 16.
Potter. On April 15th, at Cullompton, Devon, Reginald C., infant son of *S. R. Potter, M.B.
Row, John, Esq., late Inspector-General of Hospitals, Bengal Army, at Nice, aged 68, on April 3.
Stampa, Guglielmo, M.D., at Constantinople, on April 11.
Tuckey, William A., Esq., Surgeon, in Bermondsey Street, on April 21.
Tuke. On April 17th, at Chiswick, Frances C. S., second daughter of *Harrington Tuke, M.D.

Apothecaries' Hall. The next registration at the Hall will commence on Thursday, May 1st, and continue for fifteen days.

Bequest. Miss E. Miles has left £200 to the Bristol Infirmary, and the same sum to the Clifton Dispensary.

Academy of Sciences. M. Ossian Bonnet has been elected successor to M. Biot in the Academy of Sciences.

Mr. Wakley, the Coroner, has written from Madeira to state that he hopes, in a very few weeks to be sufficiently restored to health to return to Middlesex, and resume his official duties. (*Lancet.*)

National Association for the Promotion of Social Science. We understand that the Corporation of the City of London have granted the use of Guildhall, with the courts and offices adjoining, for the purposes of the sixth annual meeting of the National Association for the Promotion of Social Science, to be held in London from the 5th to the 14th of June next.

Vacancies. The following appointments are vacant:—Physicians at the North Staffordshire Infirmary, Newcastle-under-Lyme, by the death of Dr. Wood, and by the appointment of Dr. Wilson Fox, as Professor of Pathological Anatomy at University College; Poor-Law Medical Officer for the Western District of the St. George-in-the-East Union; Medical Officer for the parish of Boleskine and Abertarff, and the Glengarry district of the parish of Kilmonivaig.

Murder by a Lunatic. An inquest was last week held at Mullingar on the body of a lunatic, who was strangled by another inmate of the lunatic asylum. There were four in the same dormitory. The murderer, Sarrell, who had become very quiet, rose from his bed in the dead of night, and, stealthily approaching his companion while asleep, killed him almost instantaneously, and was attempting to do the same with another inmate, when the keeper's attention was aroused. The latter then became the object of a fierce attack, and the infuriated maniac was overpowered and secured with great difficulty.

Dublin Hospitals. The fifth report of the Board of Superintendence of Dublin Hospitals to his Excellency the Lord Lieutenant has just been published. The report states that on making these inspections, the Board carefully inquired respecting the state and condition of each institution, to ascertain that the wards were clean and well ventilated; that every necessary provision was made for the treatment and comfort of the patients; and that the several buildings were kept in good repair. They have since issued a circular, requesting any information or suggestions which the governors of each hospital might wish to offer in respect to its funds or management, and they give their replies in an appendix. The hospitals were found to be all in a satisfactory state.

Arrival and Departure of "Dr. Brodie." "Dr. Brodie of London" arrived at Inverness a few days ago; but his silent and sudden departure, perhaps, has more right to be chronicled than his arrival. Superintendent Sutherland paid the learned gentleman a visit about the third day of his residence, and politely asked the "Doctor" to show his diploma. He exhibited little readiness to comply with this request, and tried to shuffle off with the excuse that he was a vendor of "patent medicines," and expressed surprise at the interruption. The superintendent assured him that it was quite well known to the authorities what class of practitioners he belonged to, and represented the consequences of his remaining in Inverness. There was considerable embarrassment on the part of Dr. Brodie; but it vanished when Mr. Sutherland said he did not intend applying to the procurator fiscal before a certain hour—naming one shortly after the departure of the next train. By a curious coincidence, Dr. Brodie found himself obliged to hurry off that afternoon to a consultation in a distant part of the empire. (*Inverness Courier.*)

An Honourable Tribute. The following general order has been issued from General Burnside's headquarters, Roanoke Island:—"The General Commanding desires to render a tribute to the memory of Dr. Minis, of the 48th Pennsylvania Volunteers. He was detached from his own regiment, and appointed to accompany the 9th New Jersey, then going into the field. He lost his life by disease, brought on by his untiring devotion to the wounded during and after the action of the 8th. To the forgetfulness of self which kept him at his post at the hospital, regardless of rest or sleep, the Department owes a debt of gratitude. By command of Brigadier-General A. E. Burnside. (Signed) Lewis Richmond, Assistant-Adjutant-General. (*Amer. Med. Times.*)

Clinical Instruction in San Francisco. The students of the medical department of the University of the Pacific will, in future, enjoy the benefits of clinical instruction to the fullest extent. The City and County Hospital, constantly filled with interesting cases, composing nearly every form of disease to which our coast is subject, is now open to them. The St. Mary's Hospital, under the supervision of the ever zealous and self-sacrificing Sisters of Charity, which bids fair to be one of the noblest and most prosperous institutions for the sick, will, as we are assured by one of the attending physicians, admit the class during the last half of the present session, and, after that time, continuously during future sessions. These, associated with the surgical clinics of the Pacific Clinical Infirmary, constitute an amount of bedside instruction seldom offered to medical students. (*San Francisco Medical Press.*)

Medical Officers in India. In the House of Commons, on Friday week, Mr. Blake asked the Secretary of State for India what arrangements had been made with regard to the position of the medical officers of the late East India Company's army on amalgamation with the Queen's forces; whether it was still intended that the term "Service in India," used throughout the warrant of the 13th day of January, 1860, should be restricted to actual residence in India, exclusive of leave; and, whether the senior medical officers of her Majesty's Indian army would be considered entitled to promotion to the rank of principal and deputy inspector general, and inspector general of hospitals, as heretofore, or whether these appointments were in future to be filled by the medical officers of her Majesty's Royal army. Sir C. Wood was understood to say, in regard to the first question, that the arrangements respecting the medical staff of India were under consideration, and he expected a report from the Indian government immediately.

Death from Intemperance. Last week, an inquest was held on Philip Fitzpatrick, aged 22, who expired on Thursday last from the effects of drinking off at a draught a pint of neat rum. Francis Clarke said that he saw deceased, who was a friend of his, speaking to a young woman with whom he had been keeping company some time previous. They appeared to have made up some quarrel, and deceased was in high spirits. They had been drinking some half-and-half, but he was quite sober. The young woman ordered a pint of rum, witness supposed to treat the company; but the moment
laid on the bar deceased took it up, and, saying he
drink to her health as it had never been drunk l
drank off the whole without once taking the m
from his lips. He changed countenance, instantl
gered backward, and sat down. He became tota
sensible in less than five minutes. He only spoke
drinking the rum, to ask for a pipe; but, of cou
was not given to him. He was conveyed in a cab
hospital, where he died in two or three hours. De
was not a man of drunken habits. The jury ret
the following verdict:—"That deceased died fro
mortal effects caused by drinking a pint of neat r
a draught."

Scottish Universities Commission. The foll
is an extract from an Order of Her Majesty in C
of the 21st of March, 1862, on the hearing of the
of a Committee of the Privy Council, to whom ha
referred the Ordinance of the Scottish Unive
Commissioners of the 16th of June, 1861, relati
Graduation in Medicine in the University of St. An
and four petitions against the confirmation of c
parts of such Ordinance from the Governors
Bartholomew's, St. Thomas's, Guy's, and Mid
Hospitals:—"Her Majesty having taken the sa
port into consideration, was pleased, by and wit
advice of her Privy Council, to approve thereof, a
order, as it is hereby ordered, that the said Ordi
(No. 19, St. Andrews No. 3) framed by the Sc
Universities Commissioners on the 10th of June,
be, and the same is hereby confirmed, subject t
omission from the 8th Article of the said Ordina
the words, 'University College, London, King's Co
London,' and to the insertion in the 1st Section c
9th Article of the said Ordinance of the words ren
necessary by such omission—viz., 'University Co
London, King's College, London', before the word
Hospital Schools of London.'"

The late E. A. Lloyd, Esq. This eminent su
died at Ventnor, on the 4th of March, after a prot
illness which had made him comparatively an i
for several years. We believe he suffered prin
from bronchitis, which eventually led to his dece
the sixty-eighth year of his age. Mr. Lloyd beg
professional career at a time when Sir James
Abernethy, and Vincent were the leading men
Bartholomew's. He was a favourite pupil of
nethy, whose house he afterwards occupied, and
he successfully practised for above thirty years
1824, when hardly twenty-nine years of age, h
appointed assistant-surgeon at St. Bartholomew's, h
already been house-surgeon to that institution an
geon to the Aldersgate Street Dispensary, and h
gained the Jacksonian prize on Scrofula. From
period he entered on a very successful career. He
sessed the unlimited confidence of Mr. Abernethy,
when unable to attend to it himself, frequently p
his private practice under Mr. Lloyd's care. B
surgery is indebted to Mr. Lloyd for some valuab
novations. His radical cure of hydrocele by the i
duction into the tunica vaginalis of red precipitat
mode of injecting nævi with liquor ammoniæ, an
median operation of lithotomy, are well known.
Lloyd was conspicuous for his success in purely me
cases; and he held that every good surgeon should
be an accomplished physician. In the year 184
was appointed full surgeon at St. Bartholomew's
pital, on the resignation of Mr. Vincent; and conti
to occupy that position, to the great credit of hi
and advantage of the institution, until March
when his failing health compelled him to resign it.
addition to the bereavement experienced by his
family, Mr. Lloyd is much regretted by a large cir
friends and colleagues. (*Lancet.*)

ERATION DAYS AT THE HOSPITALS.

......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.

:. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

DAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.

AY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.

......Westminster Ophthalmic, 1·30 P.M.

.Y.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

:TINGS OF SOCIETIES DURING THE NEXT WEEK.

Geographical, 8.30 P.M.—British Architects, 8 P.M.—In-
tute of Actuaries, 7 P.M.—Medical Society of London, 8.30
I.: Dr. Cockle, "Practical Observations on Diseases of the
ght Orifices of the Heart."

. Civil Engineers, 8 P.M.—Zoological (Anniversary), 1 P.M.
Antiquaries (Anniversary), 2 P.M.

DAY. Society of Arts, 8 P.M.—London Institution, 12 noon.

.Y. Royal, 8.30 P.M.—Harveian, 8 P.M.—Linnæan, 8 P.M.—
emical, 8 P.M.—Royal Institution (Anniversary), 2 P.M.

Royal Institution, 8 P.M.—Archæological Institute, 4 P.M.

Y. Asiatic, 3 P.M.—Army Medical, 7.30 P.M.

:ATION STATISTICS AND METEOROLOGY OF LONDON — APRIL 19, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
week....................	Boys .. 955 Girls .. 961	1916	1331
e of corresponding weeks 1852-61		1943	1249

r:
t (Sun.) 30.043; lowest (Sat.) 29.696; mean, 29.861.
eter:
t in sun—extremes (Sun.) 105 degs.; (Mon.) 80 degs.
le—highest (Sat.) 58.6 degrees; lowest (Sun.) 26.7 degs.
·43.5 degrees; difference from mean of 43 yrs.—2.5 deg.
–during week, 31.9 degrees; mean daily, 17.6 degrees.
nidity of air (*saturation*=100), 78.
ection of wind, N.E. and S.W.—Rain in inches, 0.05.

TO CORRESPONDENTS.

etters and communications for the JOURNAL, *to be addressed*
: EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

)NDENTS, who wish notice to be taken of their communica-
hould authenticate them with their names—of course not
rily for publication.

MBERS.—We beg to thank several members for back num-
the JOURNAL.

SILVER DINNER PILLS.—SIR: A few days since, I found
letter-box a very neatly got up little book, entitled "*The
d Bath Almanack and Medical Directory for the Year* 1862,
ed by M. Parker, Dispensing Chemist." I send you a leaf
it, to show the devices men will adopt to keep themselves
the public. This gentleman presided at a meeting on a
asion, when the temperance cause was advocated, at which
the speakers accused medical men of discountenancing
ism, lest it should cause almost universal healthiness. I
t will give the profession the benefit of this little note from
ker's almanack, and "direct attention" to it, as Mr. Parker
What is the use of all your writing against quacks, when
re men amongst us who act in this manner?

ril 1862. I am, etc., MEDICUS.

ker's Silver Dinner Pills. No. 1 and No. 2. The attention
e suffering from indigestion, etc.
symptoms of indigestion, as described by Drs. Hooper
ant, are the flushed cheek, want of appetite, nausea, flatu-
tc.

"The silver dinner pills are confidently recommended to all those afflicted with these distressing symptoms, etc.

"Mr. Parker begs to direct attention to the following testimonial, received from Dr. Thos. Barrett, St. James' Square.

"Dear Sir,—I have very frequently, within the last three or four years, prescribed your 'silver dinner pills'. I think them very valuable in assisting digestion, and being free from any irritant drug, are a mild and safe aperient, for which purpose I can specially recommend them.

"Yours faithfully, THOS. BARRETT, M.D., F.R.C.S.

"St. James' Square, Bath, Dec. 3rd, 1857.

"Prepared only by M. Parker, Brock Street, Bath."

F. W.—Professor Czermak has sent his Laryngoscope to the Exhibition. He intends to be in London in the course of next week, and will be happy to demonstrate the application of his instrument to members of our profession.

MEMBERS desirous of having their VOLUMES of the BRITISH MEDICAL JOURNAL for 1861 COMPLETED, are respectfully requested, at their earliest convenience, to inform the Publisher, at the office, 37, Great Queen Street, London, W.C.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, April 1862.

COMMUNICATIONS have been received from:—Dr. FREDERICK J. BROWN; Dr. MCWILLIAM; Mr. C. L. ALLWORK; Dr. ADAM MARTIN; Dr. J. ARMSTRONG; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. F. BUCKLAND; Mr. C. WITT; Mr. JAMES DULVEY; Mr. E. INGRAM; Mr. H. J. ALFORD; Dr. HANDFIELD JONES; Dr. LATHAM; Mr. BARNARD HOLT; A FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH; Mr. E. CARVER; Dr. PARKES; Dr. ROUTH; Dr. MONCKTON; Mr. RICHARD GRIFFIN; Dr. A. SAMELSON; Dr. HITCHMAN; M.D., F.R.C.P.; M.D.; Mr. TOYNBEE; Dr. F. WEBER; Mr. T. PAGET; Dr. GRAILY HEWITT; THE HONORARY SECRETARIES OF THE OBSTETRICAL SOCIETY; M.R.C.P.; Dr. HILLIER; Messrs. FOWLER and WELLS; Φιλαληθης; and Mr. T. M. STONE.

BOOKS RECEIVED.

1. The Examination of the Chest in a Series of Tables. By George N. Edwards, M.D. London: 1862.
2. Sifilide trasmessa per mezzo della Vaccinazione. Per Giacinto Pacchiotti. Torino: 1862.
3. Statistical Tables of In-Patients in St. Bartholomew's Hospital during 1861.
4. On Long, Short, and Weak Sight, and their Treatment by the Scientific Use of Spectacles. By J. Soelberg Wells. London: 1862.
5. The Races of Men, etc. By Robert Knox, M.D. Second edition. London: 1862.
6. Transactions of the Levant Quarantine Association of Constantinople.
7. Second Annual Report of the Acclimatisation Society.
8. Clinical Observations in Surgery. By J. Fayrer, M.D. Calcutta: 1861.
9. Report of Cases of Insanity treated at Abington Abbey, Northampton, from Jan. 1st, 1860, to Dec. 31st, 1861. By T. Prichard, M.D. Northampton: 1862.
10. Report of the Committee of the Manchester and Salford Sanitary Association for the Year 1861. Manchester: 1862.
11. Transactions of the Obstetrical Society of London. Vol. III. For the Year 1861. London: 1862.
12. Rapport et Procès-Verbaux de la Commission instituée par Arrêté préfectoral du 27 Décembre 1860, pour l'Amélioration et les Réformes à opérer dans le Service des Aliénés. Paris: 1861.

Middlesex Hospital Medical College.—LECTURES ON PUBLIC HEALTH.

DR. E. HEADLAM GREENHOW will commence his Course of Lectures on Monday, May 5th, at Four P.M., and will Lecture in continuation on Mondays and Thursdays at the same hour.

Fee, to others than Students of the Middlesex Hospital, £3 : 3.

T. W. NUNN, Dean.

A Surgeon, retiring from the

Profession, will introduce a Successor to an Established Practice—South Coast Town—2,600 inhabitants. One opponent. No premium. Some Household Furniture, Surgery Fittings, and Drugs, value £50, must be purchased. Address—"Medicus," Post Office, Brighton.

Royal Medical Benevolent College, EPSOM.

Patron—Her Most Gracious Majesty the Queen.
President—The Right Hon. the Lord Chelmsford.
Visitor—The Lord Bishop of Chichester.
Treasurer—John Propert, Esq.

The Council of the Royal Medical Benevolent College have the pleasure to inform the Governors and Friends of the Institution that the TENTH ANNUAL FESTIVAL will take place at Willis's Rooms, King Street, St. James's, on Wednesday, the 18th of June next, when the Right Hon. the EARL OF POWIS has kindly consented to take the Chair. The following noblemen and gentlemen have undertaken to officiate as Stewards on the occasion:—

The Right Hon. the Earl of Normanton, Seamore Place.
The Rt. Rev. the Lord Bisho pof Chichester, Queen Anne St.
The Right Hon. the Lord Colville, Eaton Place
The Right Hon. the Lord Justice Turner, Park Crescent
Alexander, William, M.D., Halifax.
Allardyce, James, M.D., Cheltenham
Angerstein, Wm., Esq., Quenby Hall, Billesdon
Bardsley, Sir James L., M.D., Manchester
Beaumont, Charles, Esq., Clifford's Inn
Buchanan, W., Esq., Master of the Society of Apothecaries
Cade, T. C., Esq., Spondon, Derby
Cannon, Æneas, M.D., Cheltenham
Carr, William, Esq., Lee Grove, Blackheath
Clifton, N. H., Esq., Cross Street, Islington
Critchett, George, Esq., Finsbury Square
Doidge, J. G., Esq., Lifton, Devon
Fisher, Sir John Wm., M.D., Grosvenor Gate
Freshfield, J. W., Esq., Devonshire Place
Garraway, Edward, Esq., Faversham
Gilpin, William, Esq., Christ's Hospital
Green, Richard, Esq., Blackwall
Griffith, J. T., M.D., Queen's Road, Peckham
Halford, E., Esq., The Grove, Hammersmith
Hall, T. S. Esq., Lower Thames Street
Hanbury, Robert Esq., M.P., Upper Grosvenor Street
Harris, William, Esq., Worthing
Hayes, the Rev. Sir John, Bart, Arborfield Rectory
Jones, William, M.D., Lower Seymour Srreet
Jonson, George C., Esq., Eaton Place South
Kendall, J. Marsters, Esq., King's Lynn
Livett, Henry W., M.D., Mayor of Wells
Mackenzie, F. W., M.D., Chester Place, Hyde Park
Manby, Fred., Esq., East Rudham, Norfolk
Mansel, Thomas, Esq., Pembroke
Marshall, Peter, Esq., Bedford Square
McCann, Nicholas, M.D., Parliament Street
Millar, Dr., Bethnall House Asylum, Cambridge Heath
Morgan, Howell, Esq, Hengwrtucha, Merionethshire
Murdoch, J. G., Esq., Great Berkhampstead
Napier, William, Esq., Lee, Kent
Nesbit, Dr., Deputy Inspector-General of Hospitals and Fleets
Niven, D. Graham, Esq., Mecklenburgh Square
Price, Allin Foord, M.D., Deptford
Purnell, J. J., Esq., Woodlands, Streatham Hill
Richards, Samuel, M.D., Bedford Square
Roden, T. C., Esq., Llandudno
Rooke, T. Morley, M.D., Cheltenham
Rumsey, H. W., Esq., Cheltenham
Sankey, William, Esq., Dover
Savory, John, Esq., Sussex Place, Regent's Park
Seymour, E. J., M.D., Charles Street, Berkeley Square
Snow, William, Esq., Tredegar Square
Sutton, John Maule, M.D. Birmingham
Symonds, John A., M.D., Clifton, Bristol
West, William C., Esq., Great Malvern
Westall, Edward, Esq., Whyteleaf, Caterham
Wilson, Josiah, Esq., Stamford Hill
Wing, Charles, Esq., Down Place, Hammersmith
Yates, John, Esq., Lee, Kent

By order of the Council.
ROBERT FREEMAN, Secretary.
Office, 37, Soho Square, London, April 23rd, 1862.

Westminster Hospital Sch

MEDICINE. The SUMMER SESSION will
on Thursday May 1st, 1862.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radclyffe
Assistant-Physicians—Dr. Marcet, Dr. Anstie, Dr. L
Obstetric Physician—Dr. Frederic Bird.
Surgeons—Mr. Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr. Hillman, Mr. Power, Mr. H
Surgeon-Dentist—Mr. Clendon.
Clinical Medicine—Dr. Basham, Dr. Fincham, Dr. Ra
Clinical Surgery—Mr. Holt, Mr. Brooke, Mr. Holthou
Materia Medica—Dr. Radclyffe.
Forensic Medicine—Dr. Fincham and Dr. Anstie.
Midwifery and Diseases of Women and Children—D
Bird.
Botany—Mr. Syme.
Practical Chemistry—Dr. Marcet, F.R.S., and Dr. Du
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, F.R.S.

Clinical Lectures by the Physicians and Surgeons.
information may be obtained from Mr. Power, and fro
retary of the Hospital.

Royal Medical Benevolent

LEGE.—Notice is hereby given, that the
ELECTION of PENSIONERS and FOUNDATION SC
will take place at the Freemasons' Tavern, Great Queen
Thursday the 22nd of May next, when Three Pensioners
Foundation Scholars will be admitted. The Ballot will
at eleven and close at three o'clock precisely. The fifth v
a Foundation Scholar having arisen since the Balloting P
printed, they are made out for the election of Four onl
votes must be given for Four accordingly; but the Five C
who, at the close of the Poll are found to have the highe
of Votes will be admitted.

Any Governor who may not have received the Balloting
which he is entitled, is requested to communicate with the
at the office, in Soho Square. Annual Subscribers whose
tions are in arrear are not entitled to vote. Balloting P
be issued immediately on the receipt of any new subscri
Supplemental List of the Donations and New Annual Sub
received during the last year has been printed, and may
application at the office.

By order of the Council,
ROBERT FREEMA
Se
Office, 37, Soho Square, W.,
23rd April, 1862.

Royal Medical Benevo

COLLEGE.

Notice is hereby given, that the ANNUAL GENERAL M
of the Governors of the College will be held at the Of
College, No. 37, Soho Square, on Tuesday, the 13th of May,
o'clock precisely. Ten Members of the Council will go ou
on that day, in accordance with the provisions of the Act
poration. The Council will propose to the Meeting that
these gentlemen—viz., Dr. James Bird, Dr. Chowne, G
Esq., Henry Hancock, Esq., Dr. Charles Hogg, J. H. La
G. M. Robinson, Esq., and Francis Webb, Esq., be re-ele
that Edmund Johnson, Esq., of Arlington Street, and Dr. S
of Manchester Square, be elected to fill the vacated seats
is also given that the Council will propose—

1. That the following addition be made to the 21st B
"Should vacancies occur among the Foundation Schola
three months after the Election at the Annual General Me
Council shall be empowered to fill up Two from the unele
didates who had the largest number of votes at the said E

2. "That any person who shall make a gift to the Colleg
or upwards, or who to the satisfaction of the Council s
been the means of obtaining a bequest of £2000 or upwar
at the election of Foundation Scholars next after the recei
gift or bequest, have the privilege of nominating one a
Foundation Scholar beyond the number of Foundation Sc
whom there are vacancies: provided that only one such a
nomination shall accrue in respect of the same gift or beq

3. "That with a view to raise funds for building additi
sioners' houses, Ladies be again admitted as Life Gove
payment of Five Guineas, with one vote for each vacancy
election, and with an additional vote for each vacancy
election for every additional Five Guineas so given; prov
such donations are made before Founder's Day next."

The Council will also propose to the Meeting a scheme f
extra votes to Candidates for the benefits of the Institution
previously been subscribers to it. The details of the sch
printed, and may be had on application at the Office.

The Annual Balance Sheet to the 31st of December, 186
ready three days before the Meeting, and may be obt
Governors on application at the Office.

By Order of the Council,
ROBERT FREEMAN, Sec
Office, 37, Soho Square, W., 23rd April, 1862.

General Remarks

ON THE

RACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

X.—Fever. *What is Fever?*

AHL's Phlogiston looked very like the truth for time. Chemistry wanted a something in aid of facts, to complete a theory of combustion; and iad recourse to this figment. And figment as it , the facts and it fitted into one another so well, t it soon passed for a reality; and Phlogiston t its ground for half a century.

Iow the world in general invests Fever with a si materialism and personality, and regards it as pring and parent by turns of almost all diseases. l a great many facts fit in curiously with this eit, and make it a plausible piece of pathology. s Fever has been our phlogiston.

ut one would not like to let drop a hint that er is nothing better than a figment! Far be it n me. Only take me round a hospital, and you have me acknowledging Fever in half the poor ws I see. Just so. But what is Fever, and t the thing or things contained in it? If a le thing, it must be very large; if several things, must be very numerous. But, without saying h it really is, let us, for the present, be allowed ike it as a *single* thing; for there are facts ractical moment belonging to it, which can iost conveniently regarded from this point of

would have a formidable look, if we began by iring a definition of Fever. There are things h will not be defined, and Fever is one of them. les, when a word has passed into every day use, too late to lay a logical trap for its meaning, think to apprehend it by a definition. Vain, s it to hunt after it in dictionaries, or consult uaries and etymologists about it. After lapse ne, even common language comes to vary its ication from mere custom. It is not likely, fore, that in a profession like ours, which, itself ll belonging to it, suffers perpetual change, age should be constant to its meaning, and the word continue for ever to express the same . Practical medicine must not be overnice the language it uses, or it will be brought to dstill altogether.

term Fever is as old as the hills, and it must n. What it meant formerly, it may not mean But our business is with the sense it bears at esent day, and to give it and take it according nmon acceptation. We *must* use it. So let ke the best of it, and ask no curious questions it. Listen to the fellows in the street, how andy about some vulgar word from morning to giving and taking it in its now unmistakeable and little thinking of all the trouble some arian philologer has had with it. It, a mere yllable perhaps, has cost him a chase of centuries over half the world to find out whence first it came, whither next it went, and where it has been, and what it has been doing and meaning ever since, down to the present time.

Without retrospect or regard then of other times, if there be any sense in which Fever is now popularly understood by physicians and the world, the same may be safely adopted. And such a sense there is.

In casting our eye over the subject of Fever historically, we find this remarkable circumstance, that it fills a much larger space in medical books, both ancient and modern, prior to the century in which we live, than it ever has done since, and than it does at present. In these days, physicians talk about Fever as much as ever. They have it perpetually on their lips, and keep up still a pretty vociferous report of it throughout the world. But they do not now *write* much about it under *that name*.

A fact like this must have its reasons. Verily, writing and talking are different things. Is it that they of old studied the subject more, and we less? No! But each of us has studied it in our own way; and our way is different from theirs.

They dealt with the subject more bravely and adventurously than we, and more comprehensively too; also, more with the aim of coming to conclusions and constructing systems; and, so far, more successfully than we. For this bold and intrepid thought of theirs upon the large subject of Fever took with it such a sweep of things innumerable, and things of every sort near and remote, as contrived to drag in almost all diseases. And so it was that, readily and almost naturally, their theories, and cure, and treatment of Fever, became their theories, cure, and treatment of all the rest. It is, indeed, plain that most of the doctrines, which aforetime have borne grandiloquent names, and made professors and universities famous in their day, have been expansions and reflections of what had been thought, and taught, and practised, concerning Fever.

But our studies are, and have been for some time past, more about it and about it than of Fever itself. And no disparagement to us on that account! Search has been made by us after places that engender Fever, or rather the noxious things which are the proper elements of diseases that involve Fever; and this search has engaged some of the best minds. And it had need of them; for it is difficult beyond measure. And it has had great success. Nevertheless, it is not exactly the study of Fever; perhaps, it is something better. For better, indeed, it may well be to prevent the whole pernicious work from being set agoing, which carries Fever along with it, than to understand what this Fever is when it arrives. Think what it is to know the elements of certain diseases before they have entrance within the body, and then to be able to lessen them and reduce them to nothing; or, failing the ability to do either, to give warning where they are, and save communities their perilous or fatal exposure to them.

Our studies also have been of contagion and its doctrines; and thus we have become conversant with the proper elements of certain other diseases which, however originally engendered, are now kept existent in the world by having human living bodies to accept, and nurse, and multiply them, and impart them to others. Many of these have Fever involved in them from first to last. But the study of them, and the conditions of their spread, is, strictly speaking, something beyond and beside the study of Fever.

Further, our studies have been of diseases which begin and end with the individual man. With naked eye and scalpel, and microscopic and chemical tests, we have been hard at work of late years, and have searched out many wonderful things within the body, claiming to be the *proper* elements of diseases which in their vital progress involve Fever; but they are not Fever themselves.

Behold us, then, circumventing and closing in upon our subject on every side. And are we none the wiser after all what Fever is? Yes! far the wiser. For thus we have come to know all that can be known of it; and that it is neither malarious, nor contagious, nor scissile, nor microscopic, nor chemical; but that it is vital. Fever is not the man's disease, but his life assailed by his disease; even his life on a large scale.

Let me, however, be careful what I say. Pure life is a thing inapprehensible and unimaginable by human thought. But the actings and feelings of the parts and structures which compose our body are, many of them, apprehensible enough. And, as it is by them that the man shows that he lives, we must be content to deem them identical with his very life. For we cannot penetrate further.

With this explanation, let us come close to the bedside, and there see and judge for ourselves what ails the patients who are said to have Fever.

Well, then, some are said to have Fever, while, to outward view, nothing ails them more than that they are hot above measure. Others, that they are hot and cold by turns, after some strange fashion. And others, that they are perspiring too; hot and perspiring or cold and perspiring at the same time; or none of the three together, but each by turns.

All this is apparent enough; and in outward show there is nothing more than this. But there is something more, and no trifle either. Question the patients about their feelings. And, if it be really Fever that they have, whether their heat, cold, and perspiration, be much or little, or in whatever manner occurring, they will all testify to a consciousness of something wrong within them. What it is they feel they cannot exactly tell. Perhaps they can say no more than that "they are ill," or "that they are downright ill."

But people in perfect health are hot and cold and perspiring by turns; and all because they *are* in perfect health. Take them whose lot is labour. Whatever they have to do is by voluntary muscle and limb; and they do it with all their might. This is their outward life put forth day by day and every day in all its power and energy. And their inward life shares the vigour of their outward life, and cooperates with it. They put forth glowing heat and free perspiration; and as for cold, if it be felt at all, it is but for a short season, and as a stimulus for more heat and more perspiration. They testify to nothing wrong within. All their consciousness is of health and power.

Here, then, we have our specimens of life healthily actuated, and of life injuriously assailed. In each case, it is through its same embodiments that we are enabled to judge now of its health and now of its illness; viz., through the entire vascular and nervous
systems, and the great central organs of both.
these, as far as mortal insight goes, are the pr
movers and ministers of all function, and feel
and consciousness within us, ready to answer wh
ever calls or emergencies await them, as they
able. If, from things not out of harmony with th
selves, and not of more force than they can b
they answer (as we have seen) boldly, accordin
the nature of their office, by putting forth the s
plest and surest manifestations of health; if, f
things essentially baneful or simply overstrong, t
they answer (as we have also seen) still accordin
the nature of their office, but strangely and c
fusedly.

It is upon life that we are looking; upon life
bodied in the entire vascular and nervous syst
and on this large scale injuriously assailed, when
we contemplate Fever.

Is Fever, then, one thing or many? The q
tion has been answering itself as we have g
along. Show me Life as a single thing, and I
show you Fever as a single thing taking forc
hold of it. But to contemplate either this or
as a single thing is utterly impossible. Fever n
be taken to stand for the sum and aggregate of m
particulars.

But all general terms in use among physicians
need to be jealously watched. Even strength
weakness, simple and innocent as they look, h
by turns been the marring of us. The t
themselves cannot be dispensed with; and as
as they truly represent (as they always ought
aggregate of things real, and verifiable in their
tails, they serve an useful purpose. But, failing
they become pernicious abstractions. In my time
dicine has been going through a speculative cris
two opposite kinds by turns; and strength (so-ca
has ruled the one, and weakness the other. Be
all question, during its critical ascendency, abst
strength cost the world many lives by its practi
blood-letting; and abstract weakness, in its t
has cost the world many also by its practic
brandy-giving. I have not statistics to show
exactness which of the two has levied the la
mortal tax upon mankind. My impression is
the bad preeminence belongs to the latter.

Now Fever is a general term, and as such, ca
with it the danger, as far as its meaning is conce
of degenerating into a vague abstraction. And
danger is the greater, the more it is thought of
talked of, apart from the patients who suffe
Therefore, in what remarks we have yet to n
about Fever, let us still keep close to the bed
And not only so; but let us choose some h
hospital, and conceive ourselves to make
visits to it for some three or four years in
cession, and there and then make acquaint
with the real things, which Fever represents i
natural and necessary alliance with bodily
and diseases.

American War News. After the battle at
Donnelson, the Chicago Sanitary Commission
eighteen surgeons to assist in the care of the wou
The citizens of Cincinnati contributed a large su
money, and furnished a cargo of hospital stores, a
number of its most competent surgeons. These a
generous care of the wounded relieve war of some
most unpleasant aspects.

Lectures

ON

ISEASES OF WOMEN AND CHILDREN.

DELIVERED AT THE SAMARITAN HOSPITAL.

BY

CHARLES H. F. ROUTH, M.D.,

PHYSICIAN TO THE HOSPITAL.

Lecture II.

The Consequences of Endometritis.

TLEMEN,—In my last lecture I spoke of endo- ritis. To-day I pass on to the consequences of disease upon the generative organs themselves; time would not allow me to refer to those which ct more generally the system. I shall allude cially to the following—I. Mucous Polypi; II. menorrhœa; III. Occlusion of the Internal and ernal Os; IV. Physometra and Hydrometra; V. lacements of the Uterus—Retroversion and eversion; VI. Hypertrophy of the Cervix; and Sterility.

Mucous Polypi. You will remember that, I spoke of endometritis of the *body* of the us, I noticed the intensely red colour often ob- ed in the lining membrane, due to villous pro- ons of the mucous coat. That these projections ld enlarge and develope in the same way as do, can be readily imagined; but I have verified upposition. In the history of a case which you find recorded in the *Obstetrical Transactions* ii, p. 123), the possibility of this change is st substantiated. Dr. Tyler Smith has gone a further; and he states that vesicular polypi are ng more than Nabothian bodies which have be- elongated instead of rupturing, and so project the surface of the os uteri, and bleed as freely ough a small vessel were opened. If this view rrect, or whether, according to Robin, a Nabo- body be only a dilated tubular gland, we can y understand the origin of mucous polypi n the uterine cavity as a result of local inflam- n in a gland. These polypi are of two kinds— e *cellulo-vascular*; *i. e.*, those attached flatly to ucous membrane, sessile, varying in size from s head to a small pea, sometimes assuming an escent appearance, which are found generally n the uterine cavity, and chiefly on the poste- urface. They are very vascular, and bleed on ightest touch, and so far resemble those vas- bodies found in the urethra. 2. The *cellulo-* s. These are generally attached by a pedicle harder consistence, and are more frequently within the cervical cavity, not very easily ff, and which generally attain a larger size. ature of these polypi has been very fully in- ated by M. Charles Robin (*Archives Générales decine*, 4ième série, No. xvii), and by M. Fer- *Thèses de Paris*, No. ci, 1855). According to inquiries, we find in these same polypi all the nts found in the uterine mucous membrane Fibres of cellular tissue, generally less abun- n the surface than in the centre; (*b*) fibroplastic elements in sufficient quantity, nuclei and fibres, cellules very rarely; (*c*) an amorphous homogeneous mass, which abounds more than any other products; (*d*) capillaries in abundance; (*e*) follicular and tubular glands, the epithelium linings of which come away very readily; (*f*) some oil-globules, few in number; (*g*) epithelium of the cylindrical variety, destitute of cilia. M. Aran believes that, although the elements in these two varieties are the same, the exceeding vascularity of the former proves that their relative proportion varies greatly.

The presence of these bodies almost always gives rise to menorrhagia, either constant or periodical; in the latter case, the catamenia being very copious, and accompanied by clots. In many cases, the hæmorrhage proceeds from their external surface; this is more often observed where the polypi are soft and yielding. The slightest touch makes them bleed. Where cellulo-fibrous polypi exist, the menorrhagia seems rather to proceed from the surrounding mucous membrane of the uterus. Hence the advantage of opening freely the os by the hysterotome. This arrests the hæmorrhage, because the polypus no longer presses against and irritates the uterine mucous membrane. I have observed the same result to follow the use of the hysterotome in cases where there was no polypus, and where the menorrhagia was produced by a simple projecting fold of the inflamed mucous lining—a practical point not to be lost sight of.

Treatment. The same measures adopted in the case of the fourth variety of endometritis—first, dilatation by a sponge-tent, then the use of the uterine gouge with or without injection—are to be used here. Among injections, I prefer the tincture of the sesquichloride of iron, because it at once arrests the hæmorrhage. In a few days, a yellow muco-purulent discharge sets in, which usually disappears with rest and cold-water injections.

II. Dysmenorrhœa often succeeds endometritis. Dr. F. Churchill (*Diseases of Women*, page 167) has remarked that uterine leucorrhœa persists during the intervals of menstruation in this species of dysmenorrhœa, and rarely in the neuralgic form. This fact proves the connexion between endometritis and this variety of dysmenorrhœa. It is, clear, however, that the disease may arise as well from inflammation or intense congestion of the whole organ. There is often superadded a neuralgic element, kept up by the local endometritis, as in analogous examples of irritable stricture of the urethra. This is proved by the great relief to all symptoms which follows a full anodyne. At first the pain may be extreme, and there are strong forcing efforts; but after a time all the symptoms gradually subside. The duration of these pains may vary from two to twenty-four hours, as if the spasm had only been relieved, and before any copious flow can have occurred to remove the inflammatory complication. With the cessation of all pain, the obstruction disappears. In many cases, however, there is considerable fever; and the ejection of a dysmenorrhœal membrane, either entire or in shreds, compared by some to croupy exudation, which proves that there has been plastic inflammation. The distinction between dysmenorrhœa due to parenchymatous uterine inflammation from that due to endometritis has not, I think, always been clearly made out. The pain and fever are more marked in the former; in the latter, the leucorrhœa and spasm are always present.

The *treatment* of this affection is that of endometritis. Large doses of anodynes should be given, in addition to the local depletion. In severe cases, the hysterotome may be used with great advantage.

III. OCCLUSION OF THE OS, INTERNAL AND EXTERNAL. There are two varieties—the first or *senile*, in which the external os is closed; the second, or *intermittent*, where the internal os is chiefly closed.

1. The *senile variety* is commonly observed among very old women; and frequently, as all the uterine functions are in abeyance, it gives rise to no discomfort. Aran, however, has described a class of cases in which occlusion occurs in old women, and where painful symptoms are complained of. Sometimes the occlusion is due to unusual development and thickening of the mucous folds. It is more frequent when women have ceased to menstruate. A vague sense of fulness about the hypogastrium, irregularly colicky expulsive pains occurring at long intervals, are observed. On examination, the os is found enlarged, more or less congested, and tender. There is also increased uterine volume inferiorly. After a time, as a result of unusually violent expulsive pains, the closed os is forced open, a large quantity of muco-sanguineous or purulent fluid is liberated, and all the symptoms disappear. A cure generally follows after two or three days. Sometimes, however, the same painful symptoms, alternating with complete relief, keep continually recurring. In some, the pain is exceedingly violent, so as to make life very miserable. This variety differs from the following in the entire absence of any signs of pregnancy. Whether this is due to the fact that the accumulation is confined to the cervical cavity, or to the abeyance of all specific uterine function, I know not.

2. The *intermittent variety*, as it occurs in younger women, is generally due to obstruction at the internal os. At any rate, the accumulation extends to within the uterine cavity. Beside the general symptoms before described, we have superadded pseudo-signs of pregnancy. The cervix yields to the touch the peculiar velvety feel. There may be some dulness above the pubes. The os may be slightly patent; but the passage of the sound is obstructed from a quarter to half an inch up, as if by the ordinary mucous plug of gestation. There is absence of menstruation. The breasts are full, areolæ large, follicles well marked. Such cases are very difficult to make out; indeed, occasionally nothing but the progress of it will clear up the doubt. There are, however, some important points to notice. The position of the woman, if unmarried, and the character good, will make you hesitate. The breasts are not only large, but often much hypertrophied. Now, so far as my experience goes, I do not remember a case of pregnancy where this condition existed—certainly not in the early months. Then the areolæ of the two sides differ; one is darker than the other. The enlarged follicles on both sides are not symmetrically disposed. It is, again, those near the nipple which are large; not those on the outer rim of the areola, so commonly observed in pregnancy. Again, the breasts discharge sometimes a drop or two of serous milky-looking fluid when the nipple is compressed. The blue colour of the vulvar opening is not present. As the case progresses, f
two or four weeks to three or four months, but u
ally before the three months are accomplished,
patient's condition becomes no longer doubtful.
will tell you—and this usually occurs after some
ertion—that she has felt something give way in
which was followed by a copious leucorrhœal
charge, and which, as in the senile variety, remo
all painful sensations. The same series of sympt
may in a few days recur, or a complete cure
follow. Generally speaking, the duration of
symptoms, if they recur, is not so long, and
breasts gradually become smaller. The sympt
of pregnancy are less marked each time, till fin
a menstrual epoch is perfected, although gene
with much pain. Dysmenorrhœa, in fact, is
disease left behind.

There are two diseases between which and
last affection the diagnosis may be difficult. O
the ulcerative form of fundal endometritis, spok
in my last lecture. The sound here would clea
the doubt, only that it is not wise to use that in
ment where there is suspicion of pregnancy. T
however, coupled with the periodical discharg
pus and remission of all the symptoms, will deve
the case. The other disease is hydrometra;
the differential diagnosis will follow in the seque

IV. PHYSOMETRA AND HYDROMETRA. There
two forms of uterine disease which are also d
occlusion of the os—*physometra*, where air is
tained in the cavity; and *hydrometra*, where a w
fluid occupies its interior.

Dr. Churchill attributes physometra to suba
or chronic inflammation of the lining membrane;
we know that mucous membranes in an unhe
state secrete gas. Occasionally the closure of
os is only partial. Once a sufficient quantity
been secreted, it escapes suddenly from emotion
uterine contraction, giving rise to an explosive s
resembling that which follows the escape of
from the rectum. This is a very common affec
Where the os is, however, completely closed, th
will accumulate, and physometra is established
Frank mentions two cases. The *post mortem* exa
ation of one revealed an ulcerated uterine lini
hardened os, corroded internally. The gas cont
was fœtid. The orifice in the second case was c
by a polypoid mass.

The symptoms observed in these cases are
of pregnancy. In most instances, milk is sec
The uterus is also large. That there is no preg
is, however, at once made out by the tymp
state of the abdomen.

Hydrometra, the twin affection to the latter
sists in the retention of fluid matter withi
uterine cavity, instead of air. The fluid is sec
idiopathically by the lining membrane, or sym
atically by an ulcer upon it. In the former c
is usually serous, albuminous, or mucous; i
latter, purulent. The quantity may vary from
to a hundred and eighty pints. I do not d
this form of disease; I never saw but one case
that was a doubtful one. The symptoms are
similar to the two classes before noted, at le
first. You will find two examples recorded i
Churchill's work. In Dr. Thompson's case, th
tient died after amputation; in her eight
of fluid, of a dark brown colour, and coagulati
heat, were found. The mucous lining app

lthy, but the os was obliterated. In Dr. Coley's
e, the patient died of peritonitis and purpura;
three pints of dark coloured, thin, and offensive
d were found. The uterus was thinned to the
sistence of a bullock's bladder. The os was
ed by a large tuberculous mass about the cervix,
a plug of mucus. The entire lining membrane
softened, in many places ulcerated.

he *treatment* in these last three diseases is the
e. The os must be opened to give free exit
he uterine contents. The opening may be made
a cannula; but some preliminary precautions
uld be taken. In one case I treated, where oc-
sion of the os was due to a severe instrumental
ur, and in which, moreover, the uterus was re-
erted, I pulled down the uterus by a vulsellum,
s to get the cervix and fundus in the same axis;
, using a very fine trocar, penetrated to about a
or two every day, keeping open the passage
le towards the uterine cavity by a plug of wood
ered with cotton wool, and secured in its place
large plug of cotton behind; but in this case
adhesions extended about half an inch up the
ix. When once the cavity is entered, dilatation
sponge-tent or the hysterotome is an easy matter.
s wise in these cases to keep the new opening
le patent by a plug, changed daily, till the
er menstrual epoch occurs, when all danger
eclosure ceases.

[*To be continued.*]

Illustrations

OF

OSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

TAL CASE OF CROUP IN WHICH TRACHEOTOMY WAS PERFORMED.

DWARD PARKER YOUNG, Esq., House Surgeon to the Hospital.

—, aged 4½, was sent to the hospital by Dr. Hand-
Jones, on Feb. 16th, 1862, to have tracheotomy
ormed, as the symptoms were very urgent, and as
heotomy appeared the only chance of saving the
l from death.

appeared that the child had been unwell for three
ur days, and had been gradually getting worse up to
time of its admission; for when it was first admitted
face was livid, the head thrown back by every in-
ation, the pulse quick but full, the alæ of the nos-
were expanded; and the child presented all the
ptoms of impending suffocation. Tracheotomy was,
efore, performed; and it was with great difficulty
the tube was inserted, on account of the enormous
us hæmorrhage. When the trachea was opened,
d was drawn in, which was sucked out by the mouth
he operator, and nearly an hour and a half elapsed
re good breathing was established through the tube.
r this time, the breathing became very good, and
child took nourishment, and slept at intervals, till
next day, twenty hours after the operation; when
ming symptoms came on, the breathing became
e laborious, the respirations quickened; the child
ared very restless, and vomited frequently; and ex-
d twenty-eight hours after the operation.

A *post mortem* examination showed that the lungs were collapsed and pneumonic, and contained very little air. The trachea was lined by a false membrane, which was loose, and extended into the bronchi and their ramifications. As this state of parts explained the cause of death, the examination was not proceeded with further.

The remedies in this case were emetics, salines, and expectorants; but the *post mortem* examination clearly showed that it was impossible that the child could have survived with the respiratory apparatus in such a disorganised state.

WESTMINSTER HOSPITAL.

MEDIAN LITHOTOMY ON A BOY: RECOVERY.

Under the care of B. HOLT, Esq.

MEDIAN lithotomy has been practised occasionally during the last five years at many of the metropolitan hospitals; but the operation has been confined for the most part to adult patients. Mr. Holt has, however, performed it on several occasions upon children, with the best results. The case here recorded is interesting from the fact that, finding some difficulty in withdrawing the stone (which was of considerable size), Mr. Holt made a small incision in the side of the prostate, which allowed of the immediate withdrawal of the calculus, and was productive of no injury to the patient; and it serves to illustrate the fact that it is tearing rather than cutting which gives rise to inflammation and abscess about the prostate, as was so strongly insisted upon by Mr. H. Thompson in his Lettsomian lectures.

In this case, as in all Mr. Holt's other cases, the urine did not pass involuntarily through the wound, as it usually does after the lateral operation; but the patient was able to hold it for some hours, although in the act of micturating the urine came through the wound for the first few days.

John Stenson, aged 16, but small for his age, and of a pale, flabby appearance, although he has always lived in the country, was admitted into the Westminster Hospital, under Mr. Holt's care, with stone in the bladder, on Jan. 24th, 1862. He had suffered from symptoms of stone since birth; and four years ago a surgeon sounded him, and recognised the presence of a calculus; but no operation was performed, because it was supposed that the boy was labouring under kidney-disease.

Mr. Holt, having detected a stone, proceeded to perform median lithotomy on the 11th February, 1862. After opening the membranous portion of the urethra, Mr. Holt always passes a curved steel probe with a handle along the staff into the bladder, and then introduces the forefinger between the probe and the staff, upon both of which traction is made. Thus dilatation is accomplished with ease and certainty, both instruments being withdrawn when the finger reaches the bladder.

The stone was readily seized with the forceps, and withdrawn for a short distance; but it was found impossible to draw it through the neck of the bladder; nor could the forceps be disentangled, so as to remove it with the scoop. Mr. Holt, therefore, introduced a straight probe-pointed bistoury, and divided the tissues slightly in a lateral direction, when the stone was immediately and readily extracted. The calculus was an inch and three-fourths in length, an inch and one-eighth in width, and seven-eighths of an inch in breadth, and weighed six drachms, two scruples, and six grains. Its composition was phosphatic externally; but upon section there was found a mulberry (oxalate of lime) calculus, of the size of a hazel-nut, imbedded in the centre of a mass of phosphates.

The boy had a good night, and was able to hold his urine; when he passed it, however, it all came through the wound, and continued to do so till the third day after the operation, when some passed *per urethram*.

Feb. 23rd. The greater part of the urine passed by the urethra; and if he sat up, the whole of it.

Feb. 27th. The greater part of the urine passed through the urethra. The wound was inactive. He was ordered full diet, four ounces of wine, and five grains of citrate of iron and quinine three times a day.

March 5th. As some of the urine still passed by the wound occasionally, the boy's legs were tied together to prevent his tearing open the wound by moving them about.

March 20th. The whole of the urine came by the urethra.

April 7th. The wound was completely healed.

April 17th. He was discharged to go home.

The neck of the bladder has not quite recovered its tone; so that he is obliged to pass urine as soon as he has a call, or it will dribble away a little. He has no incontinence at night, from which he suffered before the operation.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

CASE OF INTRAOCULAR DISEASE, ILLUSTRATIVE OF THE USE OF THE OPHTHALMOSCOPE.

Under the care of J. C. Wordsworth, Esq.

J. D., aged 33, a labourer, but lately discharged from Her Majesty's marines, applied at the Royal London Ophthalmic Hospital, March 12th, 1862, on account of failing sight in both eyes, for which he had been treated ineffectually by several surgeons.

He stated that his vision was good till about thirteen months ago, when gradually increasing dimness commenced in both eyes, and has now become so great that he can scarcely see to follow his employment as a farm-labourer. He has had no pain or other inconvenience. About five years ago, he had primary syphilis; and is now suffering from rupial spots on his legs; he feels strong and well, though he is, from want of means, but very imperfectly nourished.

On examination, both eyes appear quite normal. There is no undue vascularity or alteration in any of the parts forming the anterior segment of the globes. The pupils are round and black, of ordinary size, and correspond. The irides move briskly under direct and reflected stimulation of the retinæ. He is enabled with either eye to see people across the room; but cannot read characters of three-inch print. At rather short distance, he reads No. 16 type (two-line great primer) with some difficulty without lenses; but easily by the aid of No. 10 (concave).

Ophthalmoscopic illumination at once demonstrates great alteration in the structures of both eyes. The vessels of the retinæ are distinctly visible without the intervention of the ordinary ophthalmoscope-lens; thus proving the fact of his being short-sighted. On further scrutiny, both optic nerves are seen to be surrounded by irregularly defined round spots of atrophy of the choroid, over which the vessels of the retinæ pass apparently unaltered. The optic nerves themselves are too white and glistening, having lost their normal creamy aspect, and assumed a tendinous appearance. The rest of each fundus is but little changed; the yellow spot and its vicinity being apparently normal.

These conditions constitute staphyloma posterior. Its etiology is very unsatisfactorily developed, though the condition is a common one, and observed under various circumstances.

It is generally of slow progress, and but little amenable to remedies. In association with syphilitic cachexy, I have repeatedly observed these atrophic spots, round, or near the optic nerve-entrance. I cannot speak favourably of any plan of treatment; but so far as my
perience enables me to judge, none of the specia
medies for syphilis produce any benefit. I hav
peatedly administered mercury and the iodide of p
sium, in combination with tonics, for a conside
time in these cases; but the result has been so sl
and any improvement so slow, that I am unabl
assess the just value of these remedies; especial
diet and regimen have been essential parts of the t
ment. Considering the condition as one of atrophy
degeneration, we cannot hope for a restoration o
normal structure of the eye; the indications of t
ment, seem thus restricted to the endeavour to mai
the structures in their present state. These are
bably comprised in good and sufficient diet, and
other hygienic means as are at our disposal; but it u
tunately happens very generally that the essentials
not to be attained in hospital practice; for it is id
enjoin rest, fresh air, and abundant nourishment t
poor patients, whose very existence depends on assid
labour. It is, therefore, too commonly the case
wearied with long attendance at a hospital, they a
don the little help that can be afforded them by n
cine, and cease to be under any treatment, till gr
urgency induces them again to seek for relief.

Discouraging as the results of these sad cases
necessarily be, alike to patients and ourselves, w
fain to take a hopeless and inert course in attem
their alleviation, and so to fall into the too current
dency of the time, adopting the maxim of the
to do nothing, lest we should do harm.

Much as rash medicine is to be deprecated, met
we are becoming false to our art, and swayed b
ready despair, are prone to strike our colours, an
dorse the opinion that we have no faith in the reso
of physic. The disposition to charge medicine wit
shortcomings of its faithless disciples, evinces a n
ness unworthy of us, and of our sacred trust. D
less, a blind and overweening trust in our resour
contemptible and mischievous; but it is equally
lay down our arms and prove recusant, because, fors
we cannot compass the exact formulæ or results of
cise science, or scan the intricacies of physiology
therapeutics.

The achievements of science and art are not the
spring of faithless disciples; nor will medicine be p
ably ministered by those who have adopted as the
of their escutcheon, "distrust."

TAUNTON AND SOMERSET HOSPITAL

CASE OF DISEASED ANKLE-JOINT AND FOOT; AMPUTA OF LEG BY THE RECTANGULAR (TEALE'S) METHOD; RECOVERY.

Under the care of Henry J. Alford, M.B.Lond
Surgeon to the Hospital.

John Woodland, aged 48, labourer, was admitted
the hospital, on October 26th, 1861, under the ca
Mr. H. J. Alford.

His parents had both been healthy, both having
at the advanced age of 88 years. The patient
always indulged pretty freely in alcoholic stimul
more especially during harvest time. His health
always been good until within a year and a half
when he suffered from acute pain in his right side
was subsequently confined to his bed for one m
He stated that his medical attendant pronounce
liver to be affected. He had never had an atta
hæmoptysis.

Two years since he first felt a pricking sensati
his left foot, which obliged him to walk lame, a
have recourse to a stick. Nevertheless, he did not
up work. His foot used to swell much after walki
it. He had continued to work up to the date of hi

sion on October 26th, 1861, when his state was as ows:—He was tall and slight; his manner nervous excited; his general appearance that of a man suf- ng from phthisis. On the inner side of the left le-joint was a large, soft, circumscribed swelling. distinct fluctuation could be felt. There was a general fulness over the whole joint, and over instep. A linseed-meal poultice was applied to swelling; and he was ordered house diet and a pint le.

ct. 19th. Tincture of iodine was applied.

ov. 5th. The entire swelling had increased, and e was also considerable redness of the surface. A incision was made into the swelling over the inner le, and some bloody pus escaped. No dead bone d be detected. Pulse very quick; breathing very d. His manner was excited. He was ordered an rvescing saline mixture, and an opiate at bedtime.

ov. 10th. He continued to get worse. On his chest g examined, the right lung was found, on percus- , to be dull from base to apex. There was bronchial, ost tubular, breathing at the apex. No breath-sound d be heard at all elsewhere. There were no rhonchi. swelling of the foot was much increased. Another incision was made, which gave exit to bloody pus. was ordered quinine and ammonia, with opium, beef- and brandy.

ov. 11th. He was very delirious during the night, quieter in the morning. Pulse feeble and rapid; ue brown and dry. He had slight cough, with no ectoration. He appeared to be sinking, and was well l with stimulants.

ov. 15th. He had been gradually getting better; but ring from diarrhœa, which was checked by chalk ture.

ec. 3rd. The limb was placed on a Macintyre's it. Free incisions were made on the dorsum of the from which escaped much unhealthy-looking pus.

n. 16th, 1862. His general health, with aid of dy mixture and other stimulants and tonics, had iderably improved. His right lung was still dull; his breathing was better, and his cough less. The however, was worse; it was everted, and the ankle, ell as the tarsal and metatarsal articulations, seemed e thoroughly disorganised.

loroform having been administered, the leg was utated at the lower third; Mr. Teale's method of ong and short rectangular flaps being adopted. The ation occupied more time than the flap operation; when completed, the stump presented a much better arance than could have been obtained by the flap ation. The flaps having been united by silver wire res, and the stump treated in the way suggested by Teale, the patient was removed to his bed. The orrhage during the operation was very slight. On ecting the amputated foot, entire disorganisation of nkle-joint, and of the tarsal and tarso-metatarsal ulations, was found. All the articular surfaces were ded of their cartilages; the bone substance was and pulpy; and between the astragalus and os calcis a collection of unhealthy grumous pus. The patient the operation very well; an anodyne draught was nistered; and he slept quietly.

n. 17. He slept well last night. Pulse quiet; skin He complained of but little pain.

n. 19th. There was slight discharge from the id. The expression of his face was much im- ed.

b. 1st. He was continuing to do well. The stump ed healthy. A small slough came away from one er of the anterior flap. All the ligatures had come . A bandage was put over the upper part of the o prevent the patient from tilting the limb upwards, and the consequent pressure of the end of the tibia against the anterior part of the stump.

Feb. 10th. There was a small sinus, but no dead bone felt. The stump had otherwise just healed. The patient's general health was vastly improved. His appetite was very good. He took cod-liver oil and plenty of nourishment, and was getting fat. The dulness over the right lung was gradually diminishing.

Feb. 28th. He was out of bed to-day on crutches.

March 21st. He walked about the garden on crutches. The sinus was all but healed up.

March 28th. He was discharged cured.

Original Communications.

CASE OF POST-PARTUM CONVULSIONS.

By Wm. Boyd Mushet, M.B., Fulham.

J. C., aged 26, a very poor and strongly built woman usually in good health and employed at hard work, was confined on Jan. 13th of a dead child by a midwife. She had previously had three children and a miscarriage. Labour was said to have been easy, with some after-pains. The milk disappeared on the fifth day, when she sat up. She got up daily, and remained well until the eighth day, but on the ninth complained of pain in the head, and over the eyes, and her face seemed swollen. She swelled much below the knees before her confinement. On the tenth day she was much the same; but about 9 P.M., quite suddenly, she was seized with violent convulsions, which rendered her livid and insensible, and much blood escaped from the mouth in consequence of the tongue being lacerated. The fits continued, on and off, throughout the night, without intervals of consciousness. I first saw her on the following morning about 6.30 A.M., when she was not convulsed, but completely comatose, with pupils contracted almost to a point. The face was calm and pale; the breathing stertorous; the limbs were not rigid; and there appeared to be a general puffiness of the body, especially of the neck, legs, and feet; but no pitting was produced on pressure (anathumiasis). The pulse was slow, small, not wiry. The lochia had stopped. I ordered five grains of calomel, with a drop of croton oil; five grains more to be given in four hours if they did not act.

I saw her again at 1 P.M. There had not been any action of the bowels; but much urine had passed. She was much the same, and had had several more fits. I myself administered two drops of croton oil, and ordered a blister to the nape and sinapisms to the calves.

In the evening at 9 P.M., she was still insensible, and the croton oil had not acted. The fits had returned at intervals, with blood from the mouth. The pulse was fuller, the surface hot, the face flushed, the pupils dilated and insensible. The blister had drawn well. Twelve ounces of blood were taken from the left arm, which, the next morning, did not exhibit any trace of buffiness or cuppiness. The venesection was difficult, on account of her fat and puffy condition. Ten grains of calomel were given; and a mixture of tartrate of soda and nitric ether was ordered to be frequently poured down her throat with a spoon.

The next morning, she was still insensible, and was reported to have had several more fits, but not so strong or so long in duration. The bowels had never acted. She was ordered half a drachm of jalap and calomel, and an enema of turpentine, salt, and gruel. The latter brought away a large quantity of fæcal matter. (This would have been earlier administered; but I could not procure any one to undertake the task; and I, though not squeamish, personally recoiled from it, on account of her filthy abode and surroundings.)

The next day, at 1 P.M., it was reported that she had not had a fit since 11 P.M. The pupils were dilated, the face calm, the respiration easy. She was soporose, and I attempted to rouse her. At length, after pinching, and bawling loudly several times "Do you feel better?" she slowly answered "yes," and then seemed to relapse into unconsciousness. She had not spoken for sixty-four hours. The lochia returned this morning. I was afterwards told that she did not again speak until 10 P.M. The next day she was lethargic, but sensible; and said she could eat something. The pulse was quiet; the surface warm; the pupils moderate. The urine, which I had not previously examined or drawn off, was very high coloured, and contained a very large amount of lithates, but no albumen. The tongue was clean, but greatly lacerated. The bowels had not again acted. The lochia had disappeared. She said she did not remember anything that had passed. Little remains to be detailed. She took plenty of beef-tea; the bowels acted well spontaneously; the general swelling rapidly disappeared; and, except with occasional headache, she recovered well in about a week.

REMARKS. Waiving the consideration of therapeutics, which could hardly be efficient, owing to the highly unfavourable circumstances to which the patient was subjected, I shall dwell briefly on one or two points of pathological interest. *In limine*, I imagine, the case will be conceded to be one of puerperal eclampsia.

It is familiar to all that this affection is very seldom encountered after delivery. It is also a clinical fact, that it is infinitely rare, except in the primiparous female. According to Dr. Rigby, in two cases which came under his notice, where it occurred in multiparæ, it did not appear until after delivery; but the period is not noted. In neither case, I apprehend, was the advent of the seizure so protracted as in the one here narrated.

The long duration of the coma, coupled with the recovery of the patient, is a feature worthy of remark.

Lastly, the causative agency may be considered; and here I may state that Dr. Nebinger (BRITISH MEDICAL JOURNAL, Feb. 8th, 1862) affirms that "the nature of puerperal convulsion is yet undecided;" that the cause or causes are undetermined;" "that uræmia is the only cause, is not only doubted, but denied, if not disproved." The case before us establishes the correctness of these propositions.

I may admit, that I somewhat confidently ascribed the attack to, or at least deemed it to be associated with, imperfect renal function, on account of the general puffiness of the superficial tissues; but examination of the urinary secretion did not reveal the presence of albumen, although it should not be forgotten that the analysis was deferred until the fourth day. It may be added that Dr. Rigby, in treating of puerperal convulsions, makes no reference to the condition of the urine.

The abundance of lithates would indicate some malassimilative process, and suggests the possibility of connection between the convulsions and disturbance of the normal retrograde metamorphosis of the uterus, which accompanies post-parturient involution.

The patient, doubtless, rose too soon after her confinement; viz., on the fifth day. Dr. Simpson observes "both in the healthy and in the morbid state, the uterus is apt to become more congested, when the patient assumes the erect position, and a morbid degree of congestion interferes with various physiological functions." Hence it may, with some probability, be inferred that the attack was precipitated by uterine irritation or congestion; nevertheless, on reviewing all the facts and symptoms, it must be assented that its etiology remains obscure.

HARD CATARACT AND SOFT: THE CON
TIONS ON WHICH THE DISTINCTION
FOUNDED, AND THE PRACTICAL BE
ING OF SUCH CLASSIFICATION:

BEING REMARKS IN THE COURSE OF CLINICAI INSTRUCTION AT THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

By HAYNES WALTON, Esq., F.R.C.S., Surgeon to
Hospital, and to St. Mary's.

I AM quite sure, from much experience, that I shall
impart the instruction I wish to convey respecting
difference in cataracts, and the appropriate operati
by recognising only two kinds, the hard and the sof
founded on lenticular degeneration; and disregar
any special consideration of opacity of the lens-cap
in the sense of capsular cataract. It is the only t
practical manner of treating the subject, because i
founded on the way in which it is regarded in ac
practice. I find that when a student, without any
vious knowledge, follows my practice, and receives
instruction after this method, he more readily acqu
the desired information than he who brings with h
from previous reading, the terms capsular catar
capsulo-lenticular, cortical, nuclear, etc. Not th
quarrel with such, but would certainly keep them ou
the way, at least till the learner has gathered some
stantial knowledge of the disease, and can trust him
to discriminate what he sees. It is chiefly on acc
of the complex description met with in text-books,
the very many terms relating to cataracts, that few
dents, with even good opportunities before them,
master the subject. I cannot forget how I was be
dered with the names, and almost threw up the st
in despair, when, after the "true cataracts", I found
scribed the "spurious", including the pigmentous,
purulent, the sanguineous, and many others—exp
sions which are founded on conditions that can e
only in disorganised eyes, and literally bear no pat
logical connexion whatever with cataract as diseas
the crystalline lens, and had far better never have b
invented. I am sorry to be obliged ever to allude
them, and I beg you to forget them immediately.

I shall speak, therefore, only of hard cataract
soft. I think that the terms are more correct and
objectionable than any that have been suggested.

It is an universal rule, that the lens never loses
transparency and becomes a cataract without alterati
in its tissue. It degenerates in different ways at
ferent periods of life. Hard cataract is essentiall
disease of elderly and old persons. As we grow ol
the lens changes some of its physical characters,
between the fortieth and fiftieth year of our existe
has become palpably denser, especially in the cen
and more or less of an amber tint.

Hard cataract is opacity appearing in a lens
changed. It can, therefore, never appear before
middle period of life. The statement, yet to be foun
the writings of some of our living authors, to the ef
that it is occasionally met with even in children, is
correct, but a mistake made in utter ignorance of
facts that I have mentioned.

So soon as the cataract begins to form, structural de-
neration of the lens sets in. When formed, the sup
ficial portion is preternaturally soft, sometimes softe
down to a semifluid mass. This arises from softening
more or less disintegration of the lens-fibres, which
dotted over with fine molecular matter, also found flo
ing free in masses, filling up and rendering opa
many of the superficial lens-cells, of which the very
cumference of the lens is made up—that part of
which is in contact with the capsule. The nucleus
on the contrary, hard, and dry to a degree far exceedi

t is ever met with in health. The lens-tubes are l, atrophied, brittle, and more or less opaque by fine ecular deposit, as well as by little cracks and fis-s. It is not readily broken through, but requires as h pressure as a modern cataract-needle, such as I will bear. It breaks with a fractured surface, not ke that of a piece of broken yellow wax. It is pro-e that the molecular matter is the result of the ulation of the albuminous blastema, by which the le of the lens-textures are pervaded. It is this ige in the centre that requires hard cataract to be acted, because the nucleus resists the process of rption considerably. It might, in the course of y months or a year or two, be so removed; but e is this practical objection to the operation for tion, that after the soft part of the cataract has dis-eared, if not before, the nucleus is very likely to be cated from the capsule, and produce destructive in-mation, if not extracted in time. But the disloca-may be posterior to the iris, when the operation is ly practically safe.

ie softened superficies often remain in the eye ig the operation for extraction—a matter of no im-ince, as it quickly disappears.

metimes, in consequence of the iris being very near ie cornea, the operation for extraction cannot be without unwarranted violence to the eye. Mr. ell suggested that an advantage may be taken of urface-softening, and the double operation for solu-and extraction be applied. So soon as the soft er is absorbed, the iris will in all probability fall , and be out of the way of the cataract-knife in its ng through the cornea. I can speak most highly of method. I do not know of any one but myself ; it.

e operation for depression, by which the cataract is ed from its place and buried in the vitreous our, is especially bad in theory, and no better in ts.

e diagnosis of hard cataract is not a difficult matter. age of the person is a material guide. The appear-; of a well-marked specimen are, a mixture of dark and amber, more deeply shaded in the centre, ; to the natural anatomical configuration; or mot-of grey and amber, or amber colour only. But I stop here, because I am neither giving a systematic iption of the general appearances of cataract, nor npting the impossibility of teaching you how to iose by merely telling about the shades of colour of ease. There are abundant opportunities of ac-ig the desired knowledge by actual observation. iat I profess to do, is only to draw your attention e chief parts connected with the surgical pathology aract.

e capsule of the lens is frequently not affected in cataract; but it might be slightly opaque, being a little hazy, therefore it does not hide the amber and not getting materially dense, does not inter-vith extraction.

t cataract is met with under two conditions. In ne, as opacity invading a lens that has not yet be-amber-coloured and denser by age, and, therefore, ; only under the middle period of life. In the , as disintegration, or breaking down, or softening e entire lens-tissue, occurring at any period of life, but rarely, at the most advanced age. It is to this act that the operation for solution is so applicable atisfactory.

course, as the natural changes in the colour and ty of the lens are as gradual as those in any part e body incidental to age, you must be prepared to with cataracts in persons a few years on either side rty that can hardly be classed, as they show the icteristics of neither well marked. My rule is to with such, practically, as if they were soft.

The first of these forms of soft cataract is the most common. In operating, the cataract offers about the same resistance to the needle as the healthy lens of a young person; a fact readily ascertained by operating on an eye directly after death, that is within an hour or two. The morbid changes are essentially the same as those found among the superficial and soft layer of hard cataract.

The most characteristic appearances are a light grey colour, or greyish white; and in proportion as the cataract occurs earlier in life, is the grey matter more apparent. Sometimes there is a bluish whiteness resembling milk and water. The capsule is frequently hazy, and in proportion to the opacity, is the cataract whiter.

In the second, the rarer form of soft cataract, the disintegrating or breaking down states, the lens fibres are much destroyed or entirely disappear, their place being taken by fatty, earthy, and molecular matters. Here the capsule of the lens loses its transparency, and the appearance of the cataract is nearly always white, except when the lens-tissue has degenerated into a brownish or sepia-coloured fluid, a condition more commonly met with at the period of life when the lens has undergone coloration.

As it is only in the extremes of hard and soft cataract that the chief characteristics of each are met with, there being an intermediate state of insensible transition, so it is in the two forms of soft cataract that I have been describing.

It is very commonly supposed that soft cataracts acquire size, and afford indication of it in smallness of the chambers of the eye, commonly called the aqueous chambers. This is really no proof, as changes in the posterior part of the eye, especially preternatural vascularity of the ciliary apparatus, may throw the cataract forward, and even more or less reduce the space anteriorly. Besides, it could not happen except the capsule enlarges: a very unlikely occurrence.

I have given but a very sketchy outline of my subject; and I have carefully avoided detail. However, I trust enough has been said to assist you in your studies.

Pure Air *v.* Purulent Infection. M. Renault, Professor of Hippopathology, furnished some interesting facts in support of fresh air for animals. He stated that the Veterinary Hospital at Alfort, previous to 1828, was so miserably ventilated that every operation, even to bleeding, became complicated with accidents of gravity, and for a horse to enter was almost certain death. Since this epoch the buildings have been reconstructed with a view to aeration, and to cure is now the rule. The *infection purulente*, formerly so common, is now extremely rare, especially since it has become the practice to do the dressings by the light of day. (*American Medical Times.*)

An Electro-Magnetiser. The English journal, the *Clerkenwell News and General Advertiser*, informs us that the "Commemorative Society of the National and Universal Exhibitions in aid of the Progress of Science and the Useful Arts," held in London—I should beg your readers to admire the title of this institution—has just elected Signor Giovanni Filippi, master magnetiser, of Turin, as honorary member of that institute, further decreeing to him their medal of the first class, in consideration of the numerous cures performed by him, and more particularly on account of the great philanthropy with which he gives up one day a week to free consultations for the poor. In addition to this, the *Nazione* gives us a letter from a mother whose daughter was cured of "rapid consumption" by the hero of the *Clerkenwell News;* and on the strength of these credentials I have no doubt this quack will impose on many a poor Italian.

Reviews and Notices.

The Ambulance Surgeon; or Practical Observations on Gunshot Wounds. By P. L. Appia, M.D., Fellow of the Royal Society of Naples, etc. Edited by T. W. Nunn, Assistant-Surgeon to the Middlesex Hospital; and A. M. Edwards, F.R.S.E., Lecturer on Surgery in the Edinburgh Medical School. Pp. 266. Edinburgh: 1862.

The personal experience of Dr. Appia appears to be derived from the insurrection in Paris in the summer of 1848; and with this he compares the observations in military surgery made during the Crimean war by other surgeons. His work consists of three parts. The first contains a chapter on Old Delusions, on Shock, on Varieties in Gunshot Wounds, on Foreign Bodies, and on Twisting Course of the Ball; together with chapters on Diagnosis, Prognosis and Complications, and Treatment, of Gunshot Wounds. The second part consists of chapters on Gunshot Wounds in Different Parts of the Body. The third part contains chapters on Bandages, Dressing of Wounds, Hæmorrhage, and Fractures. There is nothing in the book which calls for special remark; but, as a whole, it shows the author to be an intelligent man, fully alive to the importance of increasing our stock of knowledge on the subject which he has taken in hand. His views throughout are judicious, and in general accordance with the doctrines of the most observant military surgeons of the present day.

The author and his translators seem to have forgotten, in the concluding pages, that there are such injuries as fractures of the tibia and fibula—an omission which will doubtless be repaired when an occasion offers itself. We may also suggest to the editors that it is not quite in accordance with the most correct English idiom to constantly translate "*on*" by "one": *e.g.*, "One ought afterwards to favour the formation of the clot," etc. It is more elegant to say, "The formation of the clot should afterwards be favoured," etc. But these defects do not diminish the value of the book as a treatise on the surgery of gunshot wounds: in it there is contained a large amount of useful knowledge in a small compass.

An Introduction to Clinical Medicine: being Lectures on the Method of Examining Patients, and the Means necessary for arriving at an Exact Diagnosis. By John Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh; etc. Fourth edition: with One Hundred and Thirty Woodcuts. Pp. 182. Edinburgh: 1862.

The seven lectures of which this volume consists are on the Method of Examining Patients; on Percussion; on Auscultation; on Examination of the Larynx, Pharynx, and Nares; on the Use of the Microscope; on the Principal Applications of the Microscope to Diagnosis (including the Use of Chemical Tests); and the Classification and Diagnosis of Skin-Diseases.

When a book has gone through three large editions, and especially when it comes from so well known a man as Dr. Hughes Bennett, it does not
require the heraldic trumpet of the reviewer.
duty on the present occasion is, therefore, limite
announcing the appearance of a fourth edition of
useful book, which contains, in addition to the
jects treated of in its predecessors, a lecture on
Examination of the Pharynx, Larynx, and N
and an increased number of woodcuts.

British Medical Journa

SATURDAY, MAY 3rd, 1862.

THE ROYAL COLLEGE OF SURGEONS
ENGLAND.

Old corporations are by their nature conserva
and more or less corruptly managed. They
ruled by oligarchies, who, being in possession
large share of the good things appertaining to th
endeavour to hold them fast. From time to
reformers, envious or virtuous, arise, who endea
to awaken the ruling powers to that sense of dut
equity which they are morally or legally boun
exercise in the management of the trust repose
them. But reformers of this kind are always
noxious, and frequently succumb, after a strug
to the powers in possession. At length, howe
indignation becomes more general; and the
garchy is thereby obliged to yield something to
clamour of its outsiders—*i. e.*, to those who be
to the corporation, but live outside the pale o
good things, who contribute towards the
things of which others have the distribution.
oligarchy yields, but yields with a bad will, an
course grants only the very smallest amount o
form which will quiet the clamour; in fact, it
its best to appease at the smallest cost the em
handed and dissatisfied, and to preserve still
riches and essence of power. So that the en
the reformation movement very often is, that
ters are left to go on after the corrupt fashio
former days.

The College of Surgeons of England is not an
fair example of this species of retrograde deve
ment, or, to speak more fairly, of that conditio
which growth and development cease, and the m
morphoses of healthy life and natural vigour
arrested. The College has been often attacke
its shortcomings and want of life; but its
active enemies for the time being have, one after
other, been quietly absorbed into the entrenc
fortress, and, preferring the quiet enjoyment th
offered them to the uneasy life of outside strugg
have gradually passed from the position of hun
democrats into that of satisfied conservatives.
thus it is that the richest of medical corporat
has up to this very day been enabled to retain

rchical rule. While all other medical bodies passed through the furnace of general opinion, s still held firm to its old ways ; in fact, it has d in the right fulfilment of its destiny.

e shall not trouble our readers with its ancient ry. We are not going to trace the College wards from the time when the barber-surgeons incorporated in 1461, or to tell of their separa- from their *semi-confrères*, the barbers, in 1745. her have we anything to say about the first ter granted to the College in 1800, or about that 22. We would direct attention on this occasion e charter of 1843, the intention of which was form the constitution of the College ; and to harter of 1852, which was obtained for the pur- of amending and improving that of 1843.

e charter of 1843, it must be remembered, was y fighting. Great discontent had previously ed among the members, and many meetings held to operate on the governing body. Fore- amongst the reformers of the day, and loudest nunciation, had been the present senior member e Council of the College, the venerable Mr. Law- . Many years of agitation outside, and of de- tion inside, were indeed required for the pro- on of this charter of 1843.

w there can be no doubt that great and useful ges were effected by this charter ; and, had the tions of its promoters been fairly interpreted—he spirit, not the mere letter of the law, been wed in carrying out its details—we should not been writing about the College at the present ent. The changes effected by this new charter these :—The number of the Council was in- ed from twenty-one to twenty-four ; and, in- of being self-elected, they were to be chosen new body of Fellows. To create this body, the cil were empowered to elect three hundred from nembers of the College, and to dub them Fel- Next, the sergeant-surgeon and the surgeon- al were no longer to have the privilege of being d into the Court of Examiners over their rs in the Council.*

Again, the Council were no longer obliged to elect the Examiners out of the Council, but had power to select them from out of the whole body of Fellows. The Examiners, with the members of Council, were not in future to be elected for life, but the Council for a term of years, and the Examiners during the pleasure of the Council. The President and Vice-President were no longer to be exclusively taken from the Court of Examiners. No Fellow was eligible to the Council unless he resided within five miles of the Post Office, and did not practise pharmacy or midwifery. Those who were Members of Council and of the Court of Examiners at the date of the charter were to hold office for life—a proviso manifestly opposed to the spirit of the new charter, but comprehensible enough in the sense of holding on to loaves and fishes by the occupants of office of that date.

Such were the provisions of this charter; and liberal enough they seem to have been, and would have proved, had they only been liberally carried out.

Our readers know how that three hundred Fellows were elected in the first instance, and that afterwards three hundred more were added to the list. But discontent still prevailed amongst the Members anent the Fellowship ; and in 1852 a new charter was granted, as the charter itself affirms, "at the humble petition of the Royal College". This, however, it assuredly was not ; for the Royal College consisted of "Council, Fellows, and Members" ; and neither Fellows nor Members were consulted on the subject. However, by this charter of 1852, the restriction of the membership of Council to those only who resided within the five-mile radius, and to those who did not practise midwifery, was very properly withdrawn. Moreover, the fellowship-door was opened wider. Any one, being a member of the College before 1843, was eligible to the fellowship on the recommendation of six Fellows and the payment of ten pounds. This clause, as we all know, was, and still is, productive of a vast deal of discontent on the part of those who had obtained their fellowship by the sweat of their brains—by examination. A proviso was also made that the *President* should not go out of the Council in his regular turn—a proviso, by the way, which saves the President of this current year. Moreover, the Examiners were to continue in office for five years, instead of during the pleasure of the Council. The bye-laws for the election of Members of the Council were also altered under this charter. From being plain and straightforward, they were made complex, stupid, and injurious. Under the former charter, the Secretary read the names of Fellows eligible for election on the day of election. Thereupon a Fellow was proposed and seconded, and balloted for. If he obtained a majority of votes, he was elected, and ; if not,

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ow these officials first obtained this privilege, is a curious f history. The Act of Parliament of 1745, incorporating the ns, was procured principally through the influence of Mr. , Serjeant-Surgeon to George II. He it was who got the giving the privilege of admission of serjeant-surgeons to the ners' Court, inserted ; and also bargained that the Corpora- ould elect him the first master. Again, in 1800, when the old ation had died out, George III, before granting a new charter, his bargain. He in fact refused to grant a new one unless rjeant-surgeon, Mr. (afterwards Sir David) Dundas, was ad- . Mr. Dundas was then practising as an apothecary at Rich- ; and the College naturally objected to this regal dictation. er, there was no reasoning with that obstinate and small- l man. "Take my serjeant-surgeon, or no Charter for you," s ultimatum. The College therefore took the Charter and the n, requesting the latter to cease pharmacy. This, however, rjeant would not, but continued to practise as an apothecary fter he had been appointed Master of the Company !

was rejected; so that no one could enter the Council unless by the voice of the majority. But, by the blundering (and, as many think, illegal*) mode established or carried out under the last charter, a *majority* of votes is not now required to secure a Fellow's election to the Council; indeed, as we showed last year (see JOURNAL, July 13th, 1861, p. 35), under certain contingencies, a candidate, by voting for himself—*by one single vote*—can secure his election to the Council; and this, notwithstanding that every other Fellow present votes against him.

The present mode of election is this. A list of candidates is printed, and served out to the electing Fellows. If there be on it more candidates than are required to fill the vacancies, the elector must thin the number down, so that it shall not contain *more* names than there are vacancies. But he need not stop here. He can make the list as fine as he pleases; and the truth is, that many electors, as was strikingly exemplified last year, do so please, and strike out the names of all except their favourite, whom they run to win. The consequence of this is, that the election becomes little better than a racing arena, wherein fine jockeying may be displayed, and second and third rate horses brought up first to the winning-post. The result is (*as happened, in fact, on the last occasion*), men may be elected, notwithstanding that the majority of electing Fellows actually record their votes against them. It is utterly incomprehensible how a method of voting so contrary to common sense and fair-play, so demoralising in its action, and so unrighteous in its consequences, should ever have been devised by the wit of a man, or adopted by a body which calls itself royal. The only explanation we can give of it is, that the Council have adopted it for the purpose of throwing ridicule on popular elections.

We have entered into these explanations in order to enable us now to inquire how far and in what way the Council have carried out the provisions of the new charter of 1843. Firstly: Have they ever exercised the power given them of electing the President or Vice-President from outside the Court of Examiners? The answer is, No, not once in the nineteen years. They passed over Sir Benjamin Brodie, because he had retired from the Court of Examiners. And be it remembered, Sir Benjamin Brodie retired in the full vigour of his intellectual powers, to make way for younger men, *and to act in accordance with the spirit of the charter*. And not only have the Council never taken a President from outside the Court of Examiners, but, by their absurd mode of election within the Court, they actually so manage that some of the Examiners shall be elected President *twice* before others are elected *once*. The presidential office goes regularly round, in the perfection of rot There are at the present time three Examiner have never been President, and two of whom pe never will be, simply because the Council, wi any authority from any charter, choose to ke this ridiculous mode of election.

Secondly: Have the Council (as empowered, speak more correctly, directed, by their new cha ever elected an Examiner from outside the Co and thus fulfilled the intent of the charter—viz infusion of younger life into the Court of aminers? The answer is, Never. As to the te election, which the charter says shall be five they have, it is true, obeyed it to the *letter*; how far they have attended to its *spirit* our re can judge, when we add, that on each occasion have regularly reelected the Examiner at the e his quinquennial period.

Well now, we ask, in what particulars hav Council of the Royal College of Surgeons of Eng carried out the liberal alterations—the reform —intended by the two charters? Our answ dictated by facts, and it is: In no single one. Benjamin Brodie's act, above referred to, is the bright example of acting in accordance with spirit of the new charter which these annals o College present to our notice. Well might South, in a well-known after-dinner speech, exc that new blood was wanting in the Council; bu admit new blood, the old must be cleared off; unfortunately, no one has been yet found patr enough practically to adopt Mr. South's sugges and, by a sacrifice of office, give admission to new infusion. Why does not Mr. South hir practically carry into effect his own excellent re mendation, and set an example which would do less then find many imitators?

For example, let the mode of election of P dent, and of the Council also, be altered. Alter the constitution of the Court of Examiners. example, let six members of this Court be ele out of the Council, and four members from body of Fellows at large; thereby securing the perience of age, and the more scientific and accu anatomical knowledge of younger men. An aminer under the present system rarely attains o before the age of fifty or sixty; and the youn Examiner was elected a Member of the Col thirty-eight years ago.

The Royal College of Surgeons is a most powe body, and it is a most unpopular one. Have we said enough here to explain the cause of its unpo larity? To ensure popularity as well as power, in our opinion, which it has to do, is to carry out provisions of its new charter in spirit as wel in letter.

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* It is certain that the Charter gives the Council no authority to act as it now does.

THE WEEK.

his lectures lately delivered at the Royal College Physicians, Dr. Williams stated that, by our im- ved methods of treatment, the duration of the s of phthisical patients had been of late years siderably prolonged—in fact, had been doubled. nnec and others had estimated, Dr. Williams said, mean length of life of the phthisical at two years; ereas he, Dr. Williams, found that the mean gth of life in his six thousand cases was four rs. This important statement, coming from so h an authority, requires, we think, a little further lanation; for it appears to be hardly justified by facts of the case. Dr. Williams's cases, as we lerstood, were of the class of private patients, who ng to the "easy" ranks of society; whereas the es upon which Andral's conclusion was based were pital patients—persons taken from (as Victor go would say) the "miserable" classes of society. l besides, the cases admitted into hospitals are, a rule, of a serious character; whilst Dr. Wil- ns's cases included every kind of phthisical con- on, light and severe. Hence, then, *primâ facie,* deduction drawn by Dr. Williams is not a fair . Andral, indeed, himself objects to any general clusions being drawn from his statements. He s, in his *Clinique:* "Two years seem to us to be mean duration of life in this disease in persons jected to our observation in l'Hôpital de la Cha- . But we must not compare, in respect of dura- of life, pulmonary phthisis affecting the poor h phthisis when it attacks the rich. In the case he poor, the progress of the disease is accelerated ugh want of necessary attentions. Amongst the , other things being equal, the duration of the ase must be longer—*doit avoir une durée plus ue.*" In Laennec's work we also read, in a note Meriadec Laennec, that "the tables of Bayle and is tend to show that the mean length of phthisis hospitals is less than a year; but the period is essarily much longer in private patients, and can cely, in fact, be calculated."

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following, from the *Pharmaceutical Journal,* is thy the attention of the profession. We are glad ind that the Pharmaceutical Society holds dif- nt opinions on the subject of free trade in sic from those expressed by the *Chemist and ggist.*

> It is well known to the readers of this journal that more than twenty years a considerable and very in- ntial section of the chemists and druggists of this ntry have been making strenuous exertions for pro- ing the attainment of a high degree of professional lification by those who are engaged in the practice harmacy. Among the successful results of these ex- ns have been the establishment of the Pharmaceu- Society, and the enactment of a law securing to its nbers the exclusive use of the title of pharmaceutist or pharmaceutical chemist. On the other hand, among the unsuccessful results of the exertions made, has been the failure to induce all or even a majority of existing chemists and druggists to coöperate in carrying out the proposed object, or even to recognise the necessity or importance of requiring from those who deal in dangerous medicines or poisonous substances that they should prove by the test of examination that they are qualified for such a responsible duty. The body of chemists and druggists has thus become divided into two classes, consisting of, firstly, those who are legally recognised as qualified pharmaceutical chemists; and secondly, those who have no such recognition or legal qualification. It was very natural that the chemists and druggists who, after repeated solicitations, have persisted in refusing to join in acknowledging the necessity for a test of qualification, should be anxious to justify their separation from the class of qualified men; but it is much to be regretted that, in doing this, any ill-advised members of their class should advocate the doctrine of free trade in physic. If this means anything, it means that any man, however ignorant, is justified in carrying on the business of a chemist and druggist, supplying the public with dangerous substances the properties of which he may be unacquainted with, and dispensing medicines for the sick. The doctrine of free trade in physic, and the advocacy of unrestrained liberty to supply the public with dangerous drugs and poisons, have not, that we are aware of, been adopted by the Pharmaceutical Society, and we trust they never will be; on the contrary, the efforts of this society have frequently been directed in an opposite direction. The responsible nature of the duties of the chemist and druggist cannot be denied, and the necessity for a thorough practical and scientific qualification for these duties is every day receiving a more general recognition among all classes. Even now the government require that all those who are employed in dispensing medicines for the army shall have proved their qualification by an examination before the board of examiners of the Pharmaceutical Society."

At the South Lancashire Assizes, an action was brought by Mr. Minshull, surgeon, to recover from the executrix of a deceased patient the sum of £152 for professional services. The jury decided in Mr. Minshull's favour. Mr. Justice Willes, in summing up, made the following pertinent remarks on the *gratitude* of certain patients after their recovery from sickness.

> "His lordship said that it was frequently the case that medical men had a long time to wait for payment, inasmuch as, when their patients got well, it frequently happened that their gratitude cooled. Lawyers were more fortunate, for they generally were paid in due time. The question was whether the jury believed that the plaintiff had made the number of visits he had, or whether he had perjured himself and made a false account."

The jury, as we have said, believed the plaintiff, and gave a verdict accordingly.

The amount of venereal diseases among the soldiers at Aldershot appears to be very great, and contrasts very unfavourably with the amount of venereal diseases among the soldiers of some neighbouring countries. We find the following statistics on the subject, but we cannot vouch for the accuracy. One writer says:

> "The public have been informed on the best evidence

that in 1859, out of every 1,000 soldiers serving in the United Kingdom, there were no less than 422 admissions into hospital from diseases attributable to a particular vice. With this appalling number allow me to contrast the admissions among the soldiers of some of the French garrisons in 1860. Every 1,000 effective men sent into hospital in that year with the same class of disease in Paris was 34 men; in Briançon, 19 men; in St. Omer, 49 men; in Metz, 55 men; in Calais, 74. In Lyons, the worst garrison but one in France in this respect, there were 163 admissions per 1,000 of strength. In only one garrison, and that a small one (1,500 men), at Nancy, did the numbers equal the English number. The same facts are true for the Belgian army. In 1860, there were only 67 admissions into hospital per 1,000 of strength at Brussels, and 64 at Antwerp from this class of disease. So that, while one man is ill at Paris with these complaints, and two at Brussels, no less than twelve men are ill at Aldershott."

THE seventy-fourth anniversary dinner of the Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity took place on Saturday last, at Willis's Rooms. The President, T. A. Stone, Esq., occupied the chair. The report of the Society for the financial year 1860-61 shows that during that period the sum of £2006 was distributed among forty-two widows and twenty-seven orphans; and, during the seventy-three years of the Society's existence, one hundred and twenty-three widows and one hundred and eighty-eight children of members of the Society have been assisted by a sum of upwards of £59,000, paid in half-yearly fees; in addition to which, a further sum of £912 has been laid out in special grants for apprenticeship and self-maintenance. The property of the Society consists of above £48,000 deposited with the Commissioners for the Reduction of the National Debt, and of £16,000 in the new Three per Cents. This capital, by the laws of the Society, cannot be diminished, and must be increased by the addition from time to time of all payments for life-memberships and of all legacies (unless the testators direct otherwise); as well as of any funds, whether derived from donations, subscriptions, or interest, as may not be required for ordinary use. It hence appears that the property of the Society is ample; but, when it is considered that the ordinary amount of annuity paid to each widow is £35, and to each child under fifteen years of age £12, and that, out of every thirteen members who die, four leave families in need of the aid of the Society—it will be equally evident that the further augmentation of the capital is a paramount object. We would therefore again commend this useful Society to the attention of all our readers who reside within the London Postal District and in the county of Middlesex. It is provident as well as judiciously benevolent in its object; and therefore, while it appeals to the interests of those who may at some time leave a family in straitened circumstances, it also affords a legitimate channel for the exercise of benevolence by others to whom such an occurrence is less likely to hap
No better proof of the utility of such a Society
be perhaps afforded than in the distressing cases
which we sometimes hear, of destitution in wh
are left the families of medical men who have
fortunately not been subscribers to this Society,
have therefore not established a claim to its adv
tages.

THE April number of the *Edinburgh Monthly Jou*
contains a notice of some cases treated in the clin
surgical wards of the Edinburgh Infirmary by
Syme. Four cases illustrate the "easy, safe,
effective method of treating hydrocele by inject
with iodine—a treatment which, if properly
formed, proves successful in every variety of hyd
cele." The coexistence of swelled testicle does
contraindicate its use, the iodine being benefi
rather than injurious in such case. Mr. Syme la
drew off a small quantity of fluid from an enlar
and chiefly solid thyroid gland, which occupied
whole of the neck; and then injected iodine.
two months the patient, an old woman, went h
cured, the large and solid tumour having b
almost entirely absorbed.

M. Trélat has presented the French Academy w
some remarkable statistics of the results of op
tions in ten of the principal French hospitals dur
the period of about the nine or ten past years.
finds that, in these hospitals during that period, 1
chief amputations have been practised, and that
these 522, or 45·6 per cent. have proved fatal.
908 males operated upon, 438, or 48·2 per cent., di
of 236 females, 84, or 35·5 per cent. died.
lowest mortality occurred between the ages of 5
15, 18·9 per cent. Between birth and 5 years of a
the mortality is much the same as between 15
30 years of age. Above the age of 15, the morta
increases with a regular progression. Above the
of 70, the mortality rises to 95 per cent.; whe
M. Trélat concludes that amputations should not
performed after that age. Comfort, however, is
tained from these bills of mortality. The result
amputations of the thigh, the leg, and the arm
given by M. Malgaigne in some six previous ye
show that the mortality was then greater than no
viz., 62·9, 55·2, 45·0 per cent. M. Trélat's statis
show that the mortality, during the period inve
gated by him, was 52·7, 44·0, and 42·5 per cent.

In the *Journal de Médecine de Toulouse* appea
curious letter of Morgagni, the autograph of wh
is in the hands of Dr. Estevenet. It shows t
Morgagni exercised the same industry in making
fortune as he brought to bear upon science; that
was, in fact, as careful of his family—he had fift
children—as of his reputation. Another proof, a
the journal, that such qualities are not incompati
in *savants*.

strong plethoric female, aged forty-six, was ght to La Charité with a comminuted fracture he leg. In the course of a few days, a stout lage was applied. She had progressed perfectly , and without any bad symptom whatever, when enly, whilst joking with those near her, she red a loud cry, and said that she was dying ; in a few minutes was dead. After death, a clot was found plugging up the pulmonary y. This plug was turned on itself like a leech, was thirty-four *centimètres* long. Its diameter tly corresponded to that of the external iliac , where it had been formed, and from whence, ct, it had been transported. *L'Union Médicale,* lating this case, observes that many writers had ted out the fact of embolia before Virchow, and es, *à propos*, the following case from Van ten's *Commentaries :* "I have," he says, "my- ften performed experiments on dogs with acids ted into the circulation; and I have always ob- d that a clot was formed and was carried along eins into the right side of the heart, and then nto the pulmonary artery. The animals sub- d to this experiment were thereupon seized a violent dyspnœa, according to the greater or uantity of coagulating matter injected into the s, and died more or less rapidly. Hence we find a suddenly fatal peripneumonia may be the re- of such an accident."

e *Vienna Journal* announces that Rokitansky ll on the sick-list.

Dr. Vrechna has left by will 30,000 florins, the me from which is to be applied to the purposes ree medical doctors in distress; but they must e in the homœopathic line of business.

ofessor Barresi of Sienna relates two cases of etes, in which the administration of sugar ap- ed to be of service. Thereby the quantity of evacuated was diminished.

e *Wiener Medicin. Wochensch.* announces with faction the existence of an *Alpine Club* in na. The physical education of the body has, re told, been too long neglected in Austria; this club may be the means of bringing about sirable a fact.

Journ. de Chim. Méd., MM. Loir and Drion ain a process by which the solidification of onic may be very readily effected.

Nieto Serrano, the editor of *El Siglo Medico*, M. de Alfaro, have been appointed representa- of Spain at the approaching International ress which meets in London on the 4th June.

Union Médicale informs us, that we shall pro- y soon know something more about the truth of statement, that syphilis may be inoculated ugh the means of the blood. A courageous g physician in Italy has submitted himself to the experiment, and has been inoculated with the blood of a syphilitic subject, the operation having been performed with all possible care.

There is, we find, at Marburg, a society which performs, in a small way, the functions of our Sydenham Society, and, with other things, introduces to our German brethren, by translations, the works of English and other authors. The first translation brought out by the society was Dr. Garrod's work on *Gout.* We now learn that Mr. Toynbee's work on *Diseases of the Ear* is to be the next of their translations. Dr. Beneke, once House-Physician of the Dalston Hospital, is the secretary of the society ; and Dr. Moos of Heidelberg is to be Mr. Toynbee's translator.

During the last seven years, M. Barthez says that he has had under his charge two hundred and twelve children, between two and fifteen years of age, suffering from pneumonia. Of these, two only—cases of double pneumonia—were fatal. Half of these patients were not subjected to any treatment. In most of the others, the treatment was very simple—a purge, a vomit, or a bath. In one-sixth only, could the treatment be in any sense called active. The conclusion his practice has brought him to is this : that in pure pneumonia of children, the best treatment is the use of a good diet and abstinence from all kind of medicaments.

M. Maisonneuve invents a new method in surgery every week. He has, we read, renewed an old treatment of hydrocele. When the fluid is drawn off, he introduces through the cannula into the tunica vaginalis a probe armed with nitrate of silver, and rubs it against the surface. We need hardly add that, as the report goes, the operation is invariably successful.

A foreign journal says that chloride of lime may be used for purposes to which it is rarely applied. By putting a little of the substance on a board suspended in a stable, and leaving a window open, flies of all kinds will be effectually expelled. Moreover, rats and mice are driven away by its use ; the surprising effects of it in this way having been strikingly exemplified in a large hotel at Nuremberg. Chloride of lime will also protect plants from insects, the plants being sprinkled with this *milk of lime.*

Two new Chairs have been established in the Parisian Faculty of Medicine—a Chair of Comparative Medicine (*Médecine Comparée*), and a Chair of Histology. To newly created Chairs the government has the right of the first appointments ; and in the present instance has nominated M. Rayer to the former, and M. Ch. Robin to the latter Chair. M. Rayer has also been nominated Dean of the Faculty in the place of M. P. Dubois, who retires. The acceptance of the two appointments by M. Rayer has astonished the profession. "We are surprised that, in his high position, with so many occupations, and at an age when most people seek repose, M. Rayer has had courage to accept these important charges."

Association Intelligence.

SOUTH-EASTERN BRANCH:

EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will take place at Canterbury, on May 15th. Further notice will be given next week.

Thomas Boycott, M.D., *Secretary*,
Canterbury, April 29th, 1862.

ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD DISTRICT MEETINGS, IN CONNECTION WITH THE SOUTH-EASTERN BRANCH.

The fourth and last of the present series of these meetings was held at the Bull Hotel, Dartford, on Friday, April 25th, at 3.30 P.M.; W. Sankey, Esq., of Dover, in the chair. There were present twenty-six members and one visitor. The attendance would have been larger still, but for an important meeting at the West Kent Infirmary, Maidstone, and the dinner given by his old friends to Thomas Martin, Esq., of Reigate.

The minutes of the last meeting at Rochester were read by the secretary, and duly confirmed.

New Members. The following gentlemen were unanimously elected members of the Association and of the Branch:—W. Aitken, M.D., of Fort Pitt, Chatham; R. R. Matthewson, Esq., Belvedere; Frederick Ranger, Esq., Bexley. Thirteen members have thus been added to the ranks of the Association during the present season through the instrumentality of these district meetings.

Communications. The following papers were then read:—

1. Carcinoma of the Stomach. By J. Grantham, Esq., Crayford.
2. A Case of Concealed Uterine Hæmorrhage fatal to both mother and child. By H. M. Gould, Esq., Wateringbury.
3. On a Case of Meningitis. By J. J. D. Burns, M.D., Chatham.
4. Cases of Puerperal Convulsions. By J. E. Crook, M.D., Northfleet.
5. Dr. Spurrell also exhibited some beautiful preparations under his microscopes.

Thanks were unanimously given to those gentlemen who had thus contributed to the scientific objects of the meeting. The papers read will, by request, be published in the Journal.

Hearty thanks, too, were voted to Mr. Sankey for his attendance and conduct as chairman. In acknowledging this, Mr. Sankey gave a cheering report of the progress of the similar meetings which have recently been established in East Kent; and hopes were entertained that on some future occasion the members of both the district societies will be able to meet together at Faversham, a central station; and thus the members of the Branch resident in the whole of the county will be brought together.

At 5.15 dinner was announced; and a most happy evening was passed.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGI SOCIETY.

Tuesday, April 8th, 1862.

B. G. Babington, M.D., President, in the Chai

ON THE INFLUENCE UPON THE GROWTH OF THE BON PARALYSIS, DISEASE OF THE JOINTS, DISEASE OF T EPIPHYSIAL LINES, EXCISION OF THE KNEE, RICKET AND SOME OTHER MORBID CONDITIONS.

BY G. M. HUMPHRY, M.D., F.R.S.

The paper consisted chiefly of the account and
surements of numerous cases and specimens, and
following are the principal conclusions.

Paralysis is usually attended with a deficiency i
growth of all the bones of the part affected; th
most marked in the segments where the paralys
most complete. Its effect, however, is very irregul

Disease of an important joint, causing anchylos
preventing movement in the joint, is often atte
with imperfect growth throughout the limb,
marked, however, in the segments contiguous to
diseased joint. It is probable that anchylosis o
hip, in childhood, may induce deficiency of growt
that side of the pelvis, and so be a cause, in the fe
of difficult parturition. The author has not, how
been able to substantiate that point, and would be ob
by information bearing on the question.

Disease in the epiphysial lines of bones deserves
attention than has usually been given to it. It is c
though not always, followed by impairment of the gr
of the bone affected, and sometimes of the whole
It is most frequent and most deleterious at the l
end of the femur, where the growing process is
active and longer continued than in any other pa
the body. In the segment of a limb, where there
two long bones, as the forearm or leg, and one of t
is stunted by disease, the other commonly is so too
not necessarily. Thus the fibula sometimes outg
the tibia, and runs below, or ascends above, its pr
level with regard to it.

Excision of the knee, if the epiphysial lines are
moved, is followed by marked arrest of growth in all
of the limb. If the epiphysial lines are spared,
growth, in most instances, keeps pace with that o
opposite limb. In some cases this is not so, ow
perhaps, to the effect of the preceding disease upon
limb, or to the epiphysial lines becoming involved
destroyed in the suppurative processes that follow
operation. Hence the proper growth of the limb,
excision, cannot be calculated on with certainty in
particular case. Still the short limb, even where t
is a considerable difference between it and its fello
commonly so useful that the fear of arresting the gro
of the limb is not a fatal objection to the operatio
young subjects; and after the age of fifteen or sixt
it need scarcely to be taken into account.

Rickets is characterised by a want of proper growt
the bones, even more decidedly and more uniformly t
by preternatural curvatures in them. The imperfec
is commonly noticeable, more or less, in all parts of
skeleton; but is most marked in the limbs, and mos
all in the proximal segments of the limbs. These
ments of the limbs—*i.e.*, the thigh and the arm, g
more quickly after birth than other parts of the bo
and the want of growing power attendant on ric
tells accordingly in a peculiar manner upon them.
bulging and knottiness at the epiphysial lines is a c
mon feature in rickets, and is apt to be mistaken
swelling of the ends of the bones, which is very r

t in the intrauterine and infantile periods. This ng is due to the calcification of the epiphysial stra- f cartilage not taking place in a proper manner, t the part yields, or is squeezed out, and then un- es ossification. The condition is most frequently ved at the lower end of the femur, and at the upper f the humerus.

PIDEMIOLOGICAL SOCIETY.

MONDAY, APRIL 7TH, 1862.

BABINGTON, M.D., F.R.S., President, in the Chair.

R the usual official business of the meeting, the al Report of the Council of the Society was read by IcWilliam, the Secretary, and adopted.

ORY OF AN OUTBREAK OF FEVER AT OVER DARWEN THE AUTUMN OF 1861. BY E. H. GREENHOW, M.D.

. GREENHOW commenced by observing that, al- h the etiology of continued fever has engaged the ion of so many able inquirers of late years, it still be regarded as unsettled, seeing that such is views are entertained on the subject by ob- s of equal ability and honesty of purpose. The had not yet arrived to dogmatise on this question; appeared that there was not unfrequently an inti- relation between certain forms of continued fever ocal organic impurity. What the precise nature of elation was, science had as yet failed to disclose. e solution of this important problem, facts rather opinions were wanted—facts carefully observed and ully and accurately recorded, to the entire exclu- f favour for any particular doctrine. Dr. Green- ad endeavoured never to lose sight of this prin- while conducting the investigation of the outbreak er Darwen (made by order of the Lords of Her ty's Privy Council), and in drawing up the results at inquiry, which he had the honour of sub- g to the Society. He had collected, partly from al observation and inquiry, partly from the oral ony of the local medical practitioners, all the orthy facts possible relative to a very severe epi- of fever; and, although no certain conclusions as cause of the outbreak could be inferred from the ce adduced in the paper, he still trusted that his unication would serve as a contribution towards arefully accumulated mass of facts from which the ature of fever may one day be deduced.

Greenhow, after giving a topographical descrip- f Over Darwen, and an account of the numbers, yment, and social relations of its population, pro- d to state its sanitary condition. This was far from favourable. Near to the town were several large or, as they are locally called, "lodges", constructed e purpose of storing water for the use of factories. collectively expose a considerable surface of and sometimes of mud, to the action of the atmo- e. The town was at the time of the outbreak, and ong been, in a very filthy condition. Nuisances angerous to health had been allowed to accumu- lmost beyond precedent. There was no perfect n of drainage for the removal of the liquid refuse population; and, indeed, very few of the privies ven the semblance of being drained. This state of s had existed in almost all parts of the town cer- during many months; in some instances, it was lleged, for several years previous to the outbreak recent epidemic.

outbreak of the epidemic at Over Darwen took on the last days of August; and it spread with rapidity, that Mr. Wraith, one of the union- ns for the district, had a hundred cases under his within a few days, and at least three hundred the first three weeks; and the other medical men of the town together must have had an even larger number. The main force of the epidemic (which was typhoid fever) was expended before the middle of November; but sixteen deaths were recorded between the middle of that month and the end of the year, and four more occurred in January of the present year. Altogether, there were about one thousand five hundred cases, of which sixty-nine were fatal, in a population a little over seven thousand.

But, although the main force of the epidemic fell upon Over Darwen, there were other places in the neighbourhood which were invaded by the disease before it reached this town. At a farm called "Cloyse's Farm", there were cases so early as January 1861; and dropping cases at long intervals occurred until July. At a small hamlet called Deal Fold, the disease appeared in April. In a row of cottages at Ryal, whose sanitary condition seemed in many respects unexceptionable, nineteen out of twenty of these dwellings were invaded, the first having taken place in May. Buryfold, Lower Sunnyhurst, and Sunnyhurst Wood, other small hamlets in the vicinity, were also included in the visitation.

The condition and situation of dwellings in which the disease existed, and the stations of the persons attacked, were very various. The earlier cases occurred at elevated situations; which were, however, all more or less damp, and surrounded either by moor, or undrained, half-cultivated land. In Over Darwen, the epidemic prevailed indiscriminately in houses situated near the river and in the more elevated parts of the town. The greater number of sufferers from the disease were young; few persons beyond the age of thirty-five or forty having been attacked.

Dr. Greenhow next proceeded to inquire—1. Whether the disease had in this epidemic commenced spontaneously, or had been imported. 2. To what extent the disease was associated with such local collections of organic refuse as could taint the air with the products of decomposition. 3. Whether the disease was connected with the ingestion of water impregnated with sewage, or other organic impurity. And 4. Whether the disease was propagated by contagion; and, if so, in what manner.

Dr. Greenhow discussed these questions *seriatim*, and with great care. He refrained, however, from coming to any positive conclusion, leaving it to others to draw such inferences as seemed the most legitimate from the facts he had submitted to them.

With regard to the most important part of the inquiry—whether the disease, in its origin or progress, had manifested contagious properties—Dr. Greenhow said that a careful consideration of all the circumstances which he could authenticate led him to the conclusion that, although some of the facts related were in favour of the contagiousness of the Over Darwen epidemy, they were capable of explanation in a different way; and that the evidence, therefore, fell short of actual demonstration.

Dr. MILROY observed, that Dr. Greenhow's investigation of the epidemy at Over Darwen did not commence until the fever had been prevailing there and in the neighbourhood some months, and he therefore had not an opportunity of arriving at the first cases. The disease, before its outburst in Over Darwen, had shown itself in isolated small hamlets in the neighbourhood. Like phenomena were sometimes observed in meteorology; there were the spurts of wind, that often announced the approach of a storm. He thought that much was due to the overcrowding in some of the houses; and then there was, in all probability, a tainted condition of the atmosphere generally in the district.

Dr. MCWILLIAM could not agree with Dr. Milroy in considering that there had been a general vitiation of the atmosphere around Over Darwen and its neighbourhood at the period in question; for, had the fever been due to such a cause, it surely ought, according to those who adopt such views as to the causation of disease, to have attacked Over Darwen when the sanitary defects and overcrowding were greatest, first, instead of the last of all the localities invaded. The "localising influence" theory of the late Dr. Southwood Smith, and the pythogenic theory of Dr. Murchison, appeared to Dr. McWilliam, with all respect to such distinguished authorities, untenable, upon the ground that there is nothing like a uniformity of result from the same conditions, or, as they are considered, causes. If we are to recognise the results of decomposition as the cause of typhoid fever, we should expect, as a general rule, to find the occasional if not the common prevalence of fever in those localities where putrescence was abundant. But was this so? Towns and villages where pythogenic influences constantly exist in an eminent degree escape for years from fever. Now ague (a non-contagious disease) is so constant a result of certain well known conditions of soil, and of temperature, that the cause and effect relation of those conditions and the disease is nowhere denied. But in the production of typhoid fever (generally, if not universally, admitted to be contagious) there is no such constancy or certainty, by the presence of the alleged pythogenic cause. Never, as has been well observed by Dr. Budd of Clifton, was the pythogenic theory tested on so gigantic a scale as in the hot summers of 1858 and 1859, when the Thames for some months presented an area of many miles extent in a state of seething putrescence. The dreaded forebodings as to the result of this state of pollution, happily, were not realised. The health of the metropolis continued remarkably good; and those exposed in the greatest degree to the influence of the river-exhalations, according to the observations of Dr. Letheby, of the medical officers of the *Dreadnought*, of Dr. Guy at Millbank Prison, and of himself, among 1300 customs officers, suffered less than usual from those disorders which such miasms are supposed to originate. An atmosphere impregnated with the products of decomposition might, in his opinion, be one of the factors in causing fever, but in a degree supplementary only to the main factor—the specific germ or essential cause of the disease. The epidemy of Over Darwen and its neighbourhood showed that the disease invaded all kinds of localities, without respect to sanitary condition.

Dr. **Babington** mentioned a case favourable to the view that typhoid may be generated in the soil, and to its contagious character. This form of fever broke out in a school at Hammersmith some years ago, apparently in consequence of the opening of a drain. Among those attacked were two daughters of a gentleman at Walton. He had his daughters removed to Walton; they there infected a nurse, there being at the time no other cases in that town.

Mr. **Radcliffe** asked Dr. Greenhow whether or not alvine flux had prevailed in Over Darwen, and in the vicinity, prior to, or contemporaneously with, the outbreak of typhoid fever. The relation of alvine flux to the prevalence of typhoid fever seemed to Mr. Radcliffe a fact worth noticing when seeking to trace the origin of an epidemic of the latter disease. He considered we were in want of histories of outbreaks of typhoid under those conditions in which its supposed fostering or exciting causes are observed in their simplest form. Mr. Radcliffe suggested that increased attention should be directed to the outbreak of febrile complaints in isolated farm-houses and hamlets, where all the evils of cesspools and defective drainage were found in their worst aspects. In illustration of the probable importance of studies of this class, he referred to the sanitary state of the hamlets and isolated houses surrounding Sinope, in Asia Minor, as well as to the sanitary state of that town itself. As a rule, every Turkish house has a vast, imperfectly covered cesspool, either within it or closely adjoining it. Slops and filth are cast on the ground outside the dwelling, and the drainage is on the surface.
consequence, the inhabitants live in a cesspoo
sewage atmosphere of the rankest description. Ty
fever, so far as he could ascertain, was at least ver
in Sinope and its vicinity. In fact, he could not
tain that fever with diarrhœa was a disease at all
liarly known in that town or the hamlets in its vi
The problem of the genesis of this disease seemed
here presented in its simplest form. What we
differential elements which led to the rarity, if n
sence, of the disease? Would it not be well, adde
Radcliffe, to suggest to the medical men attac
missions in the East the importance of a stu
typhoid fever under the favourable circumstances
to them for determining the influence of decom
feculent and other matters in its genesis?

Dr. **Camps** related a case somewhat similar to t
Dr. Babington. While investigating an outbre
fever at Sible Hedingham, in Essex, he found that
were more fatal cases in the houses near the ch
yard than in other parts of the town. He cons
that Dr. Greenhow had stated the case too b
when he said we had no reason to attach value to
had not been proved. Was it not the case that
discoveries had been arrived at by the promulgat
hypotheses? He thought that, in etiological inve
tions, it was wrong to suppress speculative views.

Dr. **Greenhow** said that his paper was intend
a contribution to facts, and not to theories. The
Darwen investigation was conducted under rather
vourable circumstances for tracing the first cases,
much as he did not commence it until October,
the epidemy was subsiding. He understood, ho
that as a general rule the mortality of fever in
Darwen was above the average. He did not thin
crowding or defective ventilation had anything
in causing the outbreak; and that the visitation
disease in districts of the town, which present
kinds of sanitary conditions, and other facts i
history of the epidemic, might be made to suit a
any theory as to its production. No diarrhœa ha
vailed in Over Darwen or its neighbourhood previ
to the outbreak of the recent epidemic.

MEDICAL SOCIETY OF LONDON

Monday, April 21st, 1862.

Francis Sibson, M.D., President, in the Chai

ON THE ANTISEPTIC PROPERTIES OF AMMONIA.

BY B. W. RICHARDSON, M.D.

Dr. **Richardson** said that his earliest researches
directed to the study of the antiseptic properti
gases, and recalled attention to the communicati
had made to the Society on this subject in 1850.
present inquiry and application of ammonia as an
septic commenced in 1858. His attention was
directed to the fact that the presence of ammonia
tually arrested the oxidation of various bodies, and
prevented the action of ozone. Believing that,
extension of the same law, animal substances ex
to ammonia could be prevented from putrefactio
kept blood and portions of tissues in contact with s
ammoniacal vapour, and with results which were
remarkable. Blood in an ordinary stoppered bot
charged with ammonia so as to give a faint ammo
odour, would retain its freshness and many of its
perties for years. Animal structures in like m
placed, even so as to be massed together, in bottles
taining ammonia-vapour, would retain their fres
apparently for an unlimited time.

Dr. Richardson now showed the following specim
—The lungs of a calf which he had used for le
purposes for six months, and which had been si

l under a bell-jar, a little ammonia in solution
put over them from time to time: a pancreas
had been kept for eighteen months in a bottle
ining twenty minims of ammonia solution: a kid-
howing deep congestion, which had been removed
n weeks: a bottle of mixed specimens, including
ns of intestine with enlarged glands: a bladder, the
surface of which was injected: an uterus and
s, and a pancreas, all of which had been preserved
close in one bottle for six weeks: also a portion of
which had been removed nearly three years, and a
rous breast which had been removed by Mr.
er Wells eight weeks before. The specimens all
ed their freshness, and admitted of dissection and
ination, as in the recent state.

e author then described the method of applying
nia.

was necessary, in the first place, to trust to the
nia alone: specimens that were exposed first to
, and then to ammonia vapour, were always
d. For the preservation of fluids such as blood or
it was merely necessary to add the alkali in solu-
n proportion, say, of twenty minims of the strong
on to two ounces of the fluid to be preserved. For
s, the plan was to place the specimen to be pre-
l in a stoppered bottle, or under a bell-jar such as is
for wax flowers and ornaments; to place in the jar
he specimen a layer of felt or lint, charged with
ten minims to a drachm of the liquor ammoniæ
r.; and then to close the vessel or jar securely from
xternal air. For a luting in such cases, soap
red best, or a mixture of soap and red lead.

er this description, Dr. Richardson pointed out the
cal value of the method. First, in conducting
ortem inquiries, it did away with all occasion for
. It was now only necessary at an autopsy to be
led with one or more jars, each containing, say, a
m of liquid ammonia. The jars might now be
with specimens; and, if the stoppers were put in
care, the specimens would retain their freshness
eeks, and even their microscopical characters. The
peculiar change was, that if much fat were present,
kali formed with it a kind of soap—a fact which
ined the formation of adipocire in the dead subject
going slow decomposition. For forensic purposes,
method of preserving animal structures was per-
inasmuch as it added no mineral or poisonous
r, and yet secured the part to be examined free
change and from all offensive odour. Not only
it important pathological changes, such as ulcera-
f intestine, could be kept under observation and
itted to any number of pathologists. Dr. Richard-
ad found the system a very useful one, too, for
e purposes, as it enabled him to show to his class
specimens of disease, such, for instance, as the
ous breast, instead of casts, or specimens softened,
oured, and, indeed, destroyed altogether, by im-
on in spirit.

e last point to which Dr. Richardson drew atten-
vas the cause of the antiseptic power of ammonia.
onia, being a product of decomposition, had been
d on commonly as a substance provoking decom-
on. But ammonia was truly the most powerful
eptic known: it acted catalytically, by preventing
nion of oxygen with oxidisable bodies. An experi-
was here performed, illustrating this. Half a
of ammonia, diffused through forty cubic inches of
as shown to possess the power of entirely suspend-
he combination of oxygen with potassium on a sur-
f paper saturated with iodide of potassium, starch,
solution of oxygen, so long as the paper was pre-
d to the ammoniated air; but so soon as the paper
emoved, the evidence of the combination, indicated
e formation of the blue iodide of starch, was pre-
d. In preserving animal structures in ammonia, the same experiment was virtually carried out; the presence of the ammonia suspends the oxidation. There were other agents which effected the purpose, such as chloroform; but the fact that these agents were indifferently soluble in water rendered them much less effective, as compared with ammonia, which combined readily with the water contained in the tissues, and so perfected the preservation of the minutest point.

In conclusion, the results presented tended to throw a light on the influence of the ammonias, as the producing causes of some diseases, and as the curative remedies in other diseases. The same rule that pertained to dead pertained to living organic matter. Hence long exposure to ammoniacal vapour, by arresting oxidation, produced extreme anæmia and a low depraved condition of the system altogether, with reduced respiration, reduced appetite, reduced muscular power, and reduced energy. On the other hand, in cases where a rapid oxidation of the body was being determined, attended with increase of heat and rapid disintegration of tissue, the administration of ammonia, by arresting these changes, became, in judicious hands, the most powerful and effective of remedies. It checked decomposition by its action on oxygen; it held the blood-fluid by its solvent power as an alkali; and, being volatile, it inflicted no immediate injuries on the structures of the body.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, April 2nd, 1862.

W. Tyler Smith, M.D., President, in the Chair.

The following gentlemen were duly elected Fellows of the Society:—J. Brickwell, Esq., Sawbridgeworth; J. T. Holt Dunn, L.R.C.P.Edin., Westbourne Park; John Marshall, Esq., Aldenham Street; Henry Simpson, M.B.Lond., Lymm, Cheshire; Sidney Smith, Esq., Tiverton; R. T. Tasker, Esq., Melbourne, near Derby.

The President congratulated the Society on the appearance of the volume of *Transactions* for the past year (vol. iii.) A copy was handed round for inspection.

Ovum in Ovo. By Robert Barnes, M.D. The specimen submitted was a double egg, forwarded from Wales by Mr. F. H. Hora. It was the produce of a pullet belonging to Mr. Morgan, a farmer in Carmarthenshire. One perfect egg, enclosed in its own shell, was surrounded by the albumen of another egg, the whole being enclosed in a second shell. A remarkable point of interest consisted in the difference of kind of the two eggs. The inner shell was of a reddish colour, like the Cochin fowl's egg; whilst the outer one was of a dull chalky colour. The hen was a cross between the Dorking and Cochin varieties, and these varieties were represented in the double egg. The size of the outer egg was excessive, being 3 in. long by 2·25 in. broad; and its weight was 4¾ oz. Dr. Barnes observed that there were two similar specimens in the museum of the College of Surgeons.

A Case of Ovariotomy, and a Reply to a Statement respecting it made by Mr. Baker Brown at the last Meeting of the Society. By T. Spencer Wells, Esq. Mr. B. Brown inquired of the President by whose authority his name had been mentioned in the title of this paper? The President replied, that the usual regulations respecting the admission of papers had been complied with as regarded the paper in question. Mr. B. Brown protested against the title of the paper, wherein his name was used, as he considered, in an unjustifiable manner, and protested against its being read. The President stated that the Council had determined that the paper should be read. The paper was then read.

Mr. Brown having said at the last meeting, "He knew that Mr. Wells had operated on a patient, with a fatal result, which he and others of great experience had condemned as totally unfit for operation," Mr. Wells now narrated the case at length to the Society:—The patient was single, 30 years of age, the subject of a multilocular cystic tumour of the left ovary, of about two years growth, which was removed by Mr. Wells on the 13th of January last. There were some adhesions, both to the parietes and to the colon; but they were easily separated. From an unusual tendency to protrusion of the intestine, Mr. Wells did not sponge out all the ovarian fluid which had escaped into the peritoneal cavity; and he partly attributed to this fact the diffuse peritonitis which proved fatal twenty-nine hours after the operation. In order to prove that Mr. Brown had *not* condemned this case as "totally unfit for operation," Mr. Wells produced a letter from the uncle of the patient,—a Fellow of the Royal College of Surgeons,—which this gentleman authorised Mr. Wells to bring before the Society, in which he stated that Mr. Brown had written to him saying that his niece's was "a fair case for operation." The uncle also enclosed for the information of the Society a letter from Mr. Brown to the father of the patient, in which Mr. Brown said that the tumour "could be removed by a dangerous operation. No one, however, can recommend it to be removed; yet if Miss —— determines she will elect to have the trial made, being fully aware of the danger, then I will undertake the operation, with the sanction of her uncle, feeling that there is a fair prospect of success—*i.e.*, as much reason to hope as to fear." These letters, and the history of the case, were read without any comment from Mr. Wells.

Dr. Barnes observed, that each gentleman having had the opportunity of submitting his own account of the case to the Society, there could be no cause for discussing the matter any further in that place. In affording this opportunity the Society had done all that it could fairly be called upon to do. Any further discussion should be carried on elsewhere.

Mr. Brown then again protested, and declined making any observation.

Mr. Wells said he had brought the case forward merely in defence of his professional character.

Complete Occlusion of the Os Uteri, and Retention of the Menses, following difficult Labour. By J. Hall Davis, M.D. In this case there was retention of the catamenia, caused by complete occlusion of the os uteri after a difficult primiparous labour, in a patient aged 34. The obliteration was the effect of inflammation of the neck of the uterus, produced by the pressure upon it of the head of a large child, ten pounds and a half in weight, for fifty-six hours after the discharge of the waters. Proper efforts were made, after full dilatation of the orifice of the uterus, to deliver by the forceps, and the child was thus extracted, but still-born. The patient was able to leave her bed at the end of a fortnight after delivery. She had a purulent discharge from the vagina for three months afterwards, most probably derived from the neck of the uterus. Dr. Davis was consulted by her medical attendant fifteen months later on account of her ailing condition and her never having menstruated since delivery, and by his request he took charge of the patient. The uterus was then enlarged to the size of a four months' pregnancy; the neck of the uterus was rounded off, presenting a somewhat globular prominence, and fluctuation, but not the slightest indication of orifice or of its former site. The vagina was capacious, and exhibited no cicatrices. On November 2nd, 1861, Dr. Davis visited the patient at her residence in London, and made the requisite opening by a cannulated stilet and hysterotome, so as to admit No. 12 catheter, by which the orifice was maintained. Six ounces of menstrual fluid, of the consistence of treacle, not offensive, were thus discharged, and more followed in the next two days. The efforts to preserve the aperture, with premature exertion, and exposure to cold, ended in an attack of pyæmia, the
symptoms being—shiverings; hot and cold pe
tions; pulse, 110—140; on two occasions in the
intermittent with cold sweats; diarrhœa; vom
delirium. At the close of the fever, examinati
vaginam discovered an enlarged and fixed condit
the uterus as a result of the illness. The uterus
wards returned to its natural size. The pyæmic
was closely watched during its progress for seve
secutive days and nights, the patient being suppor
large quantities of stimulants and nourishment.
patient then, by the aid of tonics and a moderate
ance of nourishment, recovered perfect health, an
since the operation passed through five menstrual p
that in November, and those in January, Februa
March, having been most satisfactory, so that n
need now be entertained of a return of the obstr
The patient returned to her home in Devonsh
January, and reports up to the present time that
perfectly well. Dr. Davis referred also to anothe
of complete occlusion of the os uteri, but occurr
labour, in which he had been consulted in 1858.
the patient's first confinement, and the occlusi
peared to have arisen from inflammation of the n
the uterus in the fifth month of pregnancy. Dr.
adopted the plan proposed by Naegelé, of using a
instrument—his index finger. By strong pressure
the action of the uterus against the centre of the
lar swelling, he thus effected an entry, and made a n
orifice with jagged edges. The waters were disch
and the child followed soon after. It had been
some days, and the mother recovered as quickly a
a natural labour. In some of these cases undou
incisions appear to be necessary, on account of t
treme thickness of the impeding structure.

Correspondence.

MEDICAL TITLES.

Sir,—A letter has appeared in the Journal
"Probitas", asking for the clause of the Act of
ment which empowers the King and Queen's Coll
Physicians in Ireland to give the title or degree o
to its Fellows and Licentiates. I beg to supp
required information.

"The Charter of William and Mary, and the
the Irish Parliament, 1 Geo. III, cap. xiv, mad
petual by the Act 30 Geo. III, cap. xlv, § 11, co
the Fellows and Licentiates of the King and Q
College of Physicians the title of Doctors of Physi

This is copied from the *Register* of the Colle
1859, where any one may see printed all the Lice
names with the prefix of "Doctor" in full, althou
College has allowed the omission of this claim
new Medical Act. I believe I have good author
stating that it was an oversight, which they now
regret.

The Attorney General for Ireland and the Lord
Justice have given opposite opinions as to the r
the College to register this title; but no one, I s
suppose, would for one moment doubt the mean
the words of the Act or the right to confer and use
therefore, as no decision can possibly affect the
points, these Licentiates who have earned their
distinction honourably, apart from any year of Gr
the overwhelming influence of the love of mone
have also paid pretty handsomely for it, viz., £45
not only place it upon their doors, but, as I shou
commend, state upon their cards whence such di
be derived, to satisfy the public that it is neithe
new Licence of the College of Physicians of Lond
Licence of the Year of Grace of the College of

of Edinburgh, nor a title or degree from any of otch Universities, but a *boná fide* title of which ie need be proud. I am, etc., Φιλαληθης.

—It is alleged on behalf of L.R.C.P.s claiming to tors of medicine by virtue of their licences, that ish College has, *de jure*, the right to designate its ates doctors of medicine, and to admit them as and that, *de facto*, those licentiates are so ad- l. Now the matter may be tested in this way: recent act of Parliament, the stamp duty on the e to practise as a physician granted by a college of cians was repealed; not so the stamp duty of £10 e diploma of doctor of medicine. Do the licen- of the Irish College of Physicians pay the stamp due to government on admission to the degree D.?

hey do not, then either they are not doctors of ine, or the government is defrauded. Mr. Glad- is well known to be hard up, and he had better nto this matter. I am, etc., Ξ.

—When "Veritas" started by denying the state- of Dr. Pitman with reference to the King and 's College of Physicians, Ireland, he should at have taken care to be correct himself, or, at any o be able to defend his own statement, as he dis- the word assertion. Instead of this, he endeavours ect his escape by putting upon others, what is y his duty to prove. When "a private individual" out of his privacy, and inserts a letter in a public al, he becomes public property, and must expect treated as such. This is not a "quarrel," nor "Veritas" to treat it as such; it is a question of professional importance. If the King and Queen's ge have the power they assume, let such be satis- ily proved to the profession, for it is simply absurd anyone to believe it with the opinions of such ent men as Sir Hugh Cairns and Mr. Hobhouse, ave seen the charter and the acts of the Irish Par- nt relating to this College so decidedly given that orporation have not the power of conferring the e of M.D., clinched by the fact of the Lord Chief- e of Ireland's decision against them in the case of s Barker, Jun. *v.* Dr. Steele. In giving which, he these words, when comparing the powers of univer- with colleges. "There is a marked distinction be- a doctor of physic, which is a degree, and a licen- because the medical corporations cannot grant ree entitling the party to be entered under their ma as a doctor of medicine, but they may give a e, thus creating the party a licentiate, as in the nt case." "The distinction is taken in the most ed manner."

w, I ask "Veritas," if it is at all likely the Lord Justice, supported by Mr. Justice Haynes and Mr. ce Fitzgerald, would have so expressed himself, if orporation of the King and Queen's College of Phy- s in Ireland had had any such powers as they nd?

answer to my challenge to "Veritas" to show the r which he states the King and Queen's College e challenges me to prove the licence of this Col- is not given in the words he has stated. The ques- is not the *form* in which the document is worded, clear straightforward published proof of the *power* nfer a degree which the College say they possess. challenge of "Veritas" is a *reductio ad absurdum;* reminds me strongly of the Irishman who, on being icted of a theft, was asked by the judge why he ld not receive sentence according to law, replied at had he known the jintleman was going to sware he saw him steal the pig, he could have brought at fifty people to sware that *they* did not see him steal it." The question which "Veritas" asks about, he will find in each of his two first letters.

With respect to the acts of Parliament and the charter of this College, it will be found, on careful perusal, that the result clearly deducible is that the College was not *intended* to have and have not lawfully the power of *creating* physicians or apothecaries, but merely of ascertaining that persons practising in these capacities *in Ireland and not elsewhere*, were sufficiently skilled in their profession to prevent injury to the public health. It is not intended to throw any discredit upon the present licentiates of the College, but merely to prove that they are purely licentiates and not M.D.s.

I am, etc., Δ.

Sir,—"People who live in glass houses ought not to throw stones;" and, if certain young graduates attempt to deny the title of Dr. to fellows or members of a royal college of physicians, not being graduates of a university, will it not soon be asked by what right graduates in medicine of any university, not being fellows or members of a royal college of physicians, assume the title of physician? It is a well known fact that many of the gentlemen acting as physicians to the infirmaries, hospitals and dispensaries in the provinces are graduates in medicine only of some university, and therefore, according to our friend "Common Sense," they have no right, except by courtesy, to the title of physician. It appears to me, in order to end disputes, that it would be well for the Royal College of Physicians of London, for the future, to follow the rule which has always been adopted by the Royal College of Physicians of Edinburgh with regard to its fellowship, viz., "No one can be elected a fellow of the Royal College of Physicians of Edinburgh till he has obtained the degree of doctor of medicine. Graduates of foreign universities must previously submit to an examination before the examiners of the college, which shall consist—1. Of a dissertation in English, on some subject in the practice of physic, selected by the examiners to be written by the candidate in an apartment of the college hall, under the superintendence of the examiners. 2. Of a *vivâ voce* examination in English on the symptoms, nature and treatment of diseases; also, on anatomy, chemistry, botany, and physiology. 3. Such examination as the examiners may consider advisable for satisfying themselves that the candidate has received a competent education."

I wish I could speak in equal terms of commendation of the conduct of the Edinburgh College, during the celebrated year of grace, with regard to its licentiates, but the only title given to them by the college, let it in all fairness be stated, is L.R.C.P.Edin., and as such they are addressed.

It may be a matter of interest to some of our associates to state, that licentiates of the London College of Physicians were addressed by the title of doctor by the celebrated Lord Chief-Justice Coke. In his dictum on the well known case of Dr. Bonham, Lord Coke remarked that "much had been said in commendation of the *doctors of physic of the College in London*, and somewhat in derogation of the doctors of the universities; he attributed much to the *doctors of the said College*." And, if I mistake not, it has been held that physicians are *doctors* by Lord Ellenborough, Lord Mansfield, and Lord Denman; and hence, it would appear, that "the highest honours, titles, and privileges usually awarded to physicians" by the diploma of the London College include, "here and elsewhere," the title of doctor.

Sir, I hope that very soon we shall have done with this question. A dispute like this is one that interests men like myself, who have now been twenty-five years in practice, far less than younger men who have yet the battle of life to fight, and their way to make in the world; I would give to all their due; and I quite agree with you that "the title given by courtesy to members and fellows of colleges ought in all fairness still to be given to them." I trust that you will excuse the length of this letter on a question so trifling, the more so, as I have on many occasions contributed to the pages of our JOURNAL matter of far more practical importance, and because you have my promise that I shall very shortly do so again.

I am, etc., M.D., F.R.C.P.

April 21st, 1862.

SIR,—A great deal, *pro and con.*, has been written upon the subject whether a person being a member of a college of physicians, and not possessing a degree of doctor of medicine from an university, should be styled doctor. The following facts present themselves to my mind. Many honourable members of our profession, before 1859, who had no other qualification than that of being a member of a college of physicians were, out of courtesy, styled doctors. With this title few of us, I think, would quarrel; as those who possessed it were gentlemen of learning, had passed a searching and highly creditable examination, and practised *purely.* But the College of Physicians of Edinburgh, in 1859, from motives I cannot stay to argue, became suddenly benevolent to the general practitioner, and especially to those who were members of the College of Surgeons only, sent out a manifesto stating that the said College would hold a year of grace, and grant to all legally qualified practitioners its diploma for the magnificent sum of ten pounds and a good character.

"Good gracious!" cries the old country surgeon, rubbing his spectacles a second time, who had practised for the last forty years with only one diploma.

"Good gracious! a year of grace! Can I be a physician, and my patients call me Dr. So and So, all for ten pounds—a good character—a large scroll of parchment, and my name placed upon the *Register?* Just fancy how pleased my wife will be to hear the parson, the squire, the churchwarden, and our John Thomas the footman, call me 'the Doctor;' and won't our Jemima be fussy when she tells her schoolfellows of her pa—'the Doctor!' Oh! it's worth every farthing of the money."

The next morning, after reading the manifesto of the College, the said country surgeon might be seen rattling ten golden sovereigns in his pocket, and wending his way to the nearest establishment where a Bank of England bill could be got in exchange, to be enclosed in a letter for the coveted diploma of the College. By the same post he writes to an old professional friend, who sends him a character, which fairly staggers him, and causes him some queer sensations at the pit of the stomach, being wonderfully ignorant of ever having deserved so much.

The object of his ambition, the diploma, obtained, he alters his door-plate from the plain MR. to DR.; his bill head undergoes the same change; his surgery window the same; his card plate the same; and to make doubly sure, he calls at his bookseller's shop, and requests the proprietor to alter the MR. to DR. on the cover of the periodicals which circulate through the village. He is now a real doctor by act of Parliament and on the *Register.*

A doctor is a physician, and a physician must be a doctor. The public know nothing and care little about medical degrees. The public does not complain about a medical man styling himself DR.; but all this great row kicked up in a teapot is by the country surgeon's professional neighbours not being willing, as they have not obtained the diploma so easily, to admit his title of DR. Very few of us would now, I think, deny the title of DR., out of courtesy, to those who had passed a fair and honourable examination either before or after 1859; but to all those who were admitted in portals of the College during the year of grace would compel to have printed on their visiting car on the *Register* their name and the year the d was obtained. As an example:—

DR. SINFUL,
By grace elect, 1859.

This would, I think, fairly meet the approbat both parties, and also pay a graceful tribute to th miners of the Edinburgh College of Physicians.

I am, etc., M

SIR,—My brief communication has given rise t ink-shedding than I had anticipated. I will as mission to trespass on your columns for a few ex tory remarks, and then, as far as I am concerned the subject, agreeing fully with yourself that it which should, if practicable, be settled. I need s less, because I am quite content to rest on you editorial judgment when you say, "We think th profession generally will agree in this, that the co title given to fellows and members of colleges befo year of grace ought, in all fairness, to be still to them."

This is all we ask, and with less than this we not be satisfied.

Your correspondent "Common Sense" charge (not over-courteously) with ignorance of the diffe between a diploma and a degree. I admit my err letter having been somewhat hastily written, and my expression ought to have been "fellows and bers, etc., whether *graduates* or not."

But he does not appear to see the bearing of the logies which I named. To take that of the "reverend": it is given alike to all clergymen o establishment (by courtesy only, and as a ma respect, and not legally, as "Common Sense" will if he refers to Dr. Hook's *Church Dictionary*), wh graduates of an university or not; and to all, or n all, dissenting ministers.

Why should not the title of doctor be given, b same rule, to all who are, and who *practise* as, sicians, not as surgeons and apothecaries, whether be graduates or not? The village "doctor" does put his name as such on his card, or his door- which a regular physician is privileged to do; and t fore I do not attach much weight to the "proving much" of your correspondent "Delta."

As regards barristers, the analogy may be less plete, but thus far it holds good. The unive degree is not essentially necessary for a man t called to the bar: some have it, some have not: physicians, fellows or members of a college (calle practise, so to say, by their college) are graduates university, some are not: a liberal and enlight body, such as the English bar, makes no distinc between its members; why should there be one amo actual physicians, as there would be were the l class, the non-graduates, to abandon their proper signation?

As regards the courtesy titles of the sons of the bility, I did not enter into particulars, thinking principle, which your correspondents admit, to enough for my purpose; and therefore I may not h been verbally accurate. "Long and undisputed p consent" is equally applicable to either case.

There are other matters referred to in your co spondents' letters which I might touch upon, but I h not the inclination to do so, nor should I be justifie trespassing on your valuable space. It is obvious the *sore place* with most of them is the conduct of Edinburgh College of Physicians during the yea grace. *Hinc illæ lacrymæ.* But this I do not called upon now to justify or to condemn.

would suggest is, whether it is wise in general ioners to join in disparaging the non-graduated ers of the London College, as they virtually do, by ting the withholding from them of their proper ating title, when that College has steadily main- its right to assign "the highest honours, titles, ivileges as usually awarded to physicians" to prac- rs of all classes and degrees, when duly admitted ranks?

not concur with your correspondent "Delta" in ating the extinction of the pure physician; but uite willing to concede to him that, as a general he university degree of M.D., *obtained after re-*, is desirable before seeking the diploma of a col- rovided that a door of admission be left open in ter for men who have earned a title to withdraw he more laborious to the higher and less toilsome of our profession, having a good name and fame, gh without a degree. By all means, let new blood used from time to time into the sages of Pall ast through this channel.

I am, etc., M.R.C.P.

Medical News.

AL COLLEGE OF PHYSICIANS. The following gen- passed the preliminary examination in the sub- f general education, on April 24th:—

ant, John Henry, St. Mary's Hospital
ter, Thomas, Guy's Hospital
ns, William Bowen, Oundle, Northamptonshire
ffiths, Richard Samuel Purnell, Cheltenham
ll, William Powell, Bedminster
ore, Milner Montgomery, 12, Porteus Road, Paddington
nolds, Frederick, 41, Woburn Square
g, Charles Gorge, St. George's Hospital
gers, Charles Edward Heron, 33, Gower Place, Euston Road
ith, George, 38, Harrington Street, Hampstead Road

AL COLLEGE OF SURGEONS. The following gentle- assed their primary examinations in Anatomy and logy, at a meeting of the Court of Examiners, on 7th; and, when eligible, will be admitted to the xamination.

St. Bartholomew's Hospital.

iton, John Henry
nt, Thomas
stock, Edward Ingram
vey, Charles Edward
ll, Samuel
useman, Edmund Cooke
Pearce, Thomas Drake
Thomas, David Howell
Wicksteed, Frank Wm. S.
Wilcox, William
Yarrow, George Eugene

Middlesex Hospital.

lerson, Frederick Henry
end, Alfred
rgenven, William Grafton
Pyle, Charles John
Pyle, George
Waymouth, Albert

King's College.

ningson, Bushell
old, Horatio Bate
wes, Frank Charles P.
Miller, Andrew
Peele, John Richard
Salter, John Henry

London Hospital.

lman, Walter
ghes, Robert
Killick, William Donald
Rogers, William Richard

Charing Cross Hospital.

yden, William Gallimore
Hobson, William Henry

University College.

ke, Edward Thomas
Hackney, John

Birmingham School of Medicine.

ven, David Charles Lloyd

tted Members on April 22nd:—
oth, Lionel, Greenwich
vies, William, Cardigan
y, Edmond Henry, Bedford Row
gles, Woodfield, Aylesbury
ans, John Henry, Anglesea
sher, Luke, Preston, Lancashire
cks, Henry, St. David's, Pembrokeshire
dgkinson, David Hinkley, London
ghes, John Evans, Pwllheli
Kempster, William Henry, Battersea
Lee, William Edward, Bideford, Devon
Lilly, Hubert Walter, Folkestone
Little, Louis Stromeyer, Brook Street, Grosvenor Square
Miller, Henry, Plymouth
Morgan, Edward, Aberystwyth
Renshaw, Joshua William, Stretford, near Manchester
Robinson, Hugh, Ripon, Yorkshire
Roe, Thomas Alexander, Royal Navy
Savory, Charles Tozer, Charterhouse Square
Slade, Robert, Poole, Dorset
Shepheard, Philip Candler, Erpingham, Norfolk
Trewhella, Henry Ellery, Guatemala, Central America
Vernon, Bowater John, Brighton
Wilson, William Samuel, Bayswater

Admitted Members on April 23rd:—
Barrett, John James, Borough
Bletchley, William Ebenezer, Minchinhampton
Booth, Frederick William, Rochdale, Lancashire
Fletcher, William Bainbrigge, Wimborne Minster, Dorset
Fouracre, Robert, Plymouth
Gaine, Charles, Bath
Giddings, William Kitto, Farsley, near Leeds
Gimblett, John, Bristol
James, Thomas Jones, Aberystwyth
Lewis, David, Lampeter, South Wales
Morris, John Walter, Rochdale
Newton, John Lawrence, Durham
Oliver, John Hamer, Llandysilo, North Wales
Patrick, Samuel Alexander, Manchester
Pigg, Thomas, Newcastle
Pratt, Eustace Henry Lever, Southampton
Rawlings, Joseph Henry, Bedford Square
Roberts, Frederick John, Rochdale
Rowland, John, Strata Florida, South Wales
Rutherford, Samuel, Pulborough, Sussex
Shillito, Joseph, Newcastle
Southam, George Thomas Mitchell, Peterborough
Swallow, James Dodd, Reading
Swyer, Septimus, Whitechapel
Towne, Alexander, Kingsland
Wells, John, Preston
Whitlam, James, Oldham
Worboys, Thomas Sanders, London

Admitted Members on April 24th:—
Adams, Webster, Ipswich
Barker, Walter, Wantage, Berkshire
Barnes, Edward Charles, Stradbrook, Suffolk
Beadles, Arthur, Broadway, Worcestershire
Bridgman, John Henry, Bridport, Dorset
Cocksedge, Thomas Abraham Jerningham, Cambridge
Dalgleish, Jonathan, Newcastle-on-Tyne
Griffith, John, Bangor, North Wales
Heaton, Frederick Luxmore, Denbigh
Howsin, Edward Arthur, Bristol
Humphry, Charles Henry, Balham Hill
Jones, John, Chatteris, Cambridgeshire
Lloyd, Nathaniel Hellings, Tiverton, Devon
Matthews, James, Old Kent Road
Popplewell, Thomas William, Manchester
Serjeant, David Maurice, Fitzroy Square
Swain, Isaac Howard, Mark Lane, City
Todd, Joseph, Selby, Yorkshire

Admitted Members on April 25th:—
Bowser, Henry Charles, Calcutta
Bramley, William Sturdy, Wakefield, Yorkshire
Bury, Edward Charles, Wisbeach, Cambridgeshire
Deck, John Feild, Nelson, New Zealand
Dry, Thomas, Walworth
Edlin, Edward Holberton, Plymouth
Elliott, John Robert, Jersey
Evans, Evan, Llandyssul, South Wales
Goddard, Eugene, St. John Street Road
King, James George, Havant, Hants
Lamb, Joseph, Birkenhead
McIver, Donald, Edinburgh
Morton, Thomas, Holbeach, Lincolnshire
Pearce, George, Bishopstrow, Wiltshire
Rickards, Walter, Cosley, Leicestershire
Roberts, John, Kidwelly, Carmarthen
Stevenson, Thomas, Rainton, Yorkshire
Tily, James, Hanworth, Middlesex
Waterworth, Charles Albert, Newport, Isle of Wight
Wintle, Henry James, Bristol
Wyman, William Sanderson, St. Thomas's Street

APOTHECARIES' HALL. On April 17th, the following Licentiates were admitted:—
Bevan, Thomas Kenniel, Carmarthen
Chisholm, Edwin, Sydney, New South Wales
Cox, William Henry, Plymouth
Maurice, James Blake, Marlborough
Middleton, William, Villiers Street, Strand
Poncia, Ferdinand Theodore, Balsall Heath, near Birmingham
Poole, Samuel Wordsworth, St. Mary Cray, Kent

Prangley, Thomas, Salisbury
Roberts, Frederick John, Manchester
Shea, Henry Gordon, London

APPOINTMENTS.

Barker, Samuel, M.D., appointed Surgeon to the Eastern District of the Brighton Provident Dispensary, in the room of J. K. Tuke, Esq.

Bridges, John H., M.B., appointed Physician to the Bradford Infirmary, in the room of T. Lockley, M.D.

Williams, William, Esq., appointed Surgeon to the County Gaol, Dolgelly, Merionethshire, in the room of the late D. Owen, Esq.

Wilson, Henry O., Esq., appointed Surgeon to the Bristol Dispensary, in the room of the late Thomas Martin, Esq.

Royal Navy. The following appointments have been made:—

Bagg, Edward B., Esq., Acting Assist.-Surg., to the *Devastation*.

Bateson, John M., Esq., Assistant Surgeon, to the *Victory*, for Haslar Hospital.

Eduly, William, Esq., Assistant-Surgeon, to Greenwich Hospital.

Farrelly, James, Esq., Assistant-Surgeon, to the *Excellent*.

Jefferson, John, Esq., Assistant-Surgeon, to the *Doris*.

Lyall, David, Esq., Surgeon (additional), to the *Fisgard*.

Middleton, James, Esq., Acting Assist.-Surg., to the *Marlborough*.

Ruby, H. G., Esq., Assistant-Surgeon, to Haslar Hospital.

Smyth, W. D., Esq., Assistant-Surgeon, to the *Victory*.

Wilson, Thomas G., Esq., Assistant-Surg., to Bermuda Hospital.

Militia. The following appointments have been made:—

Farrant, M., Esq., to be Assistant-Surgeon 1st Devonshire Regiment of Militia.

Willis, G., M.D., to be Assistant-Surgeon Royal Monmouthshire Militia.

BIRTH.

Beecroft. On April 22nd, at Hyde, Cheshire, the wife of *Samuel Beecroft, Esq., of a son.

MARRIAGES.

Felce, Stamford, Esq., L.R.C.P.Ed., of Launceston, to Katherine Emmeline, daughter of the late Jonathan Grant, Esq., of Wilcot, Wilts, at Devizes, on April 30.

Lees, Samuel, Esq., of Cheetham Hill, Manchester, to Anne Peacock, eldest daughter of *R. Wood, Esq., of Ashton-under-Lyne.

DEATHS.

Buxton. On April 24th, at 9, Compton Terrace, Islington, tho wife of Joseph H. Buxton, Esq., Surgeon.

Darling, George, M.D., at 6, Russell Square, on April 30.

Green, Thomas S., M.B., at sea, off Melbourne, on January 21.

Morley, Jonathan, Esq., Surgeon, late of Blackburn, at Lytham, aged 54, on April 27.

***Oswald**, Henry R., Esq., at Douglas, Isle of Man, aged 71, on April 19.

***Waldron**, H., Esq., at Theale, near Reading, aged 45, on April 20.

Dr. Bernard, the *proscrit* concerned in the Orsini plot, having displayed an aberration of mind, has been consigned to Wandsworth Lunatic Asylum.

American Medical Association. The annual meeting of this association has been again adjourned to June 1863.

Vacancies. The following appointments are vacant:—Surgeon to the County Prison at Warwick; Physician to the Clifton Dispensary; House-Surgeon at the National Hospital for the Paralysed and the Epileptic; Fullerian Professor of Physiology at the Royal Institution.

Deputation on Sanitary Legislation. A deputation from the Metropolitan Association of Medical Officers of Health had an interview with Secretary Sir George Grey at the Home Office. The deputation brought under the notice of Sir George Grey certain defects in the sanitary provisions of the Metropolis Local Management Amendment Act, relating especially to the space at the rear of new buildings, and the removal of manure.

The Coronership for Middlesex. The Bench of Middlesex magistrates having resolved that a petition be presented to her Majesty in Council, praying that the western division of the county may be divided into two districts as to the office of coroner, Mr. Humphr
coroner for the eastern division, has protested
such division, and claims the right, in the event
death or resignation of Mr. Wakley, to be coro
the western division, as he is elected a coroner f
county, and can act as such, either in the easter
sion or the western division, as he has done on
occasions. Mr. Wakley's fixed salary is £1800
Mr. Humphreys' £1500; and the latter gentlema
in court that it was a matter of £300 a-year t
Mr. Humphreys' protest was to be put in writin
referred to the Committee of Accounts and G
Purposes.

House of Commons. On the vote of £6,958 f
nacy Commissions, Mr. Dillwyn complained th
Lunacy Commissioners did not work with the
trates. Owing to the way in which the Commiss
conducted business, a lunatic asylum in South
which was decided on years ago, had not been c
yet. Sir G. Grey said that, instead of matters
pute between the Lunacy Commissioners and the
magistrates being discussed by correspondence,
desirable they should be settled in a personal c
ence; and this course had been taken in some
with good results. He believed that some dela
been caused in Wales by the difficulty of obtaini
agreement between the different counties. He be
that generally the Commissioners were disposed
in concert with the magistrates and ratepayers.
a vote of £20,566 for Her Majesty's Privy Counci
Williams questioned the necessity of paying £1,
year for a medical adviser to the Privy Council.
Peel said the Privy Council had succeeded t
powers of the late Board of Health.

Infanticide in London. Infancy in London l
creep into life in the midst of foes. We hear of
the impoverished or poisoned air of close alleys
rooms unfit for habitation; and now the coroners
just told us in their official returns that sixty-seve
fants under two years of age were murdered last y
the metropolis. One hundred and fifty more
"found dead", a large proportion of them left ex
in the streets; how many of these were "persuade
to live" must remain a secret till the disclosure
secrets. Of above fifty others we learn that they
lost their lives through the misconduct of those
should have tended them, or that their deaths are
butable, wholly or in part, to neglect, want, cold, o
posure; the mother of one was only 13½ years
More than 250 infants were suffocated, very general
bed; and in upwards of half these cases there w
evidence how the suffocation was caused, or the j
did not state in their verdict that it was accide
1,104 deaths of infants in London in 1861, under
years old, were such as to demand a coroner's inq
upon them. The age is the same as in the mass
which Christendom annually remembers, but the si
this great metropolis causes it to out-Herod Herod.

Alleged Poisoning of Four Children by Ars
cal Paper-hangings. At an inquest concluded
Wednesday, on the last of a family of four children
had lately died with symptoms of arsenical poison
Dr. T. Orton, who was called in to the deceased,
posed that there was extreme general prostration,
sides inflammation of the mucous membrane, and s
ness of the throat. He then noticed the green p
on the wall, and perceived a marked connection betw
the state of the deceased and the other children and
symptoms of arsenical poisoning. He ordered
paper to be torn down; the mother became ill w
doing so, and complained of nausea. He found, o
post mortem examination of the deceased, that
stomach presented streaks of inflammation; the in
tines were also inflamed; the other organs were healt

ound no disease that could in any way account for
. Dr. Letheby received from Dr. Orton the
ach and viscera of the deceased, and also a portion
een paper. He examined the latter, and found
it contained arsenic loosely adherent, in the pro-
on of three grains to one square foot. There was
aze, and it could be very easily rubbed off. He
ined the viscera, but could not find arsenic. In
osence of disease, death might have been caused
senic, though he did not trace it in the system.
g to the poisoning being gradual, it was possible
he trace might be wanting, though the effect would
al. The children not sleeping in the room would
ake much difference. He had known two children
om arsenical poison imbibed while playing for a
ours daily in their father's library. Dr. Orton, on
recalled, expressed his firm conviction that the
sed died from chronic poisoning by arsenic taken
he system in minute quantities. The coroner
g summed up the evidence, and read the deposi-
at length, the jury, after a brief consultation, re-
l a verdict of "Natural Death." The coroner ex-
ed his entire dissent from the verdict. The medi-
idence not only proved that there was no disease
ount for death, but that there were no remains of
e. A Juror: "Oh, we are willing to admit that
e of green paper is objectionable."

EASED CATTLE. In a report just issued by the
rar-General of Scotland, he calls the attention of
ublic to the fact that ever since pleuropneumonia
out among the cattle of this country a few years
the returns of mortality have shown that car-
, a disease formerly very rare, has become com-
vely common. Dr. Livingstone observed in Africa
the flesh of animals who die from pleuropneu-
is eaten, it causes carbuncle in the persons who
and that neither boiling nor roasting the flesh, nor
g it in any way, gets rid of the poison. It is true
such cattle are ever sold for food, they are killed
they fall victims to the disease naturally, but
e poison is in them. The report suggests as a
t for inquiry whether the new form of disease
we term diphtheria may not be partially induced
use of diseased flesh.

BREAK OF FEVER IN CORK. Typhus fever, of a
malignant character, has appeared in some
es through the city and suburbs within the last
ys. The malaria, which produced the disease, is
ed to have arisen from the parties already
l, no less, we learn, than twenty-seven in number,
engaged in the manufacture of some imported
bacco. The first patients were admitted at the
Hospital on the 5th instant, and they have been
oming in every day from the different parts of the
en the most opposite, where they resided, such
don Road, Fair Lane, Brown's Land, Arch Lane,
rphanage, Ashgrove Lane, College Road, etc.
were, up to three o'clock on Wednesday, twelve
se cases received into the hospital, and are en-
n the books as "typhus, mottled." It has been
ined, from the relatives who come to visit them,
ere are also fifteen others attacked with the like
and under medical treatment in their own
gs, but whose friends will not allow them to be
hospital. (*Cork Reporter.*)

EN'S HOSPITAL, BIRMINGHAM: MEMORIAL TO MR.
Cox. At a special meeting of the Committee of
l of Queen's Hospital, held on Friday week (Mr. S.
ton in the chair), after the ordinary business had
oncluded, Mr. Suckling, in pursuance of notice,
that a memorial be presented to Mr. Sands Cox,
e completion of the new wings to the hospital.
ned but the other day that Mr. Cox had under-
he stupendous task of raising the funds necessary to build the additional pile of buildings, in single penny stamps. Probably many thought his scheme visionary. Indeed, he knew that a rev. vicar near Birmingham, in reply to an application for assistance, replied, "He could not be made a party to such a scheme as that recommended; it was child's play." However, thanks to the reliance Mr. Cox had placed in his own indomitable exertions, and on a generous public, this child's play had, by accumulating penny upon penny, erected for the permanent relief of the poor of this town this handsome structure. It was no trifling undertaking to have entered into building contracts at his own risk, at an expense of £1,600; but this he had done; the buildings had been completed and paid for, and opened for the reception of patients. Mr. Cox had not forgotten the spiritual welfare of the poor. Out of the penny fund he had erected a chapel; and, with the contributions and assistance of the friends of the hospital, it had been most suitably furnished, and Divine worship was celebrated there every Sunday. The fund was made up of 402,960 pennies, every one of which he had collected and recorded; and, where names were supplied, he had kept a record of them. He had also filed 2,000 collecting cards, and had acknowledged every donation in his own handwriting. And, at the close, the accounts had been audited, found correct, and published. Concurrently with this movement, Mr. Cox raised and paid more than £1,000 in discharge of liabilities of the Queen's College, the sister institution, which were not of his creating. He concluded by moving, "That the grateful thanks of the Council be recorded to the founder, William Sands Cox, Esq., F.R.S., upon the completion of the new wings, at an expense of £1,679 : 11 : 2, raised solely by the founder in public contributions of penny postage-stamps—an event evincing a degree of devoted industry on the part of a single individual, in aid of the suffering poor, unsurpassed in the annals of charitable institutions. That, in honour and commemoration of the event, the new wards be called 'The Founder's Wards'." This was seconded by Mr. J. W. Walsh, and carried with acclamation. We believe the Committee intend, at their own expense, to present the memorial in a handsome silver case.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.
TUESDAY.	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
FRIDAY.......	Westminster Ophthalmic, 1·30 P.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON — APRIL 26, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week....................	Boys .. 994 Girls.. 965	1959	1394
Average of corresponding weeks 1852-61		1887	1246

Barometer:
Highest (Sun.) 29.860; lowest (Tu.) 29.490; mean, 29.729.

Thermometer:
Highest in sun—extremes (Fri.) 116 degs.; (Sun.) 96.6 degs.
In shade—highest (Fri.) 75 degrees; lowest (Mon.) 43.1 degs.
Mean—54.2 degrees; difference from mean of 43 yrs.+6.8 degs.
Range—during week, 32 degrees; mean daily, 17.6 degrees.

Mean humidity of air (*saturation*=100), 82.
Mean direction of wind, S.W.—Rain in inches, 0.64.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Epidemiological, 8 P.M.: Dr. W. R. G. Smart, "On the Epidemics of Bermuda."—Entomological, 8 P.M.—Odontological, 8 P.M.—British Architects (Anniversary), 8 P.M.

Tuesday. Civil Engineers, 8 P.M.—Pathological, 8 P.M.—Photographic, 8 P.M.—Ethnological, 8 P.M.

Wednesday. Society of Arts, 8 P.M.—Geological, 8 P.M.—Obstetrical. 7 P.M.: Dr. Matthews Duncan, "Note on the State of the Internal Surface of the Uterus after Delivery"; Dr. Skinner (Liverpool), "Brief Remarks on Anæsthesia in Midwifery, with New Apparatus"; Dr. Tanner, "Case of Unsuspected Pregnancy and Labour"; Mr. Ellis, "A Practical Inquiry into the Properties of Nitrate of Silver: New Instrument for its Use in Uterine Disease".—Royal Society of Literature, 8.30 P.M.

Thursday. Royal, 8.30 P.M.—Antiquaries, 8.30 P.M.—Philological, 8 P.M.

Friday. Astronomical, 8 P.M.—Royal Institution, 8 P.M.

Saturday. Asiatic, 3 P.M.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Back Numbers.—We beg to thank several members for back numbers of the Journal.

Fellow of the Royal College of Physicians of Edinburgh.—If the writer will append his name to the letter he has sent us, we will publish it. We never insert letters containing insults to ourselves, unless signed by their authors, who are then perfectly free to express or expose their sentiments.

The Fellowship of the College of Surgeons.—A correspondent writes:—"Is it not shameful that the London College of Surgeons should ignore all hospital attendance out of London, as a qualification for their Fellowship?" The proceedings of the College are (as our correspondent will see) in many other respects of a very anomalous character.

The Manchester Medical Society.—Sir: Will you allow me to correct a mistake in the report of the last meeting of the Manchester Medical Society, which I suppose must have been caused by a strange inadvertence on my part. The member who presented for dissection a portion of Egyptian mummy, was Mr. T. G. Richmond; and I am the more anxious to correct my mistake, as I am sensible of the kindness involved in such a presentation. I am, etc., J. Thorburn.

P. S.—Any remarks or statements made concerning the British Medical Journal by the weekly compilation to which our correspondent refers, should never be accepted as correct, without further verification. The particular statement to which he alludes is a gross exaggeration of facts.

Mr. Webber should inform the General Secretary of his intentions.

Members desirous of having their volumes of the British Medical Journal for 1861 completed, are respectfully requested, at their earliest convenience, to inform the Publisher, at the office, 37, Great Queen Street, London, W.C.

COMMUNICATIONS have been received from:—Dr. Graily Hewitt; Dr. Latham; Dr. Routh; Dr. McWilliam; Mr. James Dulvey; Mr. T. M. Stone; The Registrar of the Medical Society of London; Mr. Barnard Holt; Mr. Edwd. Parker Young; Mr. J. C. Wordsworth; Mr. H. J. Alford; Dr. W. Boyd Mushet; Mr. C. J. Evans; Messrs. Gilbey; Mr. R. W. Martyn; Messrs. Robertson and Scott; Dr. Boycott; Mr. Haynes Walton; Dr. Priestley; Dr. J. B. Curgenven; Mr. A. B. Steele; Mr. H. Lee; The Hon. Secs. of the Obstetrical Society; Dr. C. Taylor; Mr. William Copney; Dr. Uvedale West; Mr. James V. Solomon; Mr. W. Collyns; Mr. James Rhodes; Mr. George Greaves; Dr. Fowler; A Provincial Surgeon; Mr. J. G. Parsons: Dr. Kennion; Dr. Sieveking; Dr. E. Morris; Dr. Beddoe; Dr. Thorburn; Mr. S. Felce; and Mr. Webber.

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General Remarks

ON THE

RACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

X.—Fever. Part 2.

Inflammation and its Fever.

r it be constantly borne in mind that Fever is not man's disease, but the man's life assailed by his ease; his life, not as a single thing which is in- rehensible and unimaginable, but as embodied in functions and feelings of the entire vascular em and nervous system, and seen and read of men.

ow our best insight into the nature of Fever is ly to come from contemplating it in diseases which it is most conspicuously allied, beginning any one that we know the most of. And the t familiar thing bearing the name of a disease which we are acquainted is Inflammation. The nic processes, which concern it, have been utely scrutinised and had their meanings inter- ed by pathologists. They are all visible on the ace of the body, and many of them are audible ey transact themselves in some important organs in. Then of the antecedents of Inflammation, ave a pretty good notion which they are that may et down for its exciting causes. Such are things can hurt mechanically; such are unwonted sitions from heat to cold; such are overtaxing oo hard usage of the bodily powers in health, of the mental too sometimes. Of some of these re so sure that we could choose them, and apply , and so procure Inflammation at will.

all times, and especially at sickly seasons, In- mation abounds in large hospitals. And cases of mmation are the best studies we can have of r. Above all other cases they represent: 1. The ion of Fever to the disease, as a whole from to last. 2. The correspondence of Fever with disease in its intermediate changes, stage for . Further, above all other cases, they denote bearing which it belongs to Fever to exercise the management of the disease. Here, if ever, vital movements of the vascular and nervous m, now assailed and aggrieved, stand out as in- ions of treatment. Here, if ever, they first sug- what that treatment should be upon the whole; then, from its effects upon Fever and Disease spondently, they suggest what it should be from to stage until the end. And all with some evi- exactness.

w, Inflammation is naturally the simplest of ses, and Fever annexed to Inflammation is the est of Fevers. But then they must meet with nate coincidences to make them and keep them

e artist, whatever be the material he uses for rojected work, whether wood or stone, takes o have the most perfectly sound specimen of it n get; knowing that, otherwise, the work itself is like enough to turn out a failure, and be neither so good or so durable as his ambition might hope. And we physicians, when we want Inflammation for a study of Fever, would like to choose the subjects whom it should befall, and have them of the soundest material. But we must take cases as they come. We are practitioners by necessity; we are pathologists by choice or by chance. It is well when we *can* be both, but the first we *must* be.

In a large hospital, the cases of Inflammation are not all of the right vital stuff for making the disease the thing which (so to speak) it naturally ought to be. For entertaining Inflammation and its Fever, and insuring them their natural simplicity, and carrying them to the perfection they are capable of, the body must be previously healthy. There must be the antagonism of health to show to the full what the disease naturally is.

This is no paradox; but a truth put (I believe) into fitting words, and worthy to be noted.

Now, it is where their natural simplicity is preserved, and perhaps in consequence of it, that Inflammation and its Fever do, if ever, display a superlative energy, and require and tolerate the most powerful remedies. The cases typifying this course of things make a great show in medical books. The disease is then severe and unmistakable; and its treatment heroic and successful. But such cases are the few. Perfect health, like perfect beauty, is a rare thing; and so, it seems, is perfect disease.

Still, not to speak of *perfect* health, good health is common enough, and Inflammation does not befall those the oftenest who have a fair share of it. Yet when it does, then, if ever, the case is demonstrative of the points most sought after, both pathologically and practically, and is an easy and satisfactory study.

But let us take the experience of a large hospital year after year for a succession of years, and run over what records we have of those who have suffered Inflammation there. Of some patients, we shall find that they were old; of some, that they were half-starved; of some, that they had chronic liver-complaints; of others, that they had habitual coughs; of others, that their constitution was bad at the best, and (what they called) their health was no better than other men's disease. All these many patients had Inflammation. The pneumonia, or pleurisy, or peritonitis, was diagnostically the same disease in them as it was in the few. But observe the difference. In the few, Inflammation found Life unharmed and vigorous. In the many, Inflammation found it hurt and deteriorated. In the few, Life, embodied in the vascular and nervous systems, being now assailed, was ready to resent and react according to its strength; in the many, according to its weakness.

By strength and weakness, is here meant nothing more than the completeness or incompleteness of men's habitual health. And these furnish us the measure or gauge of their vital sufficiency or insufficiency to encounter whatever of an extraordinary kind may befall them; for instance, to bear inflammation when it comes, and bring out its natural characteristics, and help us to make good its treatment.

But, taking still the experience of a large hospital for a few years, let us review as well what has been our treatment of Inflammation as those who have been our patients, and note its results. In so doing, we shall doubtless be able to give a goodly account of some easy and successful experiments, in which all went on well from first to last; of Fever and Inflammation proceeding in perfect harmony together, and preserving a constant course, and presenting indications of treatment safe and sure, because distinct and intelligible; and of simple and powerful remedies, all telling for good, and all producing the effect for which they were given. But this goodly account, if it be honestly reckoned, will not be a numerous one. In fact, the much more numerous account we shall have to give will be of experiments in which our treatment has been successful indeed, but not easy. All came out well in the end. Meanwhile, however, from intervening accidents, or some weakness of the subject, Fever and Inflammation did not keep exact concord together, and presented but obscure and half-legible indications of treatment; and these were adopted with much care and circumspection. And our treatment became all along a compromise between what the disease required, and what the patient could bear. Nevertheless, it was successful in the end, and largely too. And then will come our inventory of unsuccessful experiments, made up partly of cases in which our treatment saved life indeed; but, being unequally matched with the disease, could not bring it to an end on better terms than that it should leave the part it occupied permanently damaged, and the whole man permanently deteriorated; and partly of cases in which our treatment absolutely failed, and life was lost.

Thus, let Inflammation and Inflammatory Fever be naturally ever so simple, they cannot exist without life and organisation. And so variable a thing is Life, and such disguises does it throw over them, and whatever else that can befall it from time to time, that they are not always to be apprehended in their entire natural simplicity.

Still we do but begin with the beginning, when, in seeking to know what Fever is, we try first to trace it in its connection with Inflammation. For Inflammation is, preeminently, a fundamental subject of practical medicine, and its great vital ingredient is its Fever. It is to us a sort of grammar, which helps us to construe half the things we see and deal with as physicians. And therein our great grammarian is John Hunter. For it is from him that at this day we have our most comprehensive teaching in all that Inflammation includes, and especially its Fever. Observe how constantly sedulous he is to keep apart what is local and simply organic from what is constitutional and more eminently vital. As soon as the entire vascular system and nervous system shew themselves assailed and aggrieved, *i. e.*, as soon as Fever arises, he lays aside his scalpel and every foreign implement, and abstains religiously from all meddling and interference. He becomes, in the strictest sense, a physician. He sits by the bedside, and takes note of chilliness, and heat, and perspiration, and all the unwonted movements of the vascular system and nervous system, as they follow the visible shiftings and changes of the Inflammation; and so he seeks to understand better the meaning of both, and how they serve to interpret the Inflammation and it them.

Rheumatism and its Fever.

Within a large hospital, and side by side
cases of Inflammation and Inflammatory Fever
cases of Rheumatism and Rheumatic Fever.
characteristics of these latter have been well stu
and are well marked and well known. The t
which, seated in the joints, and in this part and
is called Rheumatism, if regard be had to the
ganic processes which concern it, will just as
bear to be called Inflammation. And the mann
which, this Rheumatism being present, the vasc
and nervous systems show themselves assailed
aggrieved, can be called nothing else but Fever.

But there is a great difference between t
somewhere. And it lies deeper than sight, or h
ing, or microscope, or stethoscope, or any in
ment we have to help us, can reach. Let us re
our cases of Rheumatism and Rheumatic Fever,
collate our experience of their treatment for a
years. Such heat, perspiration, and pain;
general vascular action and nervous distres
we witness in Rheumatism, had they occurred in
flammation, would have been taken by us to
some correspondence with its amount, its exten
stages, and been used for plain indications of t
ment, and the patients' safety been thought to
upon the just fulfilment of them. But now, in t
alliance with Rheumatism, we did not, and we d
not, take them literally for what they were, and
portion the force of our remedies accordi
Further, with all our observation, be it ever so
rect, of times and places and seasons and of an
dent and concurrent things, we cannot pitch upon
tain of them at our command, and take and apply t
and so produce a Rheumatism in individual men
women as we can produce an Inflammation. W
many or most of them are present, there must
be something over and above them, or there wi
no Rheumatism. And oftentimes, where non
them exist, there will still be Rheumatism.
what this thing is, which, favoured by coinciden
by its own sole agency, is the very cause of Rh
atism, no man knows.

All men, however, guess pretty unanimo
whence it comes. Sagacious observers and ex
menters have, in these later days, gone nigh to
that there is a chemistry within us which is co
ative with life; that making good its work, it
to our bodies the materials of their health; and
doing its work faultily, it suffers noxious thin
form, which become the elements of their diseas

Already a miscellaneous throng of diseases is f
conjectured to issue from this vital laboratory;
trivial enough, and of smaller interest, and co
and going with little interference on our part;
many of deeper pathological and practical con
and more abiding. Among these, one of the
momentous is Rheumatism with the Fever tha
companies it.

The disease cannot be named which makes a h
somer figure nosologically than this Rheuma
Yet there is none about which we are more in
dark. For nosology, at the best, is but a so
provisional pathology, telling us something, littl
nothing, as it may happen, about the nature of
disease, and the management thereof.

This Rheumatism once begun, we can mak
reasonable calculation when it will end; in a

, or in a few weeks, or in a few months. Begun
single joint, we do not know how many more
s it will visit, and what other and nobler parts
es; the heart, the lungs, the brain. Further,
Rheumatism calling for medical management,
re divided between (what I have called) cure and
ment, between the use of special remedies whose
s nothing less than to be counteractive of the
disease as such, and the use of any remedies
ever best calculated to satisfy indications which
nt themselves in individual patients. Hence
a retrospect of years, in the management of
matic Fever, cinchona, colchicum, guaiacum,
lemon-juice, alkalis, and alkaline salts, will
the authority of our experience for their occa-
and inconstant success as special remedies for
And so will bleeding and purgatives and
, as common remedies in Treatment.

ysipelas and its Fever: Boils: Carbuncles.

a large hospital, and side by side with Inflam-
n and Inflammatory Fever, are cases of Erysipe-
d Erysipelatous Fever; also cases of Boils and
ncles. And these, together with Rheumatism,
led from the physician's point of view, group
elves into a class, different as they are in out-
spects; for they are all alike favoured by ex-
causes with which we are not unacquainted,
they are essentially due to something over and
—to something which we have no exact know-
of; and hence they are beyond our power to
e. Further, from time to time they all in
urn alike surprise us by the success and the
of the remedial measures we adopt. Cure
eatment, special remedies and common reme-
ave gained for themselves the praise or the
of unaccountable results. But they all show
ital import in one and the truest sense, by the
they have of assailing life in the entire vascu-
d nervous systems, as seen by the Fever of
degrees and durations that may or does ac-
ny them all.

hysician, finding these diseases—Rheumatism,
elas, Boils, Carbuncle—all beyond the power of
external causes to set them a-going, has with
eason transferred them pathologically to the
of those that are engendered within. But in
g he has pledged himself to a task of great,
insurmountable difficulty.

hing external causes of diseases, there could
en no certain proof given that any such exist,
f specialising some of them, and showing that
his, that, and the other cause which set a-
this, that, and the other disease. And this
as been abundantly given in specialising
ntagious and malarious elements, and tracing
veral diseases infallibly home to them.

even such philosophy as we physicians pre-
cannot be satisfied with less, when the ques-
of causes engendered within. Here there is
re and more need of first specialising things
lities before fixing upon them as germs of

is the work to be done. But the science
must help us to do it is new to the age in
e live, and has almost taken us by surprise.
y be pardoned for being a little jealous of it
ng, for already it has been made to stand
for some fantastic imaginings.

Diseases (so the history of medicine tells us) have many of them been named and nosologised so luckily and so well from their external characters, as to betray the physician into the belief that he had a perfect understanding of them. But of those among them whose proper elements are self-engendered and within, he now sees that he knows little enough, and he fears a natural interdict to his knowing more, until he has specialised the cause or causes he is in search of; and this may be the work of ages yet to come.

But our subject is Fever. And it was for the sake of gaining some better insight into its nature, that we came to meditate upon the several diseases which have been named; that in Inflammation, seeing Fever allied with the disease of which we know the most, and then allied with others of which we know the least, we might perhaps gain some surer reckoning of what it is from contrast or comparison. Whether we have really done so, I cannot tell. But this is certain, where the question is of Life (and, if the phenomena of Fever be rightly interpreted, it is now preeminently so), we must look for enlightenment anywhere and everywhere. Even between Inflammation and its Fever the proportions were not found exact. Large allowances had to be made for age and for constitution, and for hereditary and individual strength and weakness. And all this implies nothing less than some power beyond the reach of science, that can calculate what their life is worth in individual men and women before it suffers the disease. And this power belongs to practical experience—to busy, thoughtful, multifarious experience—the honest and just judge that ultimately settles the worth of everything for physicians.

The Pythoness and her Brooding. All hopes of the hatching are now at an end; the eggs are removed. No blame whatever can attach to the authorities of the gardens, nor to the keepers, for this unfortunate result, unless it be the very forgiveable one of a too polite attention to the wishes of members and visitors. There is no doubt that the frequent removals of the blanket in uncovering the eggs, and the occasional partial uncoilings of the snake, caused too numerous sudden changes of temperature for the proper development of the young, which originally, we know, from Mr. Bartlett's dissection, were in them. The effects of these disturbances attained a climax in the lengthened period of the snake's absence in shedding her skin, during which, it will be remembered from our former statement, the eggs became completely cold. They were removed under the direction of the superintendent of the zoological collection, by her keeper, who has attended her during the whole of her location in the gardens, for more than seven years. The necessity for their removal was not only apparent from the bad state they were in, but the impoverished condition of the pythoness, diminished in bulk by probably at least one-third of her former dimensions, and her long absence from food (now 32 weeks), naturally led to anxiety as to her ultimate safety if she were allowed to hopelessly continue her sitting. The snake behaved spitefully during the operation. We can but express the hope that Dr. Sclater will soon have another opportunity of satisfying the interest which this incubation has excited, when the like deference to the natural inquisitiveness of the public could be with propriety forbidden by the council of the society without any ground for offence against them. (*London Review.*) [Sad news this for Dr. Hastings, the curer of consumption by serpents' excrements.]

Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

GRAILY HEWITT, M.D.Lond., M.R.C.P.,
PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL; LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

Symptoms Referable to the Rectum; Disturbances in Function of Defæcation, etc.

Gentlemen,—It is not intended here to enter on a full discussion of the disorders to which the rectum is liable; for such a discussion would take us beyond our prescribed limits. It is necessary, however, to allude briefly to those affections of the rectum most frequently observed in women; some of which are associated with, and others of which are dependent upon, disorders or derangements of the neighbouring organs, and especially of the uterus.

Cases do very frequently present themselves, in which there is evident disorder of the functions of the rectum, found, on careful inquiry, to be due in reality to a primary, but not so evident, disorder of the uterus or its appendages. It will be useful, and it is indeed necessary, in order to avoid mistakes in diagnosis, to indicate, as particularly as the nature of the case admits, those symptoms referable to the rectum, which should lead us to suspect the existence of an affection of the generative organs. When affections of the generative organs are known to be present, and disorder of the functions of the rectum is superadded, the nature of the connection is obvious; and the diagnosis is not obscured, as it is in the class of cases before referred to.

Mr. Baker Brown has directed special attention to the subject now alluded to in his work *On Surgical Diseases of Women*, where will be found two chapters headed respectively On Diseases of the Rectum Resulting from Certain Conditions of the Uterus, and On Certain Diseases of the Rectum Producing or Simulating Uterine Disorder, containing cases in illustration.

It requires but little reflection to perceive that, between the uterus with its dependencies and the rectum there must exist very important relations, the thing being regarded from a mechanical point of view alone. Enlargements, tumour, etc., of the uterus, it is evident, may seriously impede the due performance of defæcation, the pelvis being a rigid bony canal, and incapable of dilatation. This is only one instance out of many which might be adduced to prove what indeed daily experience renders familiar to the practitioner; the mutual interest, so to speak, which the uterus and generative organs on the one hand, and the rectum on the other, have in the healthy action and condition of the other.

One of the most common of the disorders of the rectum which come under our notice is that co ing in *difficult defæcation*, or constipation, as ordinarily termed. As a rule, the origin of this dition is not local, but is of a more general na in other words, the cause is a *functional* on though that functional disturbance (as in th stinate constipation often associated with am rhœa) may arise from disorder of the gener organs.

The *mechanical* causes of constipation have a direct interest for us, as coming more withi scope of the present inquiry.

The pressure of the enlarged uterus d *pregnancy* often causes constipation, espe during the first third of pregnancy, before the rises above the pelvic cavity. In many case constipation is, indeed, a sign of pregnancy; rule, enlargement of the uterus is more like produce constipation when it is not so conside as to induce the uterus to leave the pelvis. pregnancy is added to displacement of the u as in cases of retroversion of the gravid uteru disturbance of the functions of the rectum is us extreme. Mechanical enlargement of the ute another but rare kind, that due to *retention* *catamenia*, also produces constipation. *Ov* *tumours, fibroid* or *cancerous tumours*, or *polypi* *uterus*, may all give rise to more or less difficul defæcation. In the cases hitherto mentioned defæcation is difficult, and the difficulty noticed be, but commonly is not, extreme; and the moreover, only *difficulty* present in the major cases. The *degree* of difficulty observed is means in proportion to the size of the tumour depends rather on the extent to which the tu encroaches on the cavity of the pelvis. Thu constipation produced by an ovarian tumo often relieved by the increase in the size o tumour, and its consequent rise into the abdo cavity.

Painful Defæcation. Those tumours or en ments of organs within the pelvis hitherto re to, do not (cancer excepted) generally give r much pain; they increase slowly, and the orga commodate themselves to their altered circumst But there are cases of constipation of a mecha origin, in which the difficulty of defæcation companied with pain during the act, and often pain of a very acute character. *Dislocations* *uterus or ovaries*, attended with enlargement of organs, frequently give rise to difficult and pa defæcation. *Retroversion or flexion of the* *uterus* produces these symptoms in a marked de in flexion of the unimpregnated uterus, pai difficulty are pretty constantly present; in any kind of dislocation of the organ may be att by this combination of symptoms. Dr. Rigb lieved the *ovary* to be liable to a peculiar dis ment, falling into the fossa between the uteru rectum, and occasioning both pain and difficu defæcation; and it is probable that this is occa ally, but not frequently, the case. In cases of *lapsus* of the uterus, difficulty and pain are obs very frequently; also in prolapsus of the pos wall of the vagina; and in cases of *inversion* uterus. The presence of *effusions of blood a* *the uterus* (periuterine hæmatocele) causes pain and difficulty in defæcation. *Cancer* o uterus is often associated with a degree of ing defæcation amounting to absolute torture. *hypertrophy* or *tumour of the cervix uteri*, there ften great local tenderness, and consequent pain- defæcation ; less commonly when the body of organ is enlarged ; but very commonly when uterus is the seat of that affection, to which och gave the name of the "irritable uterus." It vorthy of remark that in most of these cases in ich the act of defæcation is rendered difficult and nful by the presence of these affections, there is o pain attendant on locomotion.

Fissure of the rectum is a condition giving rise to treme pain during defæcation; and constipation also usually present in such cases, the patient's ead of pain inducing postponement of the evacu- on as long as possible. Mr. Baker Brown states it small *polypi of the rectum* frequently coexist h fissure of the rectum, the small bodies in ques- n dipping into the fissure.

Hæmorrhoids are a frequent cause of painful de- cation in both sexes. In women, these trouble- ne tumours are frequently present, together with order of the uterus—engorgement or congestion, enlargement from any cause, giving rise, me- nically, to pressure upon, and fulness of, the hæ- rrhoidal vessels.

In many of those cases in which defæcation is ficult, there is also an unusual *frequency* of de- cation. It chiefly arises in consequence of the essure produced by enlargement of some of the vic contents. It is to be distinguished from an itable condition of the rectum itself by the fact it pressure signs of other kinds are also present. ere is a form of nervous dysmenorrhœa in which chief suffering is dependent on continuous strain- efforts at defæcation.

Diarrhœa, it is hardly necessary to observe, is due a great variety of causes. It is frequently, how- er, dependent on uterine affections. Pregnancy y produce diarrhœa, during the early months, of very intractable, and occasionally obscure form. r. Tyler Smith.)

Occasionally, the condition of the fæces them- ves furnish us with data of a suggestive character reference to the existence of uterine disease. us, in retroflexion of the uterus, the fæces have banded or flattened appearance, indicative of essure on the rectum. This flattening is not ticed when pelvic tumours of greater size are esent ; because the pressure then affects a part the rectum higher up. Again, when stricture of e rectum is suspected to be present, the shape and ndition of the fæces give us important negative or sitive information.

Discharges from the rectum of various kinds call r a few remarks. In most of those cases where e amount of pressure exercised by enlarged pelvic gans or tumours is considerable, a *mucous dis- arge* from the rectum is observed. This discharge kept up and aggravated by the frequent straining forts of the patient. Respecting *bloody discharges* om the rectum, they may proceed from pressure, scularity, and straining on the part of the patient, mbined ; they may proceed from stricture of the ctum of non-malignant character (rare) ; or from ncerous disease of this viscus, which is very fre- ently associated with a like disease of the uterus, hen in its advanced stage; or from opening the ematic cyst of a periuterine hæmatocele into the rectum. Cases are not rare in which, cancerous disease of the uterus being present, the whole intensity of the symptoms is transferred, so to speak, to the rectum, the patient paying little attention to the uterine symptoms ; but laying great stress on the sufferings attending defæcation, etc. In these cases, there is, of course, a liability to overlook the primary disorder. The great pain and difficulty in defæcation, the occasional bloody and puriform offensive discharges, these are distinctive features of this condition.

Puriform discharge from the rectum, preceded, it may be, by slight sanguineous discharge, may occur from bursting of an abscess in the neighbourhood into the rectum. Now and then, ovarian cysts are evacuated by spontaneous bursting of the same into the rectum, and then a *serous* or *glairy* discharge from the rectum may continue for some days until the cyst is emptied.

ABNORMAL SENSATIONS REFERABLE TO THE GENERATIVE ORGANS.

Under this head it is proposed to consider, as systematically as the nature of the subject allows, the abnormal sensations of various kinds experienced by the patient, and referred to the generative organs, with the view of laying down some general rules as to the diagnostic value of the data in question. Pruritus of the genital organs, the different kinds and varieties of pain felt by the patient, during, or connected with, menstruation, or occurring at other times, the motions or pseudo-motions felt in the abdomen of the patient, will successively come under notice.

PRURITUS OF THE GENITAL ORGANS.

The terms "pruritus vulvæ", "pruritus of the vagina", etc., have been used to designate a class of symptoms referable to the generative organs as distinctive and characteristic in themselves as they are troublesome and inconvenient to the patient.

Varying exceedingly in form and degree, the essential characteristic of the class of symptoms now to be considered is an itching sensation, impelling the patient to relieve herself by rubbing or scratching the part affected. The sensation is now and then a kind of *formication* only, a creeping, uncomfortable feeling on the surface of the external generative organs. More commonly, however, the sensations complained of are more intense in degree and somewhat different in kind. The irritation is accurately described by the late Dr. Rigby as "like that of urticaria ; viz., a sensation of intolerable pricking and tingling, combined with burning heat and intense itching" (p. 247). It is worse at some times than at others ; it is not seldom quite intolerable to the patient. Scratching affords hardly a temporary relief, and shortly itself gives rise to further inconveniences. Combined with the itching there is more or less constantly a feeling of heat in the parts affected, quite as distressing as the other sensation.

Even in the worst cases, there are usually remissions, during which the patient is more free from discomfort; and, as a general rule, the patient states that at certain times of the day, or under certain peculiar circumstances, she experiences the sensation much more intensely: the affection is, indeed, more or less paroxysmal. Warmth particularly is liable to bring on a paroxysm; the heat of the bed is especially unbearable. In a case under my own observation, the patient was obliged to leave her bed almost every quarter of an hour to obtain relief. After eating or drinking, too, the distress is usually greater. The congestion of the genital organs associated with approach of the menstrual period aggravates the affection.

The actual *seat* of the sensation is open to some variation. In most cases, the irritation is not confined to one spot, but is felt equally over the pudendum, over the labia, and, in fact, all round the vaginal aperture. In some cases, the nymphæ, the surface of the clitoris, and the adjacent surface of the vaginal canal, are the parts more particularly affected. Lastly, there are a certain number of cases in which the sensation has its seat not at the external generative organs, but more internally.

The affection may be observed in women of all *ages*. It is most frequently observed at the climacteric period, when the menses are about to cease, although it is by no means limited to this period. It is more often observed in women advanced in life than in young women. The unmarried and married are almost equally liable to it.

As regards the *duration* of the affection, it varies. Women sometimes remain subject to it for several months, or even longer. The pruritus is in many instances so persistent that the patient becomes worn out, exhausted, and prostrated in the extreme, owing to the want of rest, the annoyance, and the pain so long continued. The necessity for applying the fingers to obtain a slight temporary relief by scratching secludes her from society. Altogether, a bad attack of pruritus is about as troublesome and inconvenient an affection as any to which a woman can be subject.

What is the nature, and what are the causes of the affection? The affection varies very much as regards its nature and causes in different cases. It is possible that at the beginning the affection may be in the majority of cases identical; but in practice we find that most cases, when they come under observation, are of a mixed character. By Scanzoni it is considered to be a hyperæsthesia of the sensitive nerves of the vagina, in some cases idiopathic, in others secondary, and in the latter depending on various affections of the ovaries, vagina, uterus, etc.; and the various alterations of the external generative organs witnessed in conjunction with it are considered by this author secondary in their nature. These latter alterations have by many other authorities been considered as something more than secondary. The point at issue it is not easy absolutely to determine; for we do not, as a rule, see the patient until some little time has elapsed, and the external organs of generation have been subjected to much rubbing and irritation, which in themselves are sufficient to produce many of the local changes then and there witnessed.

Leaving, then, this theoretical point, we may state in the next place the chief conditions under which, or associated with which, this pruritus of the genital organs may be observed.

Any circumstances favouring *congestion of the generative organs* may give rise to it. Thus, in the earlier months of *pregnancy* it is not rarely observed. Where a sluggish, inactive condition of the abdominal viscera is present, associated with dige derangements, as in individuals taking but l active exercise and living too well, there exis liability to the affection: in cases of the latter scription, hæmorrhoids are frequently present, constipation is very generally observed. I in cases coming under this category that the p tus is found most often associated with a good of hyperæmia of the external generative orga and in this class of cases, also, the scratching rubbing most frequently have the effect of produ inflammatory changes of the vulva and parts a cent. The conditions which have been mentio are probably for the most part only predispos causes of the affection.

Radical *disorder of the general health*, quite dependent of disease of the generative organs, been found to be the cause of pruritus in some ca Thus Dr. West alludes to an instance, in whic young lady suffered severely from pruritus, wh turned out to be due to diabetes.

Chronic diseases of the uterus are considered high authorities to be frequently connected w pruritus of the genital organs; *carcinomatous* *ease* of the uterus is more particularly pointed as one in which the affection in question is quently witnessed. Possibly the frequent asso tion of uterine cancer and pruritus is connected w the acrid character of the fluid discharges pass over the vulva. Cases in which it was due to *sup* *ficial granular erosion of the os uteri* are mentio by Drs. West and Churchill. Alterations in position of the uterus, as *flexions*, *displaceme* etc., are considered by Scanzoni causes of prurit so also *tumours* of the uterus.

An *acrid condition of the secretions of the sebace* *glands of the vulva* appears to be sometimes cause of the pruritus. *Ascarides* in the rectum ha been known to produce it.

In individuals of uncleanly habits, pruritus the vulva is sometimes produced by the presence *pediculi*.

An *aphthous form of inflammation* of the vul was first alluded to by Dr. Dewees as now and th giving rise to pruritus of the vulva; the inner su face of the vulvar commissure being covered wi little aphthous patches, and more or less congesti of the parts generally being conjoined. How f this condition is primary or secondary cannot considered as determined. Then there is a disea of the vulva described by Dr. Oldham as inflamm tion of the mucous follicles of the vulva—*vulvar f* *liculitis*—in which troublesome pruritus may present.

In a case which came under my own notice, ve intense and obstinate pruritus was found to be d pendent on the presence of *warty growths from t* *under or vaginal surface of the urethra*, the who forming a tumour of the size of a walnut. The r moval of these growths was necessary for th cure. The *vascular tumour of the urethra*, whic as is well known, grows within or at the urethr orifice, gives rise to great disturbance to the fun tion of micturition; less frequently, it is a cause o pruritus.

Lastly, it may be stated generally, that there ar few alterations in the mucous surface at or near t the vaginal aperture which may not be associate with pruritus.

Diagnosis of the Affection. In endeavouring to
ke out the cause of the pruritus in a particular
e, it is necessary to take into consideration the
ring of the facts which have now been mentioned
the case before us. If the symptoms be at all
gent, or if they have been noticed for any consi-
able time, it is pretty nearly certain that some
al changes, requiring actual inspection of the
va and external genitals for their due recogni-
n, will be found to be present; and, whether we
isider the latter as the cause or the effect of the
ritus, they will equally require particular treat-
nt. Hence, in chronic cases especially, the neces-
y for actual examination in order to make a satis-
tory diagnosis. If, on external examination, no
eration be detected, recourse must be had to
ital or other examination of the uterus and vagina.
d care must be taken that the *general* condition
the patient, as well as the *local* changes actually
ected, be allowed their due place in the estima-
n taken of the case, or the treatment which is
pted will either prove palliative only, or will fail
irely in giving the desired relief.

Treatment. The *general* treatment consists in cor-
ting whatever may be found wrong or prejudicial
health in the habits, mode of life, diet, and regi-
n of the patient. The digestive organs should be
ly watched, constipation prevented. The food
en must be light and simple. In that form of
e affection observed in women past the climacteric
e, where there is debility, defective digestion, and
petite without any, or, at all events, any consider-
le alteration of the skin covering the pudendum,
neral acids combined with bitter infusions are of
e greatest service.

The *local* treatment consists in the removal of any
ndition which may be found to be associated with
e pruritus, whether it be the cause or the effect
the same. And this local treatment will be, ac-
rding to the nature of the case, *palliative* or
ative. The local treatment will necessarily vary
cording to the actual condition of the parts disco-
red on examination. It is generally the case, in-
ed, that some abnormal condition of the surface of
e labia and adjacent parts is present, which, as be-
e remarked, may be primary or secondary as re-
rds the pruritus. In some cases, the local treat-
nt is all that is necessary for the cure. Cleanli-
ss is the first essential. The external genitals
ist be frequently and thoroughly washed with
oid or quite cold water. The hip-bath may be
quently used, for the application of water is
nost always grateful to the patient. If there be
ich fulness of the blood-vessels of the vulva, *leeches*
e sometimes necessary.

Special topical Remedies. Scanzoni speaks most
ghly of a mixture consisting of chloroform two
rts, and almond oil thirty parts, to be applied to
e surfaces of the labia and of the ostium vaginæ.
is he states often cures on a first application.
. West finds goulard water and hydrocyanic acid
very valuable application. When aphthæ are
esent, borax in solution with a little morphia
orax ʒiv, hydrochlorate of morphia gr. viij, rose-
ter Oss—West) has been found very efficacious.
treating cases which resist the more ordinary
rative means, the following therapeutic measures
e selected as most highly recommended. The late Dr. Rigby found an ointment composed of equal parts of ointment of nitric oxide of mercury and cod-liver oil, very successful when other measures had failed. Alum and powdered sugar, sprinkled over a tampon of cotton, and inserted in the vagina twice a day for a week, is a remedy used by Scanzoni. The latter author states that Scholz's remedy, the *calladium sequinum*, has given satisfactory results in his hands. Cauterisation by means of nitrate of silver has been employed by several, with advantage in some cases. When pediculi are present, Dr. Churchill advises the use of turpentine, or tobacco or calomel in powder.

When, owing to constant scratching and rubbing, the labia, nymphæ, etc., are swollen, inflamed, and painful, it is essential that the patient be made to rest in the horizontal position for a few days; the parts may then be kept wet with the goulard and hydrocyanic acid lotion; and a piece of lint or soft rag, wetted with it, laid between the labia.

The treatment of certain special affections of the external generative organs, with which pruritus may be associated, but of which this is not a constant or the most important symptom, will be considered in another place.

Homœopaths and their Rights. The Homœopaths of Massachusetts publish in the *Boston Medical Journal* (which admits them in silence) the most absurd statement of their claims to public consideration, with the following remarkable propositions for adoption by Congress:—"1. Whenever any considerable portion of the officers and soldiers of any brigade desire to have a homœopathic surgeon attached to the brigade, such additional surgeon shall be appointed. 2. Whenever a majority in any regiment desire a homœopathic surgeon and assistant surgeon, such appointments shall be made. 3. Wherever army hospitals are established, a fair proportion of them shall be devoted to homœopathic treatment. 4. As allopathic surgeons are, by their education and position, necessarily disqualified for intelligently examining candidates in homœopathic medicine, an additional Examining Board shall be appointed for this purpose, composed of surgeons skilled in homœopathic medicine." (*American Med. Times.*)

Government Patronage of Science. The best inducement to the cultivation of science is the love of knowledge, combined with that desire of honourable distinction—"*that last infirmity of noble minds*"—of which we must not complain, as it has led to such grand results; and experience shows that these are all-sufficient for the purpose. If any worldly advantage ever accrue to those who are thus engaged, that may be regarded as almost an accidental circumstance, which no one could have anticipated in the beginning. I feel bound to say that I cannot join with those who complain that the interest of science has been neglected by the Government. The Fellows of the Royal Society have never wished to forfeit their independence, by claiming, in their capacity as Fellows, any personal benefit for themselves. The connexion of the Royal Society with the Government has been simply that of a mutual interchange of good offices. On the one hand, the Society has always been ready to assist those who are entrusted with the management of public affairs with its opinion and advice; and the occasions on which such assistance has been required have been sufficiently numerous. On the other hand, it has rarely, if ever, happened that any representation made by the Royal Society in the interests of science has not received the attention which it required. (*Sir B. Brodie's Address to Royal Society.*)

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

PRACTICAL REMARKS ON THE PATHOLOGY AND TREATMENT OF SKIN-DISEASES.

By C. Handfield Jones, M.B., F.R.S., Physician to the Hospital.

The following observations have reference chiefly to the pathology and treatment of skin-diseases, which ought certainly to be the main objects of our attention, rather than the arrangement and grouping of these affections according to minute distinctions.

Among 1500 cases of all kinds taken indiscriminately, and chiefly from the out-patients of St. Mary's Hospital, there were 142 cases of skin-diseases, exclusive of syphilitic. Of these, eczema numbers 38, impetigo 7, psoriasis 24, lichen 23, pemphigus 4, acne 4, lupoid disease 4, prurigo 2, pruritus 4, herpes zoster 5, parasitic disease 9, alopecia areata 3, purpura 3, pityriasis 2; while there remain ten cases of various other affections. Of course, a very much larger number of cases of skin-diseases have been treated, of which, for various reasons, it was not thought worth while to preserve a record. These have been chiefly the cases of eczema or impetigo, so common among children. The proportion of skin-diseases to other disorders is not, however, disturbed by their omission, as a vast number of other cases of all kinds have been similarly omitted. The following table shows the influence of sex:—

	M.	F.		M.	F.
Eczema	12	27	Pruritus	2	2
Impetigo	5	2	Prurigo	2	0
Herpes zoster	0	5	Acne	2	2
Pemphigus	1	3	Parasitic disease . .	4	5
Psoriasis	6	18	Lupoid disease	2	2
Lichen	9	14			
Pityriasis	0	2		48	84
Purpura	2	1			

As to age: of the eczema cases, 15 were under 10, and 23 under 20 years; the rest above. Of the impetigo cases, 1 was under 10, 4 under 20, the rest above. Of the pemphigus cases, 1 was under 10 (aged 1), and 4 under 20. Of the herpes zoster cases, 2 were under 20, the rest above 40. Of the psoriasis cases, 2 were under 10, 3 under 15, 10 under 20; the rest above, Of the lichen cases, 3 were under 10 years of age, and 10 under 20. Of the pruritus cases, 1 was under 10, 4 above 40. One of the purpura patients was under 20, the two others 52 and 67. One of the pityriasis cases was aged 13, the other 19. One case of prurigo was aged 25, the other 71. The youngest lupoid case was 27, the oldest 74. Of the cases of parasitic disease, 6 were under 10, 7 under 20. One case of alopecia areata was 6, one 11, and one 26 years old. One case only of acne was under 20.

I proceed to make a few remarks on these several forms of disease, and to notice some of the more remarkable cases occurring in each group.

Eczema is so common and so well marked an affection, that it always appears to me very worthy of careful consideration, as likely to afford to the inquirer some sound basis for a true pathology of this class of disorder. The generally received view of the nature of skin-diseases regards them as eliminative efforts of the system, and as resulting from the presence of some poison or *materies morbi* in the circulating blood. Even
our patients console themselves with the thought t
the eruption "is better out than in"; and look very r
trustfully at you, if you do not cordially assent.
analogy of the exanthemata and of syphilis are the p
cipal arguments in support of this theory. No di
evidence has, however, yet been adduced to prove
such as inoculability, or the detection of the suppo
materies morbi. It is quite possible this view may
correct; but I think it may be worth while to comp
it with others which may be proposed, and to consi
which accords best with the observed phenomena.

Now, in eczema, we have hyperæmia, and more or l
actual inflammation of skin with detachment of
dermis, and exudation of albuminoid liquid. The
flammatory action may be sthenic or asthenic, accord
to the greater or less irritability of the tissue. Wha
close correspondence there is between this state a
catarrhal affection of the mucous membranes, it see
scarcely needful to point out. In both cases, a c
bearing tegumentary surface is inflamed, and conti
ally throws off immature epithelium, and other corp
cles which we denominate by the epithet of pus
mucus. The majority of cases of eczema (and im
tigo) correspond most to chronic catarrh; but there
a few I have met with in which the eruption coinci
with recent bronchial or intestinal, so markedly, t
the idea was necessarily suggested that the mucous a
cutaneous disorder had the same origin, and were of t
same nature. Now, though we often speak of influen
poison, or speculate on catarrh being caused by so
materies morbi, as suppressed perspiration, in the blo
there is no question but that practically we take sm
account of such views. We know we have to deal wi
an inflammation, more or less acute or sthenic, or t
reverse; and we employ the measures which we find
be appropriate to such a pathological condition as
judge to exist. If there be sthenic disorder, we ha
recourse to antiphlogistic treatment; if asthenic,
stimulant; and if, as commonly happens, the state
intermediate, we trim between the two as well as
can. We do not set ourselves to sweep the poison o
of the system by sweating, or purging, or diuresis.
may use these means to some extent to equalise d
turbances in the circulation, as Virchow has it; but n
with any direct eliminant intention. As the local d
order subsides, the various secretions will doubtless
increased; but they cannot be forced prematurely wi
any advantage, and, especially in asthenic affection
they may be profuse when the disorder is at its heig
In the management of eczema, and various oth
kindred eruptions, we do just the same. We have
specific treatment; we have no thought of givin
arsenic always and in all cases; but we shape our cours
according to the grade and character of the inflamm
tion. In both cases, it seems we come to this: tha
therapeutically, we do not consider either catarrh
eczema to result from poison in the blood; or, at leas
if this poison be there, we are content to let it remai
perhaps the more as we know no means for getting ri
of it. In truth, we act, however we may theorise,
dynamists, and not as humoralists. If either inner
outer tegument be inflamed sthenically, we let bloo
or purge, or give salines, or antimony, etc., with th
view of diminishing the stress of the blood-current i
the inflamed part and the tissue-irritation. If the i
flammation be asthenic, we give tonic remedies, whic
probably act by contracting the smaller arteries, an
lessening the permeability of the capillary walls. I
neither case, do we distinctly aim at elimination. W
regard the actions of the affected part, of its tissue o
its vaso-motor nerves, as having got in some way de
ranged, and we simply endeavour to restore them. Now
we may fairly say (regard being always had to the natura
course of disease) that the proof of a mode of treat
ment being correct is its success; and thus I cannot bu

ık that our daily experience furnishes very consider-
э proof that the commonest inflammation of the skin
mucous membranes are by no means necessarily the
ılts of blood-poisoning, or have much claim to be
ved as eliminative efforts.

'he neuropathic theory seems to me quite as pro-
le as the poison one, as much supported by facts,
more consonant with the results of therapeutic
cedure. It is a matter of certainty that irritation in
part may set up inflammation in another, acting
ɔugh the medium of trophic nerves. Direct irrita-
ı of nerves is also capable of producing severe in-
ımation in the parts to which they are distributed,
ch may even take the form of groups of vesicles.
rensprung, On Herpes. *Annalen des Char. Krankenh.*,
ix, part 2, page 40.) Paralysis of vaso-motor nerves
ılso capable of giving rise to severe inflammation
rnard's *Lectures*, and the author in *Lancet*, July 21
28, 1855); though this is probably, in most cases,
e of an asthenic character. This paralysis may be
ıced by inhibitory agency (author in BRIT. MED.
R., Feb. 5th, 1859); that is to say, a morbid impres-
communicated from some surface or part is trans-
ted to the nervous centre, where it produces some
nge which prevents the transmission of motor im-
ses along one or more nerves implanted there. The
bid impression may be temporary; but its effects
be more enduring. Again, irritation may be re-
ted in the same way along trophic nerves (as just
ed), and produce inflammation by the "disturbed
turgic force of the nervous system." (Paget). In
these cases, there is no doubt that the dynamic
e of the tissues is often of as much importance as
presence of the irritant. One system is morbidly
cted by that which another is impassive to. Dif-
nt systems are affected differently by the same
sa mali. In one case, an irritation, say exposure to
and cold, will affect cerebro-spinal nerves, and cause
ılysis of voluntary muscles. In another, it will be
ected on vaso-motor nerves, and cause their paresis
its quasi-inflammatory results. In another, again,
irritation may affect the trophic nerves, and inflame
tissue they supply.

must add that it seems to me by no means unrea-
ıble to admit that a tissue of any kind may have its
rition disordered or enfeebled simply by an error or
ıre of its vital power. What else can we say when
tty tumour, a fibrous, a colloid, or encephaloid,
vs up in any part, or when an ovary rushes into some
e anomalous development? Is it not very conceiv-
that a sympathetic nerve may fail in its nutrition
a greater or less extent, lose its functional power,
that the well known consequences of such paresis
ıld then ensue? What is scrofulous ophthalmia
a retinal hyperæsthesia, which originates, for the
t part, in general debility? Mere mental de-
ssion will give rise to scurvy (*Amer. Med. Times*,
e 1st, 1861), which implies considerable impairment
he texture of the capillaries.

'he blood is the normal excitant of the tissues; mus-
deprived of it are paralysed, though we know, from
ervation of an amputated limb, that their contractility
s not immediately cease. Is it not very conceivable
t the blood may irritate parts, not because it is itself
ealthy, but because the tissue has become unduly ir-
ble? It is quite certain that the same part, say the
ı, in different individuals, differs much in proneness
rritation; in some being very susceptible, in others
reverse. May not a change of this kind occur in
same individual, a part of previously normal suscep-
lity becoming unduly irritable? I am much disposed
think that changes of this kind take place in the
fting inflammations of asthenic gout and rheumatism.
e blood remains in the same state, contains the same
teries morbi; but the state of the tissues alters in accordance with varying nervous influence. Thus, as pains "fly about," so do the inflammatory disorders, as being dependent for their locality on this uncertain factor.

Vanzetti's experiments, by compressing the artery of an inflamed limb, seem to show clearly that blood acts as an irritant to an inflamed part; and that, if it be excluded for some hours, the inflammatory phenomena cease. This surely indicates that the tissue may initiate the process. The importance of the state of the tissues, especially of the nervous, is shown very strikingly by the history of cases of syphilis and ague; as long as the general health is vigorous, the poison remains latent in the system, but reappears and reasserts its potency when the health gives way.

Lastly, admitting, as I am rather inclined to do, that there may be some unhealthy state of the blood in eczema and other skin-eruptions, it by no means follows that we are to conceive of this as consisting in a definite and separable poisonous matter being dissolved in the blood, and exciting eliminatory efforts in various parts. On the contrary, all that the facts on this supposition can warrant is, that the morbid blood disorders the nutrition of the tissues. Of eliminatory action, I see not one tittle of proof. If the blood be so far abnormal as to cause morbid phenomena, it is certainly most probable that its whole organic matter is in fault, and that what is wanted is not elimination, but improvement or renovation of the fluid by the various processes concerned in nutrition.

Besides the invariably necessary distinction of sthenic and asthenic eczema, there is only one variety which seems to me practically worth some notice; viz., eczema figuratum. The name sufficiently describes its visible character; but it is to be mentioned that it is decidedly more prone to relapse, and requires larger doses of arsenic than diffuse eczema. It occurs on the face, arms, and legs. Eczema rubrum and eczema impetiginodes are simply more intense, and usually sthenic forms of the disease.

Eczema, like all other disorders, is more difficult of cure in the old than in the young; but the principles of treatment in both are the same. With regard to its acting as a "safety-valve" to the system, which must not be removed without establishing some equivalent, as Mr. E. Wilson teaches, I confess, in the great majority of cases, there seems to be no ground whatever for the notion. If, indeed, a person were manifestly plethoric, addicted to excess, liable to cerebral determination of blood, or to any other serious ailment, I should think it prudent, either simply to moderate the eruption, giving an occasional purge, or I should regulate the diet and mode of life, diminish the mass of blood if necessary, and then cure the disease.

With regard to the treatment of eczema, there seem to be marvellous discrepancies between our own practice and that of our German brethren. I suppose most of us agree in the main with the principles so well and lucidly laid down fifteen years ago by Mr. Hunt; viz., first to reduce sthenic inflammatory excitement if it exists, and then to give arsenic so as to produce a decided effect on the system, which is usually evidenced by some conjunctivitis. But hear Hebra. Local treatment is the chief thing to be attended to; in no case must internal treatment be used alone; for as long as the itching lasts the patients will scratch themselves, and make the state of the skin worse. Arsenic is the only internal remedy which has any curative effect; and it must be given in large doses, which are liable to cause suspicious accidents. Purgatives are injurious, cod-liver oil useless. Various, more or less caustic, external applications seem to be his chief resources. He tried at first concentrated mineral acids; but "*abgesehen von der heftigen Schmerzen, entsprachen die Ergebnisse nicht.*" He then resorted to alkalies, which he still uses, in solutions of various strengths, the most concentrated containing a drachm of caustic potash to two drachms of water! *Schmier-soap*, potash-glycerine, and solution of two grains of bichloride of mercury in an ounce of water, are also used. After clearing away the crusts and scabs, if the affected part be infiltrated and thickened, he applies the above alkaline caustics, which are to be perseveringly used as long as they produce a pretty strong reaction of the morbid surface; viz., excoriations, red pimples, and vesicles. When the reaction ceases, he resorts to tar diluted with alcohol, to oleum fagi, *huile de cade*, or to ointments containing the usual preparations of mercury, zinc, or lead. "In cases of relapses, which are by no means of rare occurrence, the whole treatment must immediately be gone through again!" I have read that Hebra is in the habit of mentioning facetiously in his lectures, Mr. Hunt's remark that skin-disease (not parasitic) is either syphilitic, or to be treated by arsenic. Of a truth, I think our countryman may smile in his turn after the above quotation. (Canstatt's *Jahresbcrich*, 1860, vol. iii, page 312.) Let me not, however, be supposed to decry Hebra's proceeding, which I have no doubt is the result of long and careful study, and is justified by its success. It is, I can well believe, the most suitable to German skins; but *μη γενοιτο* that I should subject an English tegument to it, so long, at least, as I can cure the disease by our usual means.

It is certainly not common, at the present day, to meet with acute sthenic eczema requiring bloodletting, antimony, and purging. One patient, however, is at present in St. Mary's under Dr. Chambers's care, who has been bled twice to eight ounces with great advantage. Cases are given by Mr. Hunt and Mr. Green, which appear to me highly worthy of consideration, not only as regards the disease in question, but inflammatory disease generally. Both practitioners have their favourite cutaneous stimuli. Mr. Hunt's is arsenic internally; Mr. Green's the sulphur fume bath. Both, however, are well aware that their remedy must not be used indiscriminately, but in appropriate cases. When, therefore, the system shows evidence of acute sthenic inflammation, both agree to use bloodletting, repeatedly if needful, to purge, and enforce low diet; and the results prove the correctness of the practice.

When the force of the inflammation (what I denominate the tissue-irritation) is subdued by these antiphlogistic measures, then the specific stimulus may be used with the best effect; while, as appears from some of the records, if used too early, it only aggravates the disorder. Now here we have instances of a manifest, visible inflammation, pouring out exudation, which is unquestionably materially relieved by bloodletting, and the like means which lessen the blood, and the intravascular pressure. Is not this good warrant for concluding that if the same type of disorder affected the lungs, the brain, or the bowels, we should do right to act in the same way. To me, I confess, it seems so; though the cases demanding this treatment (at least in London) at the present day are few. It may then be said shortly that bloodletting, if the symptoms require it, leeches, saline aperients, preceded by calomel or podophyllin, antimony in small doses, low diet, and cooling drinks, are the means to be employed in sthenic eczema. Tepid fomentations of the affected part with thin gruel, or gelatine solution, or glycerine diluted with water, are soothing and beneficial. In severe general eczema, I am much disposed to think that daily packing with the wet sheet would be of material advantage, as it was in a case of psoriasis I shall subsequently mention.

I subjoin short notes of two cases of sthenic eczema:

Case i. C. C., aged 21, was admitted February 27th, having been ill one month, with vesicular eczematoid eruption on the thighs and chest. The catamenia had never appeared. She was in good flesh; rather sanguine; pulse of good force. There being no febri
citement, a trial was made of arsenic, with iodi
potassium, bicarbonate of potash, and colchicum
and an occasional mercurial aperient. This disagre
mild purging with sulphate and carbonate of mag
was resorted to, with good effect. The eruption,
ever, relapsing, arsenic was tried again, in doses of
minims of the solution twice daily with meals;
aggravated the skin-disease and caused stomac
rangement. I now ordered a calomel purge, bloodle
to five ounces, and alkali with saline three times a
This treatment gave immediate relief, and in nine
the eruption was almost well; and though the pa
continued under treatment for amenorrhœa, etc
several months, it was never again the cause of ma
annoyance.

Case ii. J. L., aged 19, was admitted Septembe
He had been ill ten days or a fortnight. He h
papular rash all over him; on the hands, the left
cially, it developed well marked pustular vesicles
about the left elbow there was sero-purulent discl
from confluent vesicles or excoriations, the skin
inflamed and bleeding at some points. His ge
health was tolerable. He was treated with salines
sulphate of magnesia, and with lead-lotion, for a
and was then improved. He then took salines
nitre, iodide of potassium, and colchicum wine, and
into the country, where he got quite well. This
contrasts strongly with Case v, where the disease
tinued twelve months until effectually treated.

Asthenic, passive, non-febrile eczema, is marked
cally by the absence of signs of active inflammation
skin being cool; the pulse quiet and weak; the
free and palish; the affected part not vividly red,
much swelled; and the general system apyretic. T
are, however, not a few intermediate cases where
state is such as to give rise to considerable d
whether the treatment should be stimulant or the
verse. In these, it is mostly well to observe the e
of salines and moderate purging at first; and, if t
means seem inoperative, to resort then to the spe
stimulus. In some cases, however, very good re
are attained by the use of arsenic in a saline mix
and guarded with a little tincture of opium. The
tion of small doses of iodide of potassium and colchi
wine is in some instances of advantage, I think, tho
I cannot speak of it positively.

The following history shows the failure of bl
letting in a condition which apparently was not ur
that of Case i.

Case iii. S. A., aged 46, of large and hands
make and sanguine aspect, was admitted March
She was menorrhagic, and had suffered from blee
piles, besides an attack of profuse hæmatemesis
some hæmoptysis. She was very hyperæsthetic,
was troubled by continually recurring eczema in
neck, flexures of elbows and other parts. I found her
tolerant of arsenic, even in small doses (a minim
liquor arsenicalis three times a day); but strychnia
of material service. On one occasion, her pulse being
and apparently of good force, while there was some
currence of the eruption, I bled her to six ounces,
continuing the strychnia in doses of one-sixteenth
grain thrice daily. This prostrated her very much
some time, and was of no real benefit to the erupti
which was much checked by an ointment of lead
zinc. I believe both the hæmorrhages and the erupt
were in a measure dependent on debility involving
vaso-motor as well as the general nervous system.
such states, the capillary membranes lose their tone
resisting power *pari passu* with the nerves.

Two cases of well-marked asthenic eczema sh
serve as illustrations of the usual treatment.

Case iv. M. A. W., aged 69, was admitted Octo
2nd. She had been ill three weeks with diffused ecze

ecting chiefly the arms and face; prickling pains ;urred in the arms and legs, as prodromata of the iption. Her hands were cold. She was very weak. e had taken much aperient physic. Four minims of uor potassæ arsenitis were given three times a day in ounce of citrate of potash mixture; and a lotion of an nce of glycerine and three drachms of liquor plumbi .cetatis, with seven ounces of distilled water, was or- red. On Oct. 14th, she was very greatly improved, t complained exceedingly of uneasy sensations in the n. The treatment was continued, and zinc ointment s ordered. On the 21st, the skin of the face was tural, that of the arms too hot and red. The bowels re relaxed. Six minims of tincture of opium were led to each dose of the mixture. On Nov. 4th, the rrhœa had ceased; the arms and face were just well. e continued her mixture twice daily till Dec. 9th, and en had quinine and cod-liver oil till the 19th, when e was discharged well.

CASE V. J. C., aged 49, was admitted February 15th. had been ill twelve months, and had been laid up ring ten. He had very extensive eczema of the left , forming a tolerably defined area, occupying fully o-thirds of the limb, and some parts also of the foot. ere was copious discharge. There was slight affec- n of the right leg. He was a weakly man, badly off. was ordered to apply an ointment of two ounces of c ointment with a drachm and a half of subcarbonate lead; and to take, three times a day, five minims of uor potassæ arsenitis and three grains of carbonate of monia in an ounce of acetate of ammonia mixture. the 22nd, he was improved. Half a drachm of tinc- e of cinchona and an ounce of compound infusion of tian were substituted for the acetate of ammonia xture in the medicine. On March 1st, he was im- ving, and had less discharge; there were semi- erent scabs all over the leg. He was shown how to nove these cautiously before rubbing in the ointment. the 24th, the leg was well. It is perhaps worth ntion that, a week after his recovery, his son, aged out 14, applied with a large recent patch of eczema on left arm.

t will be observed that, in the latter of these two es, tonic treatment was employed more boldly and ely than in the first, where it was needful to modify it. The following is a well-marked instance of eczema ratum.

CASE VI. S. G., aged 12, was admitted May 28th, 0, having been ill two weeks. She had a patch of gular circular shape on the outside of the upper t of the right arm, excoriated and covered with scabs; re were numerous scattered quasi-papules around patch. She had a bad cough; skin hottish; tongue dry, reddish. Salines with carbonate and sulphate nagnesia, alterative doses of hydrargyrum cum cretâ, l an ointment of zinc, lead, and nitric oxide of mer- y, produced no good effect, except that in a week the gue was clean, and the skin cool. Liquor potassæ enitis was then given, and water-dressing or lead- on used locally. She took five and six minims thrice ly, with benefit; but complete recovery did not take ce till the dose was raised to eight minims, after ich she ceased attendance. The next year she reap- red, with the same kind of eruption on the other arm. enic was now given at once, with citrate of quinine l iron, or tincture of cinchona and compound infusion gentian; but the dose had to be raised to fifteen nims thrice daily before she recovered, which she did two months. This year (1862) she came again on uary 23rd, with a relapse. Similar treatment was ployed; the dose of arsenic was raised from six to ten nims three times a day before she recovered, on rch 17th. A lotion of an ounce of tincture of opium l an ounce of glycerine seemed to be of real advan- e.

In evidence that locality requires no essential modification of the treatment, I subjoin the following instance.

CASE VII. M. F., aged 3, was admitted December 6th. The eruption had first appeared twelve months since; the present attack was of four months date. The whole scalp almost, the ears, and the skin around the eyes, was congested, red, and exuded serum, which concreted into scabs. There was erythema intertrigo between the thighs, and patches of red congestion on the trunk. The treatment consisted of small doses of liquor potassæ arsenitis, iodide of potassium, and cod-liver oil, with strong lead lotion or dilute citrine ointment, with which she quite recovered by the end of January. A relapse occurred, but the same means were again quite successful.

Instances are sometimes met with of acute eczema, which, from the coexistence of marked catarrhal symptoms, and from the general character of the disorder, may be denominated catarrhal eczema. The following is an example.

CASE VIII. J. J., aged 24, was admitted Jan. 6th. He first saw some spots six or seven weeks previously, on the elbows and about the fingers; during the last six days he had had an eruption of vesicles, which suppurated and scabbed. The clefts of the fingers were affected, but not nearly so much as the wrists. There were also numerous papules. He had more throbbing than itching in the affected parts, and much sero-purulent discharge. He had a violent cold and cough, but did not feel "bodily ill"; he was not feverish. Tongue clean; appetite good; bowels much relaxed; urine free. He drank hard. He never had chancre. He was ordered to take five grains of Dover's powder after each diarrhœal evacuation; to apply strong lead lotion to the affected parts; and to take three times a day four minims of liquor potassæ arsenitis, a scruple or bicarbonate of potash, and four minims of tincture of opium, in an ounce of camphor mixture. On the 10th, the left hand was much swollen at the back by subcutaneous effusion, and tender; the eruption on the hands was much improved. The bowels were quiet. The treatment was continued; three leeches were applied to the hand; and dilute ointment of nitrate of mercury was ordered. On the 13th, the swelling of the hands was less; he had not much itching. The treatment was continued, the leeches being repeated. On the 20th, the hands were greatly improved; the eruption was almost well. He was ordered to take seven minims of liquor potassæ arsenitis, in an ounce of compound infusion of gentian, three times a day. He did not attend again. It may be said in this case, that there was bronchial, intestinal, and cutaneous catarrh, which probably originated from the same exciting cause, and subsided under a tonic and sedative treatment. Could the discharges which were thus suppressed, with simultaneous improvement of the health, have been the result of eliminatory actions ridding the system of a poison? It is hard to think so. There was some appearance in this case of an occurrence which is not uncommon in many cutaneous eruptions; viz., the formation of one or more largish furuncles. These generally appear in the progress of cure, or towards the end, and seem to me to indicate the transfer of the disordered action to an adjacent seat.

It remains, in concluding these remarks on eczema, that I should say something as to the *modus operandi* of the remedies employed. First, then, there seems no doubt that in the cases recognised as sthenic, and treated successfully by antiphlogistic means, these must act in the way of lowering and diminishing the morbid excitement of the cutaneous tissue, which is attracting blood to itself in undue quantity. This seems the only rational view that can be taken. Secondly, as to the action of arsenic in asthenic or non-febrile eczema, it seems to me highly probable that this drug acts by affecting the vaso-motor nerves of the cutaneous arteries, which contract under the stimulus, and so shut off the over-supply of blood to the part inflamed. This is no gratuitous hypothesis. We know for certain that arsenic does act on nerve-tissue in the cure of neuralgia; and, if it can affect cerebro-spinal, there is no reason that it may not similarly affect sympathetic nerves. The cure of a menorrhagia, a diarrhœa, or sclerotitis, may be explained in the same way. When one sees a hot, red, serum-exuding part become cool, pale, and dry, under the influence of arsenic, one is involuntarily reminded of the experiment of galvanising the upper end of a divided cervical sympathetic; and it seems scarce possible that so close a correspondence should be merely accidental.

The conclusions which I am led to adopt with regard to eczema are, that—(1). It is a superficial cutaneous inflammation, closely analogous to the common catarrhal inflammations of mucous tissue; (2). There is no evidence that it is the result of any separable virus, or that it ought to be regarded as an eliminative effort; (3). Like all inflammations, its two important forms are, the *sthenic*, in which the tissue is unduly irritable; and the *asthenic*, which calls for arsenic, which it may be necessary to give in rather large doses, especially in the figurate variety; (4). It does not seem at all essential to produce conjunctivitis, to secure the curative action of arsenic; (5). Given with ordinary precautions, arsenic is a perfectly safe and very manageable and efficient remedy.

[*To be continued.*]

WEST OF LONDON HOSPITAL, HAMMERSMITH.

DISLOCATION OF THE HUMERUS COMPLICATED WITH FRACTURE OF THE SURGICAL NECK; REDUCTION UNDER CHLOROFORM BY MANIPULATION.

Under the care of Ernest Hart, Esq.

An old man, who stated his age to be between 80 and 90, while holding the head of a restless horse, was tripped up by a sudden movement of the horse, and fell heavily on the inner part of his elbow, which was at the time elevated and separated from his body. He was brought to the hospital immediately.

Many of the diagnostic signs of dislocation of the humerus downwards could be discerned. There was flattening of the deltoid muscle, with projection of the acromion process, and fulness of the axilla. But the elbow was not so widely separated from the side of the body as may be observed in the uncomplicated dislocation of the head of the bone, and it was possible to approximate it to the middle line without compelling the patient to depress the corresponding shoulder. This could be carried so far that the surgeon could bring the fingers of the injured limb over to the sound shoulder while the elbow touched the front of the chest. In uncomplicated dislocation of the humerus downwards, it is not possible to perform these latter manœuvres, which afford valuable means of diagnosis. Here they could be accomplished, not by the patient himself, but by the surgeon grasping the limb; but their performance caused pain to the patient. On examining the cause of this preternatural mobility in a limb which was evidently dislocated at the shoulder-joint, it was ascertained that the humerus was also fractured, and that the fracture was just below the junction of the head with the shaft, probably therefore at the surgical neck. In view of this unpleasant and unusual complication, Mr. Hart caused chloroform to be administered up to the point of producing complete anæsthesia and relaxation of the muscular tissues. The head of the bone could be felt very distinctly in its abnormal position; and standing behind the patient, passing one hand into the axilla, and steadying the shoulder with the other, the surgeon succeeded quickly in returning the head of the bone into glenoid cavity. The ordinary padded splints were t applied, the fracture being set in the usual way; a pad was placed in the axilla, the elbow supported, forearm flexed across the body, and the whole l fixed by being bandaged to the trunk. The patient m a good recovery; there being natural movement at shoulder after the fracture had consolidated, and no formity. But when last seen the arm was weak, there was some degree of numbness in the forearm.

Remarks. The complication of fracture of the s of one of the long bones, with dislocation of its head of unusual occurrence. It has been described by tematic authors as increasing considerably the diffic of reduction; and the advice has been given to con lidate the fracture first, and attempt the reduction af wards. It may be doubted whether that practice wo be good under any circumstances; since, by delaying reduction until consolidation had become complete, difficulties of the operation would be greatly increas and, in the majority of cases, any attempts made wit permissible degree of force would, at that distanc time, be ineffectual. The force required to reduc dislocation of the humerus of two to three mon standing—supposing the callus to be sufficiently ossi by that time—is very considerable; indeed, dislocati left so long have been found practically irreducil and the danger of breaking down or injuring the unit tissue, and refracturing the bone, would greatly ham the surgeon in his efforts.

Another more successful method of dealing w these cases has also been proposed and carried out. consists in firmly putting up the fracture in splin completely encasing the limb, and then proceeding once to effect reduction in the usual way, but taking to apply extension only to the apparatus of splints, not to drag upon the fracture. In certain cases, s as fracture of the middle of the shaft of the humer or of the shaft of the femur, with dislocation of head of the bone, that method is evidently, to some tent, well founded and applicable. But in cases such the present, it could not be applied; for it could not possible so to adapt the splints that the extending fo should be directed through them to the portion of bone above, and not that below the line of fracture; separation existing immediately below the head of humerus. Before the introduction of chloroform i surgical use, and the consequent facilities for procur complete muscular relaxation, this dislocation wo have been irremediable, and the case must have ran among the failures of the art; but by procuring co plete anæsthesia, it was possible to elevate the head the bone into its place by direct manipulation with hand. The final result of the case was very satisfacto The degree of weakness and numbness mentioned consequent to the recovery, is probably to be referred injury done to the axillary plexus by the pressure of bone at the time of the accident. Had reduction be attempted by putting on splints, and the application the extending and rotating force to those splints, the jury might have been increased.

Hydrophobia. It may be remembered that in month of February last, we gave an account of a you girl having been attacked by a wolf at Breil, in arrondissement of Nice, and of her being saved by courage of a brigadier, named Dellerba. We regret announce that this latter has just died a victim to devotedness. The wounds which he received in struggle with the animal were healing favourably, a his complete recovery was looked on as certain, wh about a week ago, fifty days after the event, symptoms hydrophobia came on, and he died two days afterwa in a fearful paroxysm of madness. (*Galignani's M senger.*)

Original Communications.

O NEW AND USEFUL PREPARATIONS ROM CHLOROFORM: CHLORIC ETHER, AND CHLOROFORM JULEP.

THOMAS SKINNER, M.D., Liverpool; Physician to the Liverpool Dispensaries; Fellow of the Obstetrical Society of London; etc.

nmunicated to the Liverpool Medical Institution, April 3rd, 1862.]

ERE are two physical properties possessed by chloro-
n which, so far as I am aware, are not alluded to in
of our text books on materia medica; namely—1.
solubility in alcohol, and subsequent miscibility in
er; 2. Its miscibility, if not its solubility, in water.

ately, while engaged experimenting in order to ascer-
the probable composition of Davenport's chloro-
e, I accidentally discovered the following valuable
s.

If chloroform be dissolved in rectified spirit of
e, of specific gravity ·838, at 60° Fahr. (L. P.), in the
orion of from one to sixteen minims of chloroform
fluid-ounce, the resulting liquid is entirely and freely
ible with water in all proportions. On adding minim
minim of chloroform to the measure of thirty or
y-two minims to the ounce of the mixture, the solu-
ceases to be miscible with water in any proportion;
chloroform spontaneously precipitating in small glo-
s, which ultimately coalesce.

If chloroform be added to distilled or any good
king water, in the proportion of half a fluid-drachm
pint (twenty fluid-ounces), and briskly agitated, the
lting liquid is perfectly clear and bright, and no glo-
s of chloroform are precipitated, nor can any be
cted with the microscope by a power equal to 250
eters. On adding more chloroform *gradatim*, the
t of saturation is not arrived at until the proportions
fluid-drachm to a pint of water. Sixty-four minims
he pint render the mixture quite opalescent, and
h of the chloroform is precipitated. At the point of
ration, a drop of any essential oil shaken with the
ure will determine the separation of the chloro-
. If the whole fluid-drachm of chloroform be added
nce to a pint of water, and shaken, the result-
iquid will not be so clear as when it is added gra-
y.

aring these interesting facts in mind, I resolved
ut them to some practical use; and I beg to
est the propriety of there being two new officinal
arations of chloroform, the names and formulæ for
h shall be as follow:—

iritus Formyli Terchloridi (commonly called chloric
ether):—Chloroform, ʒv; rectified spirit of wine,
sp. gr. ·838 (L. P.), Oj. Mix. Dose, ʒss to ʒij.

istura Formyli Terchloridi (or chloroform julep):—
Chloroform, ʒss; pure water, Oj. Mix thoroughly,
with brisk agitation, for a minute or two, in a vessel
capable of containing double the quantity. Dose,
℥ss to ℥ij.

ther preparation may be prepared from the me-
ted chloroform; but hitherto I have preferred the
ethylated for administration by the *prima via.*

chemical nomenclature has been chosen, in defer-
to the possible and not improbable fears of the
nt.

MARKS. The first preparation requires little to be
about it beyond this: that, although it is already
well known to medical men, and to both wholesale
retail druggists, yet, strange to say, its actual com-
ion and the method of preparing it have been kept a secret from the profession, and from the members of the drug-trade as a body. I have been informed that Professor Neligan gives a formula for *chloric ether,* and that there is one wholesale house in London that makes it according to his formula. I can only say that the house alluded to must sell chloroform for chloric ether, as Dr. Neligan's formula is for chloroform, which at one time passed under the cognomen of chloric ether—a less questionable title than that given to the solution of chloroform in spirit of the present day. (See Neligan on *Medicines,* 2nd ed., 1847, p. 257; and subsequent editions—1851, for instance, p. 301.)

In this town alone there are not two preparations of the so-called chloric ether alike, either in composition or in the invaluable property of being miscible in water. In the April number of the *Pharmaceutical Journal,* Mr. Norman Tate, of this town, has shown that, out of thirteen specimens of chloric ether obtained by him from various druggists in Liverpool and Birkenhead, there is a difference of 9½ per cent. between the strongest and the weakest samples. As regards the formula for chloric ether above given, I can aver, from considerable clinical experience, that if it be prepared from *bonâ fide* materials, it will equal in medicinal virtue the best chloric ether in the market.

With reference to the other preparation, the chloroform julep, I believe it has hitherto been quite unknown; but the simplicity of its composition, the pleasantness of its taste, the fragrance of its odour, its great and undeniable power as a diffusible stimulant, and its capabilities as a safe and excellent vehicle for administering other remedies, alkaline, acid, or neutral, bitter, sour, or fœtid, need only be alluded to in order to insure it a ready acceptance by the practitioner of medicine. This preparation is reported by some who have tried it to be reckoned a specific for toothache and other painful affections of the mouth and gums. It is simply used as a lotion, wash, or gargle.

The strengths of the foregoing preparations have been made considerably below their respective points of saturation, partly in order to render the dose less irritating to the mouth and throat, and partly to prevent the separation of the chloroform on the addition of an essential oil or such like medicine to a mixture, particularly if prepared from the julep.

In conclusion, whether the above formulæ ever become officinal or not, it is to be hoped that a fixed standard will be given to the spirit of chloroform and chloroform julep in the first or second edition of the coming *National Pharmacopœia.*

RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[*Continued from page* 407.]

CASE XI. *Dismemberment.* Mrs. W., aged 25, a poor woman residing in Lakenham, supposed to be between seven and eight months gone in pregnancy, met with some accident on May 28th, 1859, which was soon followed by labour-pains and the escape of liquor amnii. On the following day, however, she was free from pain, and all symptoms of labour passed off. On Monday, the 30th, she again felt pains, but they left her in the evening, and she was able to walk into the town. On Tuesday, she again had slight labour-pains, which left her in the middle of the day, and returned at night; when, finding herself gradually getting worse, she sent for the midwife who had been engaged to attend her. The pains were not very severe, and for some time I understand the midwife was unable to feel the presentation; but at some period of Wednesday morning, June 1st, she discovered either a foot or a hand. It proved to be the latter; and, after a while, the arm occupied the vagina, and the shoulder was forced into the inlet of the pelvis. About noon, Mr. —— was called in; and, after making some ineffectual attempts to turn the child, he requested the attendance of Dr. ——. He, also, endeavoured to turn the child, but without success; and at about 5 P.M., I was summoned to their assistance. On my arrival, I found the right hand protruding externally, the shoulder grasped firmly by the uterus and filling the inlet of the pelvis, the vagina by no means capacious, and the soft parts dry instead of being lubricated by the natural secretion. A small coil of the umbilical cord was also to be felt. The patient had a good pulse; there were scarcely any labour-pains; but she was getting weary, and suffered a good deal from the necessary manipulations. This was her second labour, and her first had been very severe. The position of the child was as follows :—the right arm in the vagina, the child's back to the back of the mother, the occiput lying in front and above the pubes, the chest and abdomen of the child towards the abdomen of the mother. I endeavoured to turn, but with no better success than those who had preceded me, not being able to introduce my fingers more than half their length into the uterus. I first tried with my left hand in the direction of the left sacro-ischiatic notch, and kept my hand in the position above described an hour, in the hope that I should be able by continued pressure to dilate the inordinately unyielding uterus, but even then could get no further into it. We then gave chloroform, and I made an attempt to introduce my right hand in the situation of the right acetabulum; but, after passing it quite into the vagina, I could get my fingers only about half their length between the firmly contracted rim of the uterus and the left shoulder of the child, although I kept them there more than hour, trying, with such a degree of pressure as I dared to use, to produce dilatation; until, indeed, I had lost all sense of touch, and could not in the least distinguish one part from another. The uterus, even under chloroform, would not give way in the least, and the inlet of the pelvis also appeared to offer considerable obstruction. After this, Mr. Master came to us, and, after another administration of chloroform, tried to turn, but with no better success than the rest. By this time, it became a matter of certainty that version was an impossibility, and that other means must be devised in order to save the woman's life. She had still a firm pulse, and we gave her several doses of antimonial wine, with the view of relaxing the uterus; but even after free vomiting there was no difference in this respect.

It was now about 9 P.M., and as the patient wanted rest and nourishment, we agreed to wait two hours, and then determine what further course to pursue. At 11.30, we met again, and finding things in precisely the same condition, I proceeded to deliver in the following manner.

After relieving the bladder by the catheter, I passed my vectis over the left shoulder of the child, so that by this means, and traction upon the protruding right arm, I might bring the right shoulder as much within reach as possible. I then withdrew the vectis; and, by pulling down the arm with my left hand, I was enabled to reach the scapula with my right fore-finger, with which I made way through the skin between the scapula and ribs, and separated the whole upper extremity from the body of the child. Having thus removed the right upper limb, I was enabled by a little careful manipulation to pass a blunt hook over the left humerus, which I brought down, and then removed the arm and scapula in the same way as the other. I then *with my fingers* broke into the right side of the chest, and removed nearly all the ribs of that side; and then, by getting my fingers round the bodies of the vertebræ, I bent the back to an angle, and by a kind of manipulation not easy to describe, effected the evolution of the child so as to deliver it by the breech; the rest was co
ratively plain sailing, although the head of
some difficulty. The placenta followed immedi
without hæmorrhage, and the uterus remained fi
contracted.

Thus ended the most difficult operation I ever
called upon to perform; and whether considered
reference to the prolonged and difficult manipul
required; the harassing shrieks and movements o
patient, increased as they were by chloroform; o
consternation produced in the neighbourhood, the i
bitants of the houses in the street being collecte
groups outside their doors; it was, without excep
one of the most trying scenes I ever witnessed,
such as I hope never to witness again. The b
point about it is, that the poor woman, a few days
wards, was going on as well as if the labour had be
the most ordinary kind; and she recovered without
further difficulty.

The case is full of practical interest; and the fo
ing facts are worthy of notice amongst others; viz
persistent rigidity of the uterus even under chlorof
and the possibility of accomplishing the dismen
ment of the child with no other instrument than
fingers. The child had been dead some hours b
delivery.

CASE XII. *Occlusion of the Vagina, with subseq*
Premature Delivery and Death. A. B., a young wo
aged about 27, and not of strong constitution, was
fined with her first child between two and three
ago; the child was full grown and healthy, and
alive after a somewhat difficult labour, in which fo
were used. She had a protracted recovery. The
parts were much inflamed and swollen, and there
considerable purulent discharge. After some w
however, all this subsided; but she found, althoug
was well in other respects, her urine was always e
ing involuntarily, rendering her life a burden to
and at this period I was requested to visit her.
examination, I found the vagina occluded, formi
very shallow *cul-de-sac*, at the apex of which in
there was an opening through which the forefi
readily passed into the bladder; but nowhere co
find any opening leading into the vagina through
septum; although, as she some time afterwards
struated, there must have been a small opening w
after several careful examinations, I could not
cover. Subsequently she went to London, and
came a patient of Mr. I. B. Brown, who ope
upon the vesico-vaginal fistula with perfect success
though nothing was done to reopen the vagina.
time after her recovery from this operation, whic
me say, reflected great credit upon the operator,
presented herself to me again for examination, an
following was the condition in which I found her.
vesico-vaginal opening was entireiy closed, and she
regained considerable power over the bladder; alth
when standing long at a time, some urine would e
involuntarily, perhaps owing to the shortness o
urethra. The vagina was quite occluded by a septu
considerable thickness situated just within the os
vaginæ; at least, no opening could be discovered
by a probe. But as she was able to menstruate, I
her that in all probability she might be impregna
she incurred the risk; and in that case she could n
delivered without an operation that might put her l
danger. This caution, however, was without effect;
in the latter part of last year she called to tell me
feared she was pregnant, and more than two m
gone. I examined her again, and believed her state
to be correct; but the only difference in the state o
parts was that the vagina was a little elongated p
riorly, no doubt from attempts at copulation.

In January of the present year (1862), I was requ
to see her, as she had been in pain and was l

d. I visited her in conjunction with two other me-
l men; she had had uterine contractions for a day
wo at intervals, and had lost upon the whole a large
ntity of blood. She was depressed in spirits; anxi-
in countenance; her pulse was hurried and feeble;
ing could be satisfactorily made out by vaginal exa-
tion; we believed it to be a case fraught with
sual difficulty, and advised her removal to the Nor-
and Norwich Hospital, where she could be ensured
most careful attention, and the combined advice and
tance of the whole medical staff, if required. Before
oval, she had a shivering fit, followed by fever; but
taken to the hospital on the evening of January 8th,
had a quiet night. Next morning, she had return of
and flooding; and as it was evident that labour had
menced in earnest, it was thought right in the after-
to take steps to facilitate delivery. Chloroform was
nistered; and on carefully examining the vagina
a large speculum introduced as far as it would go
e more than an inch), a small spot was discovered
he stretched septum, through which clotted blood
escaping, but it was not large enough to admit a
tor without difficulty. It was clear, however, that
s through this very small opening that she had both
struated and been impregnated; and as the uterus
l be felt, by the finger passed into the rectum, at
distance behind the septum, it was determined to
ge this opening with a bistoury, and trust to
might then be discovered. This being done
e extent of admitting a finger freely, a large
tity of clotted blood escaped from the vagina,
formed a large pouch between the septum in front
he uterus behind, having been greatly distended
e blood which had been escaping for a day or two
the uterus. The cause of the hæmorrhage was
l, to our dismay, to be a placenta prævia, a portion
ich had become detached and projected through
s. The opening in the septum was again enlarged
to admit two fingers, and attempts were made to
ate the rest of the placenta. A large portion of it
emoved, and then a fresh difficulty presented itself;
resentation was an arm, which, with a portion of
rd, escaped into the vagina. The operation occu-
long time, the patient had been long enough un-
hloroform; she now began to vomit, had a rapid
inct pulse, and seemed in a very precarious state.
was still going on to a greater extent than she could
and as nothing but delivery could give her a
e the opening was dilated so as to gradually admit
and, and a dead fœtus of about five or six months
soon extracted. Some of the placenta, however,
t was thought, remained attached to the uterine
but the condition of the poor woman was such as
clude any further interference except with the view
port her and endeavour to keep her alive. But,
she was too far gone; what with previous mental
hension, loss of blood, pain, chloroform, and a
ged and difficult operation, she became deadly
it was impossible to keep her warm, she called
adly for cold water and fresh air, nothing would
upon her stomach, she tossed and rolled about the
and after two or three hours, death closed the
l scene. What a frightful complication of diffi-
s! The operation required for opening the vagina
ently to allow a fœtus to pass is of itself attended
isk, and sometimes with loss of life; but when, in
on to this, there is placenta prævia accompanied
æmorrhage, and arm presentation with no access
uterus except through an artificial opening, truly
carcely possible to imagine a more untoward train
cumstances, and scarcely reasonable to expect any
than an unfavourable and fatal result.

[*To be continued.*]

Reviews and Notices.

ANOTHER LETTER TO A YOUNG PHYSICIAN: to which are appended some other Medical Papers. By JAMES JACKSON, M.D., Professor Emeritus of the Theory and Practice of Medicine in Harvard University. Pp. 179. Boston: 1861.

DR. JACKSON belongs to a class of men in the profession of which we see scarcely enough; that is to say, men who have passed a long life in practice, and at the close of it communicate the results of their observation and experience to their younger brethren. The author of this letter dates the commencement of his active career as a practitioner from October 1800, more than sixty-one years ago. Three or four years since, he published a volume of *Letters*, which were noticed in this JOURNAL, and which shewed him to be a man who, having taken notice of the advances made in medical science, recognised their value, and was desirous of contributing his share of information, in his own way, to the general stock of knowledge. In the present letter, Dr. Jackson comes forward to express his opinions on a subject which has in late years been much agitated in the medical world—the Utility of Medicines.

His medical creed is that of an empiricist. He does not believe that the time has yet come for the foundation of a system of rational medicine; although we of the present time are better prepared for the foundation of a satisfactory system of medicine than any of our predecessors.

"Before we can make a system of rational medicine, our stock of knowledge must be increased in each and all of the various departments of our science. First, our physiology must be perfected in its details; in regard to the elements of the human body, its structure, the powers belonging to its various parts, the functions performed by each of these parts, etc. Secondly, we must understand how, or in what mode foreign agents act on the living body; in what way they do good, and in what way they do harm. We should be able to ascertain when such agents modify the functions only, and when they lead to or induce changes in the structure of the part they act on. We must be able to ascertain whether there are any natural processes, by which disease is removed; and, if so, in what cases this happens, and in what it does not; and when there are not any such natural processes, we should be able to point out modes of obviating the evils of the disease, the remedies which nature has furnished for this purpose, and their *modus operandi*." (P. 6.)

Dr. Jackson points out that, in the absence of this knowledge, and in the desire to form a system of medicine, systems have been devised and adopted; but not one of them has stood its ground in trial. And, indeed, the soundest practitioners have never bound themselves to systems, but have been guided by their own experience—and this, in the author's opinion, must be the case, until a system of medicine shall be founded on a rational and unassailable basis. Our practice, then, according to Dr. Jackson, must for the present be empirical—founded on experience.

As a commentary on these opinions of an old practitioner, who, while he holds by the old lights, does not (as he has said in his former *Letters*) despise the new ones, it would be instructive to read Dr. Frerichs's preface to his *Clinical Treatise on Diseases of the Liver.* This distinguished and scientific physician, seeking to hold a middle course between the discoveries of modern science and the traditional experience in the treatment of disease, opens up fairly the question how far modern advance in scientific medical research is compatible with the requirements of medical practice. The unequal development of pathological and of therapeutical knowledge in recent years has, naturally enough, led to the establishment of two parties in medicine: the one upholding traditional empiricism, and taking little or no note of scientific progress; the other maintaining that clinical study should take a purely scientific rather than a practical direction, and that all the traditional systems of treatment should be thrown into the background, as unphilosophical and untenable. Now, it is evident to us that, if the subject in dispute were any other than medicine, if it were one in which a little delay were of no importance to mankind, we could have no hesitation in regarding the *laudatores temporis acti* in the same light as those who, notwithstanding the discovery of Copernicus, held to the old belief that the sun moved round the earth. But, in medicine, we cannot wait until men's minds have been led by reason and conviction to adopt the true philosophical view of things. There are interests to be considered, which must not be endangered while the old and the new ideas are struggling for supremacy; and therefore, while we rejoice in the development of more correct views as to the nature of diseases, we must be content to hold to our traditional empiricism, yielding ground gradually in individual points, according as we find that modern science has pointed out better and safer ways than those which we have been following. Scientific and practical medicine—in other words, pathology and therapeutics—may thus at some future day be reconciled; but, at present, as Dr. Frerichs observes—

> "Between the scientific department of clinical medicine, and that of real practice, there exists a chasm, which is bridged over in a doubtful manner at a few places only. It is true, that our treatment at the bedside always becomes more firmly based, the more our insight into morbid processes is extended; but we are still far from being able to direct it solely by the indications of our pathological knowledge, and precipitation in this matter has always been attended by serious results."

Still, even in empiricism, modern science is beginning to produce its effects.

> "Treatment is still, as heretofore, handed over for the most part to empiricism; but not, however, to that traditional so-called experience, which has no clear knowledge of the subject, which is followed by no certain results, and which does not make any rigid distinction between the heterogeneous elements which are jumbled together, or between one form of disease and another. . . Scientific medicine, although it has not rendered a rational system of treatment possible, has already furnished us with important data in anticipation of such a system."

Returning to Dr. Jackson's book, we find the author, in regard to the proper place of drugs in medicine, taking an intermediate place between those who have attributed to these agents a positive and unlimited power in the cure of disease, and those
who hold, or appear to hold, the opinion that t
administration does no good and often much har

Dr. Jackson admits fully that medicinal d
have been often improperly used; but he would
have prudent men hesitate to employ them.
the time *when* to employ them is a matter of g
moment. It is chiefly, he believes, in the very
mencement of acute diseases that they may be
pected to do good; at that time, he is convi
that "by medical treatment, often by the effi
use of powerful drugs, sometimes by blood-let
we may frequently succeed in diminishing the
lence, in lessening the suffering, and in shorte
the duration of diseases".

In connexion with the subject of blood-let
there is a curious history, which shows that ce
modern views on the treatment of disease are b
means new under the sun. Dr. Benjamin Rush
Dr. Samuel Danforth were contemporary men
fellow-citizens some time ago. Each was a ma
note, and each regarded disease as an unit; but

> "Rush believed that, in almost all instances, di
> consisted in too much excitement. Danforth, o
> contrary, maintained that it consisted almost alwa
> too little. Hence Rush almost constantly presc
> blood-letting, that he might diminish the amount
> most general stimulant, one which pervades, or at
> has an influence on, every fibre of the body. . . .
> other gentleman, Dr. Danforth, looking at debili
> the great source of disease, administered diffusibl
> mulants, with an idea that, if they do not give p
> nent strength, they bring on the normal actions by
> the strength may be renovated. He also looked
> mately to irritation as furnishing the substantial
> of restoration. With this view, he took care to r
> the alimentary canal from any undue burden, and
> any offensive materials, which he supposed it
> contain. When thus prepared, he believed that th
> tient might be brought back to a normal cond
> sooner or later, by furnishing him with proper
> ment, and adding to it direct stimulants, by whic
> the organs, but the digestive organs especially,
> be driven to the performance of their respective
> tions. At the same time, he paid great attenti
> some other hygienic laws, thereby favouring the infl
> of good diet." (Pp. 52-3.)

Such was Dr. Danforth's plan of treating dis
and it seems very like a prototype of the sy
which has lately gained so much celebrity in ha
been advocated by the late Dr. Todd. The re
of the treatment, according to Dr. Jackson,
these:

> "In a large proportion of chronic diseases, th
> tient derived at least temporary comfort from this
> ment; and, when pursued with judgment, and whe
> organic disease embarrassed the case, he often obt
> from it permanent relief. In acute diseases reli
> lowed, in a greater or less degree, from the early e
> tions of the alimentary canals which he thought
> cessary preparation for his other treatment. Bu
> plan of supplying nutriment, and of using diff
> stimulants in acute diseases, sometimes occas
> much trouble and distress. However, Dr. Da
> was ordinarily too sagacious to press this treatmen
> strongly, when the patient's feelings forbade: th
> waited and watched his chance. In this way he
> succeeded." (Pp. 53-4.)

Dr. Jackson, as we have said, advises the u
vigorous medicinal measures only at the comm
ment of acute diseases; after this (and inde
some from the beginning) he advocates an expe

treatment. By this, however, he does not mean that the case is to be left entirely to nature, or rather to chance; and he insists especially on attention to hygienic principles, the application of which, even in the minutest particulars, he holds to be a chief duty of the physician. And he regards hygienic means as in reality active agents in the treatment of disease: for instance, he observes that, when we expose a small-pox patient to cool fresh air, and thereby lessen the suffering and the risk attendant upon the disease, we in reality use a powerful remedy; and that, although we do not give strong medicines to hasten or to check evacuations, we may favour or restrain them by mild remedies and dietetic treatment. He insists strongly that the hygienic management of the patient should be attended to by the physician, and not left altogether to other hands; although it is right, to a certain extent, to consult the wishes and feelings of the patient.

The work is concluded with an Appendix of notes, which occupies nearly one-half of it; among which will be found an account of the case of the late Mr. Prescott, the historian; and a memoir on the Last Sickness of General Washington, and its Treatment by the Attendant Physicians.

Progress of Medical Science.

Diagnosis of Tumours of the Abdominal Walls. In cases of tumour of the abdomen, Professor Oppolzer observes, we have to ascertain whether the swelling be in the abdominal wall or in the cavity; whether, if in the walls, it be in front of, among, or behind the muscles. That a tumour is seated in the abdominal walls may be ascertained if it be moveable *en masse* with them; if it partake in all the movements communicated to the walls by the pressure of the finger or by respiration; if it can be circumscribed and its thickness measured by the finger. On the other hand, when the swelling is not connected with the abdominal walls, these can be raised freely over it, the integuments are not changed, and can be raised into folds, and deep inspiration renders the swelling indistinct. There are, indeed, complications which render examination difficult; as when tumours arising from an organ within the cavity become adherent to the abdominal walls. In many cases, information is afforded by the difference of the percussion-sound in inspiration and expiration: in inspiration, if the adhesion be limited, the abdominal wall is removed from the non-adherent part of the tumour, and, the intestines becoming partially interposed, the area of dulness is diminished.

The diagnosis of the situation of a swelling—whether it be before, among, or behind the muscles—rests on the following grounds. Swellings lying in front of the muscles are rendered more evident by contraction of the muscles; and the more so, in proportion to their size and firmness. Swellings which are seated in the intermuscular areolar tissue, or which have produced thinning of the muscular tissue by pressure, remain unchanged during contraction. Those which lie behind the muscles, in the peritonæum or in the subperitonæal tissue, are pushed back by contraction of the muscles, so as to become less accessible to the touch. The diagnosis between a swelling on the peritonæum and one in the subserous tissue, is very difficult.

Abscesses are sometimes met with in the abdominal walls. When they are seated in the subcutaneous tissue, they are accompanied by the symptoms of inflammation —redness, heat, and pain. Where their seat is deeper—especially in subfascial abscesses—there is no alteration of the integuments, and the presence of a large quantity of pus is only ascertained by pain or pressure on attempts at motion, and especially of fluctuation.

Abscesses of local origin are further characterised by the limitary wall which is formed round them by exudation; while this is wanting as a rule in burrowing abscesses (*Senkungsabscessen*). The symptoms of suppuration in the subserous tissue may be readily mistaken for those of slight peritonitis; and the diagnosis may not be clear until the abscess either becomes evident to the touch and sight, or opens into the intestinal cavity after adhesions have been formed between the layers of the peritoneum. The latter, however, very seldom occurs. Abscesses are sometimes met with in the abdominal walls, which have not originated there, but have reached the part by burrowing. The most general cause of these is caries of the ribs; and in cases of abscess of the abdominal wall, the costal region ought always to be examined, for caries is often unattended by any obvious local symptoms, and the seat of the disease, very limited, is first ascertained by manual examination. The abscess will always be on the same side as the affected rib, since the union of the fasciæ in the linea alba prevents the passage of pus to the opposite. Retromuscular abscesses and tumours may push aside and produce atrophy of the muscles; so that in many cases scattered fibres only are left, which, when they contract, make furrows in the swelling.

A third group of abscesses of the abdominal wall arise partly in inflammatory affections of the abdominal organs, partly in morbid growths from these. These abscesses are produced in consequence of a diseased abdominal organ contracting adhesions with the parietes through inflammation of the peritoneum; the abdominal walls become after a longer or shorter time inflamed, and the contents of the swelling may at last escape outwardly. The difficulty of diagnosis in these cases is great. The want of mobility of the abdominal coverings over the seat of the swelling, the extent of the swelling to a certain depth, and its connexion with an abdominal organ, must first be determined, partly by touch, and partly by percussion, which yields a constant dulness over a greater extent than corresponds with the apparent inflammation. A characteristic functional disturbance of the affected organ will, of course, greatly aid the diagnosis.

To the inflammatory processes which may give rise to the formation of secondary abscesses in the abdominal walls, belongs circumscribed peritonitis, leading to encysted abscess either between the intestinal coils or in the mesentery; as well as suppurative inflammation of the subperitoneal tissue in perityphlitis and perinephritis. Inflammation arising in a gall-bladder distended by calculi, and abscesses in the liver and spleen, may induce inflammation and abscess in the abdominal walls, through which they burst and discharge their contents. Echinococci of the spleen also sometimes escape in the same way; and Professor Oppolzer has observed the same thing to happen in a case of echinococcus of the kidney. After these abscesses have burst, gastric, biliary, or fæcal fistulæ may be left.

New formations are rarely met with in the abdominal walls. They are generally developed in the subcutaneous areolar tissue, but often enough in the deeper layers of the parietes. The most frequent are fatty tumours: these are not always distinctly limited; they have a lobulated feel and a peculiar doughy consistence: sometimes a part of the fatty matter escapes through an opening in the superficial fascia, forming what is called "fatty hernia" (*Fettbrüche*).

Sarcomatous tumours appear sometimes as simple cellular tissue, sometimes as compact fibrous swellings; they are always distinctly defined, sometimes with a smooth, sometimes with an uneven, surface, and are slightly elastic. Dr. Oppolzer has not seen cystosarcoma in the abdominal walls. Among malignant tumours, medullary carcinoma is in many cases developed not only from the subcutaneous tissue, but also from the subserous tissue or from the inguinal lymphatic glands. There is in this case not a distinct swelling, but an infiltration, especially when it is seated in the subserous tissue and when the abdominal walls are secondarily affected by the cancer. (*Wiener Med. Wochenschr.*, Jan. 25th and Feb. 1st, 1862.)

APPLICATION OF LEECHES TO THE CERVIX UTERI. According to Dr. Weber of Lemberg, the following are the indications for the application of leeches to the cervix uteri. 1. *Chronic Inflammation of the Uterus and of the Ovaries.* This is denoted by more or less marked redness of the vaginal portion of the cervix; numerous vascular ramifications on the part; general swelling of the vaginal portion, rendering it thicker and often also longer, or partial swelling producing eminences of various consistence, which can be felt and seen; hyperæmia of the vagina; excoriations of the os uteri; tenderness on pressure of the cervix, especially at the junction of the vagina at the posterior part; severe pains, like labour pains, before the appearance of the catamenia, and often during their continuance; profuse menstruation with clots, or very scanty menstruation; uterine colic; occasional tenderness of the fundus of the uterus on deep pressure over the symphysis pubis; fixed pain, increased by pressure, in the region of the ovaries; irregularly returning menstruation; a more or less profuse, frequently irritating, flow of various consistence from the uterus. But the cases, though all presenting these symptoms, may be divided into two groups. The chlorotic or anæmic form prevails most among young Jewish females, who have been just married at an early age to husbands comparatively as young as themselves. One who a few months previously was a blooming girl, becomes a woman with pale face and pale mucous membrane, presenting anæmic murmurs and all the other signs of debility. On inquiry, it is found that her husband has held strictly to the orthodox ritual, which forbids cohabitation for a certain time after menstruation. To this type belong also all the women who have had exhausting labours, and especially those who have had abortion attended by much hæmorrhage; and also those who are too poor to provide themselves with the necessary means of supplying that blood which a pregnant woman requires. In the other form, the women are well nourished, often fat; their skin and mucous membrane are rich in blood-vessels; the liver is enlarged; they have hæmorrhoids of the rectum, and at the same time a remarkable enlargement of the veins of the vagina. Both of these forms require the same local treatment; while the management of the general condition varies. Dr. Weber once regarded chlorosis, and especially intense anæmia, as contraindicating the use of leeches; but he has found that all attempts to treat chlorosis are ineffectual so long as the chronic metritis continues; that the patients in this condition take iron without effect, and that emaciation increases so long as the local disease continues. But if the withdrawal of blood be judiciously practised, a small leech being first applied, and the patient be at the same time properly dieted and constitutionally treated, the recovery will be rapid and secure. 2. *Hæmorrhagic Metritis.* In women who have had abortions or very difficult labours, or who have been addicted to venereal abuses, and especially sometimes in prostitutes, there appears a form of metritis attended with hæmorrhage, which returns frequently, and very soon produces extreme anæmia, while local examination gives all the signs of a high degree of metritis. The only means of restoring the patients to their previous health, in Dr. Weber's practice, has been the application of leeches to the cervix in spite of the anæmia: the hæmorrhage ha been arrested, and general treatment used with benefi 3. Local blood-letting is useful as a means of *Openin the Os Uteri by producing Relaxation of the Sphincte* In some cases, it is difficult to distinguish an uterus di tended, in consequence of hæmorrhagic metritis, fro one in which there is a polypus that has not yet passe through the os. Two such cases occurred to Dr. Webe In one of these, as there were local signs of severe i flammation, he applied four leeches; these produce much bleeding, which, as the patient felt relief from th loss of blood, he left to nature. On the next day, he n longer felt the fundus uteri as a hard mass over th symphysis pubis, but could only reach it by deep pre sure. On examination *per vaginam,* he found that fibrous polypus, of the size of an apple, had escape from the uterus, which he removed in a few days. I the other case, a similar result was obtained by two a plications of leeches. (*Wiener Med. Wochensch.*, Jan. 1 1862.)

THE COCHIN-CHINA ULCER. M. Rochard, *chirurgie en-chef* of the French navy, describes a form of ulce which is endemic in certain parts of Cochin-Chin and has prevailed extensively among the French troo in that country. Its predisposing causes are t insalubrity of the climate, and the consequent anæmi and debility. It is more severe during the rainy seaso age, constitution, and race, have no influence on its pr duction. The characters of the ulcer are aggravate among the natives by dirt, skin-diseases, weak constit tion, and the want of treatment. There is no evidenc to prove that it is contagious; but rather the contrary.

The ulcer always commences with a lesion of the ski never suddenly; but, in debilitated subjects, the mo insignificant wound or erosion is sufficient to produce i The lower limbs are always its seat; it especially attack the ankles, the anterior part of the lower third of th leg, the instep, and the dorsal surface of the foot. M Rochard has never known it to appear on the planta surface. It is generally solitary, but sometimes bo legs are affected at the same time. The diameter of th ulcer is rarely less than nearly two inches; but some times it extends round the legs, and in some very ra cases the whole leg has been involved. The form of th ulcer is irregularly angular. The ravages of the diseas are generally confined to the skin and subcutaneou tissue: in severe cases, however, it burrows among th muscles, and produces exfoliation and necrosis, or carie of the tendons and bones. In this condition, amputa tion is the only resource, but is rarely successful.

The progress of the disease is rapid. Under the in fluence of the predisposing causes already mentione an apparently insignificant lesion becomes painful: it i surrounded with a dark red areola, and in a few day there is a large ulcer of gangrenous aspect, from whic escapes an extremely fetid ichor. The inflammato period is accompanied by pains which contrast strongl with the complete insensibility which prevails at a late period.

After a variable time, the ulcer ceases to increase; i becomes clean; an eschar, comprising generally th entire thickness of the skin, is detached, leaving a sa nious surface, which is soon again covered by a pulta ceous layer. In the most severe cases, the disease run its course, increasing in surface as well as in depth; an finally produces death, unless amputation be performe In the more favourable cases, after numerous alterna tions of amelioration and of relapses, cicatrisation i established; and, if the patient can leave the countr and regain his strength, the cure is permanent. I other cases, again, the disease becomes chronic; and i is in this form alone that M. Rochard has had persona opportunities of observing its character.

In the patients under his care at the Brest hospital he ulcers presented a depressed, uneven base, traversed y deep red longitudinal streaks, consisting of small nastomosing blood-vessels, having between them yellow- h lines of a pultaceous aspect. The edges of the lcer are callous, as if cut perpendicularly, but irregular; he surrounding skin is wrinkled, the folds radiating owards the centre of the ulcer. There is complete næsthesia, not only in the parts immediately affected, ut also in the surrounding parts, and sometimes even in he whole limb below the ulcer. In one case, the ulcer as seated below the external ankle; and both the dor- al and the plantar surfaces of the foot were insensible; o sensation was produced by the application of the trongest caustics or of red hot iron. The subjacent uscles are also sometimes paralysed; this happened in he case just mentioned.

No treatment seems successful. Cauterisation, with onics and good diet, have appeared at first to produce he most promising results: but as a rule, the disease eturns as soon as the patient begins to walk. In one ase, where the ulcer was seated on the dorsum of the oot, M. Rochard obtained a successful result by ex- ising the ulcer, and performing partial excision of the oot. (*Gazette des Hôpitaux*, 8 Avril, 1862.)

British Medical Journal.

SATURDAY, MAY 10TH, 1862.

UCCESSFUL INOCULATION OF SYPHILITIC BLOOD.

VE lately referred to some experiments recently erformed at Florence: the inoculation of healthy ersons with the blood of syphilitic patients. The esults of these experiments have been just published n a pamphlet by Professor Pellizari, of the Clinique f Venereal Diseases at Florence. The experiments ere performed with the utmost care; and every recaution taken to exclude all sources of error in e results. The results of the experiments appear, n the face of them, to be of very great importance; nd we, therefore, hasten to lay a summary of them once before our readers.

On January 23rd, 1860, two young doctors were oculated with the blood of a syphilitic patient. No bnormal results followed. On February 6th, 1862 n the presence of all the students), Drs. Bargioni, osi, and Passagli, who were perfectly free from all philitic affection, were subjected to the inoculation. lood was taken from the cephalic vein of a female ffering from well marked secondary syphilitic dis- se; the bandage, lancet, and cup used being all ew. Charpie was soaked in the blood whilst flow- g, and then applied to the upper and outer part of e left arm of Dr. Bargioni, the part having been reviously denuded of epidermis and incised with ree cuts. The same operation was performed on osi and Passagli; but in the case of Rosi, the ood was already cold when applied; and in the se of Passagli, it was coagulated. In the first enty-four hours no change appeared. On March rd, Dr. Bargioni perceived in the centre of the inoculated surface, whereon the blood was laid, a slight elevation and a little itching. Professor Pellizari examined the papule, and covered it with dry charpie and diachylon; and examined it also every day. At the end of eight days the papule was of the size of a twenty centime-piece. On the 11th, it was covered with a slight crust, and had a silvery colour. On the 12th and 13th, the crust was thicker, very adherent, and split in the centre. On the 14th, two glands as large as nuts, moveable and indolent, appeared in the axilla; the papule was still indolent, but its sensibility slightly increased. On the 22nd, the crust fell off, and a funnel-shaped chancre presented itself, with elastic and resistent borders. On the 26th, the chancre was increased in size, and its induration greater. On the 12th April, there appeared on the surface of the body, but chiefly on the sides of the thorax and in the hypochondriac regions, spots of irregular form, and of a rose colour, but giving no kind of inconvenience to the patient. The glandular swellings in the neck were well marked. The erythema spread, and became more confluent, so as to leave no doubt whatever as to its specific nature. It lasted eight days, and pursued a regular course. On the 20th, the cervical glands had increased in size and hardness. The chancre maintained its specific state, and showed no tendency to cicatrisation. On the 22nd, the colour of the erythema became decidedly coppery. Lenticular papules were mixed with the erythema; the edges of the chancre were sanguinolent. Mercurial treatment was now begun. From these experiments it follows: *that the blood of a person affected with secondary syphilis and in its acute stage, inoculated on five persons free from every kind of anterior syphilitic disease, communicated syphilis to one of the five.*

The following is the *resumé* given of the experiments.

1. Three or four days after the inoculation, all traces of it disappeared, with the exception of a red colour at the point of denuded epidermis.
2. Twenty days elapsed before Dr. Bargioni perceived the papule at the inoculated point.
3. This tardy appearance of the papule cannot be explained by inexperience or negligence, as Dr. Bargioni was perfectly well acquainted with the characters of the primitive form, such as it appeared in the case related by Waller.
4. The papule at first retained a dry character. It did not become moist and ulcerated until the ninth day.
5. The swellings of the axillary glands preceded the ulceration of the papule.
6. The primitive phenomenon, which produced the syphilis with which Dr. Bargioni is now affected, possessed the characters and followed the course of those phenomena which are the result of the inoculation of constitutional syphilis.

7. Sixty-five days intervened between the inoculation and the manifestation of general symptoms; forty-three days between the appearance of the papule and the erythema; and twenty-two days between the inoculation and the appearance of the papule.

It is thus demonstrated that, in a person who has never been affected with syphilis, we can, by means of the inoculation of blood taken from a syphilitic person at the acute period of the secondary affection, produce at the inoculated point a papule, which ulcerated, and was accompanied and followed by all the phenomena proper to an infecting chancre.

The sceptical may satisfy their doubts, it would appear, by the exercise of their own eyes; for Dr. Bargioni only on the 22nd of last month commenced a mercurial treatment of the disease inoculated upon him; and is no doubt still suffering from the signs of the disease.

THE WEEK.

Sir Benjamin Brodie has resigned his seat in the Council of the Royal College of Surgeons; and, on the occasion of his retirement, the Council have decided that a marble bust of that distinguished surgeon shall be executed at the expense of the College, and placed in the Council Chamber. In an article upon the College in last week's Journal, we referred to the bright example—the sole and exceptional example—set by Sir Benjamin Brodie in retiring from the Court of Examiners. We have now again to place him as a bright example, worthy of imitation in this (as in so many other particulars) by members of the Council. His bust, which is to be placed in the Council Chamber, cannot fail to be a silent monitor to some of those who sit within its walls. It is not for us to analyse the motives which prompted Sir Benjamin Brodie to retire voluntarily from the Court of Examiners and the Council of the College. We believe that he did so purely from a sense of duty. This much, however, is certain that, in thus retiring, he has acted in accordance with the spirit of the charter of 1843; and to him alone, of all the ancient members of Council, belongs the credit of such a patriotic and generous act. We have spoken of the honour to be conferred upon Sir Benjamin Brodie by the Council of the College; and we would seize the opportunity of saying that we believe the moment is one which the profession at large might well make use of to do honour to that gentleman. A man who has held the conspicuous place which he has during half a century, and who has so invariably shown himself in every step through life the man of honour, as well as the man of science and of medicine, merits some pre-eminent distinction at the hands of his professional brethren. We may most truly say that for much the esteem which our profession meets with fro the public, it is indebted to men who, like Sir Be jamin Brodie, nobly illustrate it in the face of t world. We cannot estimate too highly the chara ter of our public men; of those who, as medic men, occupy prominent positions. Their condu for good or for ill, indirectly affects the whole bo of the profession, injuring or elevating us in t estimation of the world at large. Well, therefo is it that we, for our own sakes, should do gre honour to a man who, during a long career, has invariably and worthily upheld the honour a dignity of his profession. We believe that the wh profession would gladly mark, by some public tes monial, their value of his worth; and we cannot b think the present a most favourable opportunity the manifestation of their sentiments.

We lately noticed in the Journal some striking e periments made by Mr. Donovan relative to t "inefficiency of henbane as usually prescribed". M Donovan therein stated that he and one of his pup had swallowed one-ounce doses of carefully prepar tincture of henbane without producing any p ceptible effects. Dr. Forsayeth has since then ca tioned the profession against accepting these expe ments, as he has, or thinks he has, obtained resu different frrom Mr. Donovan's. Mr. Donovan aga returns to the charge, and reasserts the correctn of his assertion in the *Dublin Medical Press*.

"We are at issue about the medicinal power of he bane. I found no effect from swallowing an ounce the tincture: a fellow-experimenter was not more affect by a similar dose. Dr. Forsayeth says he finds one two drachms sufficient to ease pain or procure slee the latter more readily by adding five minims of chlo form to each drachm of tincture—that is, ten minims the two-drachm dose. I have known the same eff from that quantity of chloroform without any henba It must be recollected that, when chloroform is of f specific gravity, ten standard minims are equal to fo drops let fall from the lip of a proper ounce-bottle. must also be recollected that chloroform is one of t ingredients in Dr. Collis Browne's chlorodyne, and is, doubt, used to assist in producing the effect for whi the latter is valued. The argument, therefore, stan thus:—I failed to obtain any effect from a certa thing; Dr. Forsayeth succeeded in procuring sleep fro something essentially different: his facts have therefo no reference to mine. In order to ascertain wheth tincture of henbane obtained from any other sour would differ in medicinal agency from mine, I obtain some ounces from the Apothecaries' Hall, where, it is be presumed, articles are prepared as they ought to Of this, I and my apprentice (Mr. White), after one two cautious trials, swallowed each of us in the presen of the other an ounce mixed with water. There w not the slightest effect produced on either of us."

This last experiment seems unanswerable, or least to show that the subject requires further inve tigation. Mr. Donovan's experiments will probab call to the recollection of some of our readers paper by Dr. Garrod in the forty-first volume of t *dico-Chirurgical Transactions.* Therein Dr. Gar- l showed that the therapeutical effects of henbane re entirely destroyed by the action of fixed caustic alis. A medical friend, he says, swallowed a uple of good extract of henbane rubbed up with and a half drachms of liquor potassæ, and "not slightest symptom was produced by the dose". afterwards gave a drachm of the extract, so nbined, without producing any result whatever. ounce-and-a-half dose of the tincture of henbane likewise given, "and in no case were symptoms duced". It does not appear that Dr. Garrod tried henbane alone—*i. e.*, without the potash. Con- uently, we may so far assume that his experi- its do not disagree with Mr. Donovan's. What our lecturers on therapeutics, in the face of e statements, tell their pupils about the thera- ical action of henbane ?

Medical Act ought to be of service to the pro- on, for its superintendence has cost the profes- some £40,000 during the three years in which as been in force. The 16,000 medical men in tice when the Act was passed paid down about 000 of this sum, for the honour and benefit of ming registered medical men. Then 1,400 new itioners have been added, at the rate of £5 per ; and 2,647 of our brethren, originally regis- , have added something new to their titles, and five shillings each for the privilege. The re- e of the Medical Council is, in fact, almost ly derived from these registration-fees; but some er sums are obtained in different ways. For ple, unqualified persons have during three years fined £43 : 11 : 3 ; and the sale of *Registers* has ced £754. Fining unqualified persons seems, ver, to be a very expensive luxury; for £503 last year spent in law, and £14 : 10 recovered nalties. How the Council are to live at its nt rate of expenditure and receipts, it is hard to rstand. Last year it spent more than £5,000.

egret to have to announce the death of Dr. J. cWilliam, which took place on Sunday last, at esidence, Trinity Square, Tower Hill, in the ifth year of his age. Some days previously, arn, he had fallen in an apoplectic fit, from he never rallied. For the last fifteen years, IcWilliam had held the post of medical officer r Majesty's Customs. Previously to that, he the naval service, where he earned for him- reat distinction by his moral bravery in the ill- expedition to the Niger in 1841, of which he shed a valuable record. Dr. McWilliam, pro- in consequence of his attention having been gly directed thereto by the Niger expedition y the fever at Boa Vista, took much interest in udy of epidemic diseases, and for several years acted as Secretary to the Epidemiological Society, the members of which will greatly miss his energetic assistance. He was a zealous and efficient promoter of the interests of that class of the profession to which he originally belonged; and to him the naval medical officers are in great measure indebted for the official recognition of their rights, as shown first in the admission of assistant-surgeons to ward-room rank, and subsequently in the navy warrant of 1859. His labours in this direction were recognised by the medical officers of the navy, who in 1858 presented him with a service of plate in token of respect for his distinguished character and services, and as an expression of gratitude for his advocacy of the claims of the assistant-surgeons. In the same year, the Companionship of the Bath was conferred on Dr. McWilliam. He was also for many years a Fellow of the Royal Society. Possessing a strong physical frame, and a constitution uninjured by illness, notwithstanding his services in unhealthy climates, he might reasonably have been expected to have before him a long career to spend honourably and usefully in the exercise of his calling. But a termination has been put to his labours; and his sudden removal, at a comparatively early age, will be deeply regretted by all departments of the profession—scarcely more by his brethren of the navy, than by those with whom he had come into contact during his residence in London, and by whom he made himself respected for his honourable conduct in all matters, as well as for his persevering energy.

Mr. Syme has lately performed, and successfully, a very remarkable operation, of which we shall hope shortly to give full details. The disease for which he operated was a large iliac aneurism. For its cure, he opened the sac, emptied it of its contents, and ligatured the common iliac, the internal iliac, and the external iliac arteries. The ligatures have all been removed; and the patient is, we learn, safe. This operation must be regarded as another of the many steps forward in surgery for which the profession are indebted to the Edinburgh surgeon.

We are enabled to state, upon good authority, that some new bye-laws will shortly be submitted to the Fellows of the Royal College of Physicians of London for their approval, requiring that every candidate for the College license shall not only produce satisfactory evidence of having studied the Principles and Practice of Surgery, and of having attended the surgical practice of some Hospital recognised by the College, but shall also give proof, under examination, of his proficiency in Surgery, as well as in Medicine, Midwifery, and Pharmacy. Considering that the College license is a qualification to practise all these branches of Physic, it is certainly desirable that the College examinations should comprise all those subjects of professional study, a sound practical knowledge of which every physician and surgeon should possess.

Sir Benjamin Brodie's retirement from the Council of the Royal College of Surgeons of England causes an alteration in the list of Councillors who go out by rotation. As a rule, three vacancies are declared, and, under ordinary circumstances, three Councillors retire each year, and are eligible for re-election. This year, however, in consequence of one of the three rota-men being in the President's chair, only two vacancies would have been declared. But the retirement of Sir Benjamin Brodie further reduces the number of vacancies, and therefore of going out Councillors. Mr. Cock is, in fact, the only Councillor who this year "goes out". Of course he will present himself for re-election. This incident will make the way clear for Mr. Paget, or any other gentleman who may present himself for election, and will happily not bring Mr. Paget into antagonism with Mr. Cock or any other member of the Council, as one new member of Council must now be elected from the Fellows outside the Council this year.

Mr. Syme has been appointed chairman of the Jury for Surgical Instruments, etc., of the International Exhibition. Mr. Syme, in this official capacity, and Dr. T. K. Chambers, as one of the Deputation of Guarantors of the Exhibition, were, we believe, the only British representatives of the medical profession who formed part of the procession on the opening day of the Exhibition.

A French medical journal appears shocked at "the numerous scandals of every kind which are daily committed in the United Kingdom". He then gives a specimen of three kinds, scientific, professional, and practical. The scientific he takes from the proceedings of the Obstetrical Society; the professional from the trial of Rich *v.* Pierpoint; and the third from a crime committed by a dentist.

M. Renault says that, at Berlin, the tax on dogs in no way diminished hydrophobia, which up to 1853 was continually on the increase. At this period, the muzzling of dogs at all seasons of the year was ordered, and then the number of cases immediately became less. During the years 1858, 1859, 1860, and 1861, no case had occurred.

One Dame Huber has left to the town of Strasburg 15,000 *francs*, for the purpose of establishing a mortuary at the entry to the Cemetary of Ste. Hélène.

As the season approaches, Spain publishes an official statement of its watering-places, of which, as it appears, it possesses 115.

Association Intelligence.

SOUTH-EASTERN BRANCH:

EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will take place at The Rose,
terbury, on May 15th, at 3 p.m.

The dinner is ordered for 5 p.m.

Thomas Boycott, M.D., *Secreta*

Canterbury, May 6th, 1862.

Special Correspondence.

NAPLES.

ON BLOOD-LETTING IN THE TREATMENT INFLAMMATION.

[*Letter from* J. V. Ciaccio, M.D.]

It is my intention, in the following letters, to wri
the subject of blood-letting in the treatment of in
mation, according to the principles adopted in th
nical department of the medical school of Naples.
if, on the one hand, I comply with your kind req
on the other, I shall have an opportunity of discu
briefly the ideas holden recently by English p
tioners in connection with the subject; and, in
so, it is my principal aim to examine whether the
tical conclusions which they may have drawn from
ideas are correct or not; in other words, whethe
great change that has lately taken place in Engla
the treatment of inflammation, is supported by obs
tion and clinical experience.

I must first inform you, that we recognise
principal rules with regard to inflammation. 1.
inflammation is not a single lesion, but a comp
one. 2. That it is not an identical one, but d
according to constitutional changes and bodily c
tions of persons. On these two principles is base
whole of our treatment of inflammation; and it i
cessary that I should explain them somewhat, in
to represent their true value.

It is acknowledged, that whenever a foreign
operates on a living part, the operation is succeede
disorder of either functional, nutritive, or formati
tions. Call, if you like, the causes exciting or irr
the property of the living parts so changed at the
of foreign bodies, excitability or irritability, and the
sequent modification, excitation or irritation, the f
always the same. The term "modification of
tion," as pointed by experience, is merely intend
convey the idea of molecular change in the living
on the contrary, a modification in the nutritive
formative actions is always understood to be
chemical character. These three forms of irrit
which we observe always following the operatio
foreign bodies, are undoubtedly essentially dif
from each other; nevertheless, the boundaries
divide them are so little apparent, that we cann
with precision either where the one begins, or whe
other ends. Hence, in a part irritated, it is easy t

a functional for a nutritive, or a nutritive for a native disorder, since the degrees of transition from one to the other are so hardly observable. For in- ice, in the first onset of the act of irritating a muscle, er mechanically or chemically, the muscle is con- ted; then we observe a gradual increase in the lei, which lie here and there in the primitive fibrillæ; , lastly, they divide into several nucleoli. In this , we find transitions from a simply functional to itritive, and from a nutritive to a formative irrita- . It is certain that during these transitions from one to the other form of irritation, remarkable iges both in the vital power and in the chemical position of the elementary parts are effected; but t these changes are, we are at a loss to decide.

hese views of irritation, as you well know, are not ; they were brought forward, some time ago, by how; but I lay them before you here, for I have ght it necessary to be explicit in giving my opinion erning the nature of inflammation. But I would you to know that, in giving so large a meaning to vord irritation, there are included under this name iose disorders that occur in the deranged activity of iving structures, and that have originated in an irri g cause, operating either directly, or through the um of blood, upon them, and which by Virchow are l active morbid processes.

ien we consider what are the changes that take place g inflammation, we find that they are threefold. first consists in an *increase in size of the ele- ıry parts*, of which structures are composed. This bly depends on an increase of vital power of the nating matter,* by which means a greater amount minated matter is produced, and on which directly ids the increase in volume of the elementary parts. sort of change I am inclined to name *simple in- atory hypertrophy*. The second consists in a *nu- al increase* of the elementary parts. In this case, ust suppose that there has been an increase in ther vital power of germinating matter, by which it s and subdivides itself into parts of a similar cha- , each similar to the first. Without this supposi- the fact would be inexplicable. This kind of e, I think, might be called *numerical inflammatory trophy*, so as to distinguish it from the above- oned, in which there is simply an increase in whereas in the latter there is an increase in the er of the cellular elements, of which every living ure is composed. The third consists in the *pro- n of certain matters quite different* (not so much pe, as in the vital power with which they are fur- l) *from the ordinary constituents of tissues.* This third kind of change cannot be explained without supposing there to be an alteration in the vital power of germinating matter, in consequence of which it produces in the centre of its mass another germinating matter differing in vital character from the first. To this third sort of change belong pus and all the other neoplasies, which we often see following inflammation.

If the things above stated be true, you see that we are obliged to add another form of irritation to the three held by Virchow; and this fourth form may be called *alterative irritation.* It is true that Virchow, under the name of formative irritation, has embraced the two latter kinds of change; but do you think that he was right in doing so? Two things, which are entirely different from each other, cannot and ought not to be placed under the same name, without producing in the mind much confusion and also erroneous ideas. In fact, it is one thing for the dividing power of germinating matter to be increased, and another thing for it to be altered. In one case, the nosological habit of tissues is unchanged; but in the other, the nosological habit is changed, because the new elements produced differ considerably from those whence they took rise. And thus, not to place under one name things so entirely different, I have, in order to be clear, called the latter change alterative irritation. Thence we may infer that alterative irritation is, of the four kinds above-mentioned, the most interesting, and to which the most attention is to be paid by the profession.

Although I believe that there is no inflammation without the three aforesaid changes, yet I do not wish to convey the idea, that all these changes are necessarily found present at the same time. In some inflammations, there is only the first kind of change; in others, the first and second; and sometimes only are all three present. Thus, when we see in an inflamed part that inflammation subsides without leaving any perceptible alteration, we must suppose that the first kind of change has occurred. In those other cases, however, in which inflammation subsides without terminating in suppuration, only leaving the organ somewhat increased in size, we may suppose that the first and second kinds of change have taken place. In some other inflammations, we are obliged to admit the existence of all three kinds of change, which occur when inflammation of a part ends in suppuration, and the part remains somewhat larger than before.

Experience teaches us that each elementary part of living structures, in the different periods of its existence, has not the same disposition to be indifferently subjected to the one or the other kind of change, when inflammation attacks it. So we often observe that a part, becoming inflamed during the various periods of its existence, presents either the one or the other kind of change, according to the different periods at which inflammation attacks it. Further, we observe that, when an organ is inflamed for the first time, it presents one kind of change; whereas, at the succeeding periods at which it may become inflamed, other changes are observable. Sometimes the reason why an organ should present one kind of change rather than another, depends on the different causes of inflammation, as well as on

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order that I may not be misunderstood in the use I have the terms *germinating* and *germinated matter*, it is necessary reader should know that Dr. Beale, in a course of lectures t the Royal College of Physicians in 1861, On the Structure Simple Tissues of the Human Body, has endeavoured to hat any elementary part of every living structure is com- f matter in two different states; the one, which forms and ole of increasing; the other, which is formed, and has not er of producing. He has called the first *germinal matter*, second *formed material*. It has appeared to me better to e first *germinating matter*, and the second *germinated matter*. ictive phenomena of life depend entirely on the germinating which alone has the power of forming, producing, and con- The germinated matter has no power of acting and pro-the different manners in which they may operate, either strongly, or weakly. At least, if what Virchow says be true, namely, that the pathological neoplasies are derived from connective tissue, and pus from the connective tissue or the epithelium, then it is evident that the third sort of change, which we have recognised in inflammation, does not belong to all the elementary parts of living structures, but only to some of them.

Coming, now, to the investigation of all these particulars, with reference to the disposition of elementary parts to be modified under inflammation either in one manner or in another, we must confess our ignorance. Nevertheless, it is probable that all the mentioned peculiarities depend either upon the different chemical composition, and different vital powers, with which the germinating matter of every living structure is endowed; or upon the different chemical composition and different vital power that the same mass of germinating matter has at different periods of its existence; or else upon the special alteration produced in the one and the other by the different causes, and by the different intensity of their operation; or, finally, upon the repetition of the same morbid process. In short, I think that, if we wish to explain in any way the causes of these different morbid actions which take place in the interior of living structures, and that are so hidden from our sight, it is necessary to go to the germinating matter "upon which," as Dr. Beale says, "the active phenomena are entirely dependent, and which is the part alone of any living structure which is capable of *forming*, *producing*, and *converting*."

I will now adduce, for example, a very common inflammation, which we observe every day; that is, inflammation of the tonsils, or *cynanche tonsillaris*. This example, I believe, will confirm in a clear manner that of which I have hitherto spoken. What do we observe in such an inflammation? What notable signs present themselves worthy of our consideration? In some cases, we see that this inflammation commences, goes through its course, and terminates in that manner which we commonly designate *resolution*. If, some time after inflammation has subsided, we examine the organ, we shall find it in the same state in which it was before it underwent inflammation: which indicates that, during the inflammatory action, no further change occurred in the inflamed part than that which characterised the nutritive irritation; that is to say, a simple increase in size of the elementary parts. In other cases, we may see the inflammation which the organ undergoes taking the same course and terminating like the preceding; but with this distinction, that the organ remains somewhat larger than before. This last mentioned difference of termination occurs in lymphatic individuals, in whom inflammation attacks the same organ repeatedly. In these cases, in which the organ remains somewhat increased in size, it may be supposed that there is a real augment of the elementary parts; that is to say, that a formative irritation has taken place. Now, since an elementary part that has been produced cannot disappear, although the irritating cause has ceased, the organ remains permanently more or less *hypertrophied*. Lastly, in other cases, we may observe inflammation to
go on more or less quickly, and to terminate in *sup*
tion; and on examining the organ after some tim
find it either apparently unchanged, or only a
larger than before. In this circumstance, it m
supposed that there has occurred both an alterativ
a formative irritation.

[*To be continued.*]

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDO

WEDNESDAY, APRIL 2ND, 1862.

W. TYLER SMITH, M.D., President, in the Ch

ON PUERPERAL PERITONITIS: ITS NATURE AND TR
MENT. BY J. T. MITCHELL, ESQ.

This paper was a record of the experience
author in the above disease, as it had occurred
practice extending over a period of between thir
and forty years; twenty-seven cases had been trea
which twenty-three had recovered. The remedie
ployed had been, bleeding to a free extent, and in
instances repeated to a less extent once, and in
even twice; and the administration of opium in
doses. He had never met with the disease in a
demic or contagious form; every case had bee
fectly isolated; but every case had been attended
patient's residence. He described the disease as
marked by the following symptoms: A woman
parently normal condition of health, or otherwise,
gone through labour, on the second or third da
delivery, feels pain in the abdomen, slight, perh
first, but which gradually becomes more severe;
she describes it as colic or spasm of the intestin
some instances, it is taken for ordinary after-pains
condition lasts for an hour or two, or even a day,
suddenly she is seized with a violent spasm in the
which is quickly followed by a fit of shivering, m
less severe. At this time, the patient and all a
her have become alarmed, and they believe that
is fast approaching; the countenance has becom
shrunken, and deeply anxious; the extremities
the pulse almost uncountable and scarcely disce
from quickness and feebleness. She suffers perm
excruciating pain all over the belly, which is grea
creased by the slightest external pressure; a state
if she be not quickly relieved, will be followed by
ing and looseness of the abdomen, produced
rapid outpouring of serum, coagulable lymph, an
and in some instances even attended with slough
the membrane, as has been discovered in *post m*
sections.

The author invariably saw his patient very earl
the shivering fit had occurred (to which circum
he attributed the success of his remedies), when
stantly bled to approaching syncope, and gave
doses of opium; following these measures by
sively fomenting the abdomen with flannel cloths
out of boiling water and sprinkled with spirit
pentine, enjoining the most perfect rest, and the
est quiet around the patient, who is kept in the
bent position and on her back, even when she
pass her urine. Especial care is taken to preve
action of the bowels, during even four or five
necessary, and then to relieve them only by an in
of gruel and spirit of turpentine, and not by any
tive given by the mouth. He described one of hi
cases as having had all the acute symptoms—whi
been perfectly suspended—brought back by the
cious administration of a dose of castor-oil, given

irection of a physician called in on the second day
atment and the fifth after delivery.

e author reminded those who condemned bleeding
tive destructive disease, of the quantity of blood
stem often loses without any evil consequences of
ia: as in extensive epistaxis when apoplexy had
threatened; in hæmatemesis when gastritis existed;
n hæmacatharsis during attacks of enteritis; and
f the rapid and good recoveries often made by
n who had suffered great losses of blood in and
labour.

Tilbury Fox said that the plan of treatment
Mr. Mitchell's paper inculcated might no doubt
viceable in sporadic cases, but was totally inappli-
to the epidemic form of disease. In the present
ce, the death-rate of the author, four in twenty-
cases, which was very little below the average
lity of epidemic puerperal fever, as derived from
statistics, did not certainly warrant the practice of
etting and the like. Hæmorrhage and venesec-
ere identical in their action; and yet the former
o preventive, but a large number of women at-
by fever were the subjects of *post partum* hæmor-
There were certain local tissue-actions which
ecessary to the cure of many cases of puerperal
These were eliminative, and might be called
c. It was necessary to save up the power of the
for these operations. Bleeding appeared in the
ic form to check these; nay, moreover, it ap-
in every way to prolong convalescence. Further
his even, in many instances after bleeding, the
as positively risen in frequency, and the patient
ickly died, evidently in consequence of the loss of
Hæmorrhage favoured absorption; opium
d it. Hence the combination should be resorted
rule, in order to keep in check the taking into
stem of the putrid matter especially from the
cavity. The most suitable case for bleeding
be sporadic, where the disease was localised, so to
the aim being to moderate excessive local action.
eral rule could be laid down. The treatment
e eclectic.

. Braxton Hicks thought that it was very diffi-
be certain that peritonitis was really present in
here the pain in the lower abdomen and pelvic
was even very severe. The majority of these
roved to be cellulitis, not involving the perito-
but probably produced by inflammation of the
tics, which passed so freely within the folds of
ad ligament. The treatment adopted in the Guy's
n Charity was not so heroic as that of the author;
Hicks thought the death-rate would not by any
prove to be greater.

outh said casual cases met with in private prac-
e very different from those occurring in lying-in
ls. There were, moreover, several varieties of
ase: the dynamic and adynamic, the contagious
-contagious, etc. In his early career, Dr. Routh
n a fearful epidemic in Vienna, where sometimes
dred died a year. That fever was found to be
tagious, and caused by direct inoculation of dead
carried from the dead-house beneath the nails of
ical attendants. In some examples, in which a
ar kind of *facies* made its appearance, it could
y foretold that death would occur, in spite of
tment. In others, in which this *facies* was not
, instances of recovery could be found under all
treatment. Again, the fatal cases gave indica-
blood-poison. Almost the first symptom ob-
even before the mother became seriously ill at
the sudden death of the infant with narcotic
s, from poisoning by the breast-milk. In others,
in the abdominal cavity of false membranes
um was so rapid that they seemed rather to be
lt of decomposition of the blood than of inflammation. The acid state of the serum was to be noted in other examples. Bleeding in such cases, he believed, was contraindicated by all known physiological rules.

Mr. Cleveland asked, had not an error in diagnosis been made in reference to some of the cases that had been adduced? He (Mr. Cleveland) had met with only two cases of puerperal fever. The first he had treated with calomel and opium and stimulants. In the second, he had resorted to venesection, as well as leeching. In both cases, the result was unfavourable. In one, an inspection revealed pus in the uterine veins. In both, there was a dark sloughy state of the placental surface of the uterus, as well as intense peritonitis. He would, in the event of meeting with another case, give quinine in large doses, combined with opium; being led by his experience of the marked benefit resulting from the use of the former remedy in some low forms of inflammation, more especially in erysipelas.

Correspondence.

POOR-LAW MEDICAL REFORM.

Letter from R. Fowler, M.D.

Sir,—It is quite possible that I may have fixed the rates of the elements of my triple scheme too low for the country medical officers. This, however, is very easily remediable. What I have been attempting to devise, is a basis which would not only be equally applicable to, and workable in, the metropolis and the provinces; but one which would obviate the grave objections to the per case system. I believe I have succeeded. The rates of payment founded on this basis are mere matters of detail. The advantage of my plan in this respect is its facility of extensibility. The basis remaining the same, the rates may be augmented *ad libitum*. For example: if in the Weymouth Union treble the rates will not be compensatory, let them be quadrupled. Sick and benefit societies, although they all adopt the same basis, vary their rates according to locality, etc. The Poor-law Board might be safely left to determine in which unions the minima rates should be doubled, trebled, or quadrupled, and so on.

I have nowhere stated that the rates of the first two elements of my scheme are to be at the discretion of the guardians.

Adopting Mr. Griffin's figures, my calculation makes, that the medical officer of the first district of the Weymouth Union would, by the first two elements of my plan, receive, for his next half-year's salary, 1s. 10d. per sick individual. I cannot make head or tail of the figures Mr. Griffin gives for the second district. If the Pauper Classification Book is correctly kept, it cannot (with so few non-residents) possibly happen that the number of individuals receiving medical relief can exceed the total number of resident paupers and "persons having received medical relief only" combined.

I am sorry that Mr. Griffin, instead of advancing anything objectionable to, or impugnable against, the principle of my scheme, should have deemed it becoming in him to resort to the artifices of personal taunt and general invective. This is not argument. It shows rather that

> "Something is rotten in the state of Denmark."

My friend has clearly had endorsed on his brief, "no case: bully the plaintiff."

Mr. Griffin must surely know that this scheme is the result of my own private cogitations since my examination before the Select Committee. I do not promulgate it in my "official capacity" as honorary secretary to the metropolitan men. I have elsewhere, as Mr. Griffin well knows, entered fully into this matter. Better men than myself have, ere this, seen reasons to change their opinions. I may remind my friend that in his official capacity, as chairman of the Poor-law Medical Reform Association, he also, since 1855, has suggested more than one mode of remuneration for Poor-law medical salaries. In 1860, Mr. Griffin actually adopted Mr. Sotheron-Estcourt's tribasic method, which was embodied in (the so-called) Mr. Pigott's Bill. In his summary of this Bill, Mr. Griffin states (p. 17):—

"The Poor-law medical officers, in proposing this mode of payment, have done so because it is simple, and admits of no doubt, and is just to all parties. The first element named is so low that it can scarcely be an inducement for the guardians to refuse orders to the poor; whilst, on the other hand, the medical officers will not then complain, as they now do with their fixed salaries, of the number of orders granted by the relieving officer."

Now all is changed. My scheme, which, in respect of its remuneration clause, is based on the same intent as was this very one he, but a few years ago, approved of and adopted, becomes, in 1862, a source of great offence and discomfort to my energetic friend.

With the late Poor-law president, I also make pauperism my basis; with this difference, that whilst he took the average, I take the actual, pauperism of the parochial half-year. I have elsewhere given, on the authority of Sir George Nicholls, the objection to the former mode of computing the pauperism of a place. My second element is intended, as was undoubtedly the late president's second element, to obviate the objection which Mr. Griffin has so frequently advanced against the adoption of pauperism alone as a basis. In framing it, I have taken Mr. Griffin's own figures, which show that twenty-five per cent. is about the minimum proportion of sickness to pauperism throughout England and Wales.

I have elsewhere stated why I consider the guardians to be the best judges of how to fill up the third element. The late president also left his third element in like manner to the board of guardians. I have maturely contemplated the mole-hills raised by Mr. Griffin in his postscript. Considering that a severe depression, either in temperature or labour, almost invariably and "suddenly" augments the amount of the parish doctor's daily work, the objections stated I deem misplaced. I do not believe that these depressing occurrences would affect the poor-rate half so much as would a severe and sudden epidemic, to be paid for at so much per case. At all events, I am quite content to leave the fate of our two plans not only to the practical consideration of the elected "guardians", but also to the calm and impartial judgment of those many *ex-officio* guardians, who form so large a proportion of our legislature.

I think I am warranted in saying that the metropolitan men will smile at Mr. Griffin's very unwise threat. Surely my friend has forgotten the power displayed by the metropolitan men at a period when he, with all his strength, showed a tendency to coquet with a scheme which would have deprived us all of the permanency of our appointments; and saddled every parish in the kingdom with two competing medical officers.

It is not the obstructiveness of the metropolitan men in general, or of myself in particular, that opposes the advancement of the cause of Poor-law medical reform.

Not a few, I think, in the provinces, as well as in the metropolis, will, on the contrary, agree with me in believing that its progress is materially affected by the persistence of Mr. Griffin, in advocating an impracticable and impolitic scheme: a scheme, too, which has been so decidedly and so emphatically denounced by an authority (Hon. Sotheron-Estcourt) stating, *ex cathedrâ*, that "Parliament had so strong an objection
to such a system (the per case), that it would be im
sible to get them to agree to it."

In conclusion, I will recall Mr. Griffin to this
It is quite immaterial to my argument what remu
tion the per case system produces. Whether it re
in 10s., or only in 6d. per case, the objections t
principles still remain in force. But as I have st
my scheme, whilst free from these objections, is ca
of unlimited pecuniary extension.

Unless, therefore, Mr. Griffin can impugn the
ciple of my plan, I shall not think it necessary to tr
you with a further letter. I have neither time nor
for personal recriminations.

I am, etc., Robert Fowl

P.S. Instead of leaving it to the determinati
the Poor-law Board to say in which districts the *mi*
rates should be doubled or trebled, recent calcul
have enabled me to substitute the following note t
first two elements of my remuneration clause:—" W
ever the said total number of paupers is 250 or
treble; and whenever the said total is over 250, but
not exceed 600, double—these *minima* rates."

145, Bishopgate Street Without, April 26th, 1862.

[We do most sincerely trust that the promote
Poor-law medical reform will not go to Parliament
divided councils. Such division will be the opport
of those who would oppose or defer reform. S
Mr. Griffin and Dr. Fowler can square their differ
so as to show a firm and bold front to the govern
The world is carried on by compromises, and giv
take is the natural order of the day. Nothing c
more fatal to a scheme than differences of opinion i
promoters of it, as to the mode of carrying it
Editor.]

THE EFFECTS ON HEALTH OF EATING FLESH OR DRINKING THE MILK OF DISEASED ANIMALS.

Letter from Thomas Hillier, M.D.

Sir,—The Metropolitan Association of Medical
cers of Health is seeking information on this su
and I shall feel much obliged if any of your reade
furnish me with distinct facts bearing upon it.
nature of the diseases from which the animals su
the character of symptoms produced, and the n
and ages of persons attacked, are points on which,
cially, information is required. Negative facts, a
as positive ones, will be acceptable.

I am, etc., Thos. Hillier
Hon. Sec. to Association of Medical Officers of H

21, Upper Gower Street, W.C., May 5, 1862.

[Our correspondent is quite right in asking for
tive facts on this subject. The extremest caut
manifestly required in deducing conclusions from
of the nature here referred to. It must be dist
borne in mind, that what is here asked for is the
on the human economy of the milk of diseased an
or of the flesh of animals which have died from di
or have been killed while suffering from disease
milk and the flesh not having undergone any *pos*
tem-eremacaustic-changes. Editor.]

DR. HITCHMAN AND THE ROYAL COLL OF PHYSICIANS OF EDINBURGH.

Letter from T. Strethill Wright, M.D.

Sir,—In answer to your correspondent Dr.
allow me to state briefly the facts with regard
Hitchman's attempt to procure our license. Befo
passing the late Medical Act, the license of the
burgh College had fallen practically into abeyance.

ical Act extended the licensing power of the College
the United Kingdom; whereupon the College de-
ined to admit men of education and respectability
e ballot for the license; their education being gua-
ed by their possession of a recognised qualification
ractise; their respectability by testimonials from
cal men of acknowledged position. As, by the re-
ions at first drawn up by the College, the candidates
not to be subjected to an examination, their at-
ance in Edinburgh to receive the licence was mani-
unnecessary, and was therefore not insisted on.
. Hitchman, both before and after the examinations
instituted, petitioned again and again, in the most
ing terms, to be admitted to the ballot and exa-
tion. He even appealed to the kindheartedness of
idual members of the College. The Council, how-
rejected his prayer, as he altogether failed to pro-
satisfactory evidence of his position.
ving been at last shaken off by the College, this
tunate applicant discovered that the grapes he had
dently longed for were sour, gave the Liverpool
to understand that he could have obtained our
e, but was ashamed to possess it because he was
quired to attend to receive it, and invented a letter
of thereof, to which he appended Dr. Haldane's

rein lay the untruthfulness and immorality of Dr.
man's proceedings, and hereupon the College took
against your *protégée*, whose position you seem
uch inclined to make your own.

I am, etc., T. STRETHILL WRIGHT,
Member of Council R.C.P.E.

yal College of Physicians, Edinburgh, April 22, 1862.

e above letter we refused to publish without the
of the author. Dr. S. Wright now writes to say
e shall feel obliged by our publishing it with his
We at once place it to his credit in our pages.
readers will see, this gentleman, in defence of
aldane (whose proceedings we have already suf-
ly set before our readers) does not hesitate to say
he editor of this JOURNAL makes a *protégé* (not
e) of those who are guilty of untruthfulness and
ality. We will only say thereon, that we do sin-
regret that any Royal College of Physicians in
untry should be reduced to the condition of re-
such an undignified mode of defence as abuse
ver be, and should be so unfortunate as to be thus
by its present defenders. EDITOR.]

FIRST-CLASS HOSPITAL PATIENTS.

TTER FROM RICHARD PAYNE COTTON, M.D.

—You must forgive my quarrelling with you for
g in your JOURNAL "penny-a-liners" from second-
ewspapers. A joke is well enough in its way,
ot played off at the sacrifice of truth.
e seen several thousand out-patients at the Bromp-
pital for Consumption, without meeting with either
ilks and satins," or "the pony phaetons and
able broughams," spoken of in the columns of
erver.
hospitals, many of the well-to-do portion of the
nity receive advice for which they can afford to
t I am satisfied that the sin in this respect is
ater at Brompton than elsewhere. Every effort
n made by the authorities at the Consumption
to remedy this common evil. I would invite
ho still rest their faith upon an absurd news-
aragraph to visit the institution, and judge for
ves.

I am, etc.,
RICHARD PAYNE COTTON,
e Hosp. for Consump. and Diseases of the Chest, Brompton.
es Street, April 26th, 1862.

y-a-liners, of course, colour up these facts for the market; and we have no doubt that the writer of the paragraph alluded to did so. But the main fact of his case, viz., that improper objects obtain relief at the charity is, according to Dr. Cotton's own showing, true enough. Dr. Cotton is quite right in saying that the abuse is general; for undoubtedly all London hospitals are amenable to the charge. This, however, only proves the enormous proportions of the evil! EDITOR.]

HOSPITAL ABUSES.

SIR,—As a conspicuous example of importunate hospital advertising, I would direct attention to the appeal issued by the authorities of ——— Hospital, and published on two or three occasions in the *Athenæum*. This hospital appears to be in chronic and almost desperate difficulties; and yet it does not appear to occur to the governors that any other plan can be resorted to, except that of striking the *ad misericordiam* chord with tenfold force. No idea is thrown out that a sure and certain way of checking excessive expenditure is to exercise discrimination in administering medical relief; and still less does the self-supporting system appear to be suggested as a well proved way of supporting a charity, and of preventing the demoralisation of the poor themselves.

It is fortunate that the subscribers to our hospitals and infirmaries are so little aware how their gifts are abused, or those institutions would be worse off than they are already.

I am, etc.,
A PROVINCIAL SURGEON.

Bath, April 26th, 1862.

UTILISATION OF PROFESSIONAL MEETINGS.

LETTER FROM JAMES RHODES, ESQ.

SIR,—I beg to draw attention to a mode of utilising the means the profession has at hand, at the various meetings which from time to time are held. In all measures for the professional welfare, and where united co-operation is required, what more fitting opportunities occur to obtain great results than having at all our branch and general meetings of the Association petitions, etc., for Parliament ready for signature, whether for the all-important matter of "medical reform," or to the union surgeon the no less important "Poor-law medical reform"? And also, at the same time, to give that pecuniary assistance to our Mr. Griffin, whose herculean labours, whilst they astonish, ought to enlist the sympathy of all our more fortunate medical brethren, and who, no doubt, many of them only require a fitting opportunity to display action simultaneously with us and for us. For by the countenance of the eminent amongst us, their increased assistance would stimulate our own labouring brethren to greater action. Not wishing to occupy more of your valuable space, although much might be said upon its merits,

I am, etc.,
JAMES RHODES.

Glossop, April 28th, 1862.

MR. PAGET AND THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

LETTER FROM EDWIN MORRIS, M.D., F.R.C.S.

SIR,—I am pleased to find, by a letter in your last number from Mr. Paget of Leicester, that he will again consent to be nominated for a seat in the Council of the Royal College of Surgeons. I am persuaded that this decision of Mr. Paget's will give universal satisfaction to the members of the Association. The opinion that the representation of the provincial part of the professional body should be by provincial men in the Council, is generally admitted. At the same time, from what occurred at the last election, it is palpable that the metropolitan fellows do not think so, and that they are very anxious to retain their monopoly. This is neither wise, nor just; and the sooner this exclusiveness is put a stop to, the better. Individually, I feel much indebted to Mr. Paget for again affording me the opportunity of recording my vote in his favour; and I sincerely hope that the provincial fellows will not only put themselves to some inconvenience, but expense too, if necessary, to secure the election of Mr. Paget, who is in every respect so worthy of their confidence and support.

A great principle is at stake, and must be decided at the next election, whether the metropolitan fellows are to continue to be the representatives of the surgical profession, and have the entire management of the affairs of the College of Surgeons; or whether we are to have a few provincial fellows to assist at the deliberations of the Council? Considering that the majority of members reside in the provinces, it is only right and just that we should have a direct voice in the Council from one amongst us. I am, etc.,

Edwin Morris.

Spalding, April 29th, 1862.

[Our worthy and zealous correspondent appears to imagine that the provincial and the metropolitan surgeons are in thorough antagonism to each other on the subject of representation in the Council of the College of Surgeons. But this is not altogether the case; for there are many among the London surgeons who would gladly have a provincial man in the Council. At the same time, action is necessary on the part of the provincial surgeons; for they cannot reasonably expect that, unless they attend to their own rights, the metropolitan surgeons who have the will to aid them will also have the power to do so. Editor.]

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

Sir,—I have read with much interest two articles in the Journal; one on Mr. Paget's (of Leicester) offering himself as a candidate for the Council of the College of Surgeons of England, and one on the conduct of the Council in the management of the College. The latter is a remarkable article, and one that well merits the attention of all belonging to the College—Council, Fellows, and Members. I will not at present refer to the latter; but, with regard to Mr. Paget's candidateship, you must allow me to say that, although I and many other Fellows may entirely agree with you in *principle*, we must object to following your advice in *practice*—at least on the present occasion, in July next, as there will be really no vacancy. Mr. Cock and Mr. Tatum, no doubt, will offer themselves for re-election; and it is difficult to see why either of these gentlemen should be displaced merely to affirm a *principle*, however good it may be. I trust Mr. Paget will reconsider his determination, or he will certainly very seriously damage a principle in asserting at the present moment his right of entry into the Councili. I think the Association would not be acting wisely in urging Mr. Paget's claims at the present moment. I am, etc.,

A Metropolitan F.R.C.S., and Member
of the Association.

[The resignation of Sir Benjamin Brodie has, as we have elsewhere shown, entirely altered the position of affairs at the College. Mr. Paget, therefore, in now coming forward, will in reality be acting quite in accordance with the views of our respected correspondent, whose letter was evidently written before the resignation of Sir B. Brodie was known. There is now an actual vacancy; and Mr. Paget, in offering himself, in no way interferes with the re-election of Mr. Cock. A new member must now be elected into the Council; and can a better than Mr. Paget be nominated for the office? Editor.]

PHYSICIANS' FEES.

Sir,—I observe with very much regret, in
Journal of this day, a letter from "A Country
cian": with very much regret; for, if the practice
reference to fees which is recommended by your
spondent were to become general, and to be sanct
by the profession, the status of the physician wou
destroyed; the province and the patients of the
respected "general practitioner" would be inte
with; and the whole profession would lose caste, b
regards the respect of that portion of the public
respect is worth having, and as regards the social
tion and the high tone of education which belo
those who, by the voice of the profession no less t
the laity, are considered the heads of the medic
fession. Four consultations at our own houses
guinea! and five shillings a mile for journeys!
pudor!

The object, however, of my writing to you, is
much to find fault with the lax professional vi
your correspondent, as to call upon my brother
cians throughout the country to rally round thei
dard, and for no fancied gain or temporary expe
to desert the colours under which they have en
Depend upon it, sir, the public, who see and k
great deal more than we may think, will always
posed to value a man by the price which he puts
himself; and, if a physician desire to find favou
the public, or, what is of much more consequen
have the favour and the sanction of his profes
brethren, he may be assured of this—that he ca
obtain what he wishes by an honourable and strai
ward course; and I characterise the conduct of a ph
who tries to win practice by cutting down his fees
level or below the level of the general practitio
neither honourable nor straightforward, and the
de facto and *de jure*, as suicidal.

I may mention a case the reverse of this, of w
have the fullest cognisance, and which may serv
encouragement to my younger brethren. A ph
in the country, of ordinary talent, and having h
ordinary education of a gentleman, had a prac
£1,000 or £1,200 a year. He never took less
guinea for the first visit, and for each two subs
visits; often, indeed, and invariably in consulta
guinea for every visit. Some of his friends
strated with him, and advised him to reduce hi
and thereby to increase his practice. His answe
very candid and a very just one. He said: "I
crease the number of my patients, but in the san
portion I should rob my brethren who are genera
titioners; and, if I cannot increase my practice
means, I will not attempt it by foul." This occur
years since; and this physician is now enjoying
tice of between £3,000 and £4,000 a year.

I am, etc.,

A Country Physician of nearly Tweny-fi
Years stand

April 26th, 1862.

Sir,—Nothing could demonstrate more palpa
necessity of some authoritative expression of opi
the subject of physicians' fees than the two
signed respectively T. K. Chambers and "A C
Physician", in your issue of the 26th inst. It a
next to useless for us to know what an individu
in the matter: the question is whether or no
forum can be established, for it does not ye
where it is possible that matters of this kind,
affect the vital interests and the character of the
sion, may be freely discussed. What does it avai
know that one physician adheres rigidly to a ru
he has laid down for himself, while I know th

ers have no rule of the kind, and that the next
ent who comes to me grumbles at the fee, or tells
that Dr. A. or Dr. B. does this, that, or the other?
y, not long ago a tradesman's wife called to ask me
my advice, and quoted a well-known Fellow of the
ege of Physicians as having seen her professionally
three shillings and sixpence. Of course I declined
remuneration, as I have done repeatedly before.
, though my feelings in a matter so private as the
tions between me and a patient may not interest
r correspondent, I maintain that the frequency with
ch such appeals are made to us argues a systematic
erselling among physicians which is of a piece with
whole conduct as a body. So long as we announce
our services to the public as physicians and sur-
ns to hospitals, dispensaries, and charitable institu-
s are worth nothing, so long shall we be treated
that disrespect and compassionate condescension
h, it cannot be denied, meets us in private society
ell as in the greater arena of public life. Has Dr.
mbers never himself made such an admission? If
vill search his writings, he will be able to put his
er upon at least one passage as painfully true as the
e. It follows, then, that the membership of our
ession does not in itself give one who is a gentle-
by birth and education that station and respect
h he is entitled to; and, seeing how much the
ic estimate a man by the contingencies of his posi-
quite as well as by his actualities, it becomes
e and more imperative upon us to take joint action
e matter before us.

hile, then, I willingly concede the propriety of the
es given to my queries by Dr. Chambers, I venture
sert that something more is necessary.

ie College of Physicians should take the initiative,
of enacting penal laws on the subject, but of bring-
the question to a fair and open discussion. It
ld respect the foolish bye-law regarding the inabi-
of physicians to recover fees, which implies that we,
oorest of all professions, have the least regard for
ness and business obligations, and therefore do not
ct to be treated as men of business; it should lay
a code of ethics to which "proud" or "nervous"
might refer; and it should elect to its College
urs only such of whom it is known that they had
transgressed the obligations their fellowship im-
d upon them. If the College would take further
to aid vigorously in the abolition of unpaid profes-
l services, the profession at large would be still
ready than it is to acknowledge its claims to
rship.

e know there are men of independence and courage
e College. Will no one attack this canker?

name has nothing to do with the question at
. When it has appeared desirable, I have more
once, to my disadvantage, quitted the shade of
ymity. In the present matter, I still hold that the
tive of action should be taken by the

COLLEGE OF PHYSICIANS.

pril 1862.

E SEX OF EGGS. M. Genin lately addressed the
émie des Sciences on the subject of the Sex of
. He affirms that he is now able, after having
ed the subject for upwards of three years, to state
assurance that all eggs containing the germ of males
wrinkles on their smaller ends, while female eggs
mooth at the extremities.

OW AND WATER. Twelve inches of snow are usually
ned to make one of water. The Meteorological
rts of the Rev. Dr. Patterson show that twenty
s of snow in Minnesota, are reckoned to make one
ter, and the same gentleman informs us that this
e usual number required.

Medical News.

ROYAL COLLEGE OF SURGEONS. The following gentlemen passed their primary examinations in Anatomy and Physiology, at meetings of the Court of Examiners, on April 29th and 30th; and, when eligible, will be admitted to the pass examination.

St. Bartholomew's Hospital.

Cooke, Alfred Square
Griffin, Frederick C. G.
Mackintosh, Hugh R. D.
Martin, Paulin
Shaw, Charles Edward M.
Trevan, Matthew
Turner, Edwin
Williams, Edward
Wolferstan, Sudley
Woolley, Thomas Starbuck

St. Thomas's Hospital.

Britton, Thomas
Grimbly, Owen
Hobbs, Henry Addison
Hume, Frederick Henry
Rumboll, Walter
Summerhayes, Henry
Sutcliff, Edward
Way, John Palmer

Westminster Hospital.

Betts, John
Hyatt, Brownlow North
Peacock, Albert Louis
Rablah, James Joseph

Guy's Hospital.

Bridgman, Isaac Thomas
Burrell, Edward
Forman, Elijah Baxter
Frankish, John David
Jones, William
McNair, Frederick
Mickley, Arthur George

Middlesex Hospital.

Clifton, George Herbert
Gandy, William
Lucas, Thomas
Newman, Anthony John

St. George's Hospital.

Cooper, Horace
Morley, Frederick
Terry, Septimus

Dublin School of Medicine.

Page, William John
Risk, Francis Sparrow

St. Mary's Hospital.

Asprey, Charles Owen
Moore, Milner Montgomery
Phillips, Howell Charles

King's College.

Bellamy, Edward
Beverley, Michael
Davey, F. A.
Ferris, John Spencer
Fox, Francis
Hewetson, Richard
Leach, Matthew
Murray, William Berkeley
Nankivell, Herbert

London Hospital.

Clindening, William Thomas

University College.

Ringrose, Basil
Sanders, Thomas
Squarey, C. E.

Charing Cross Hospital.

Somerset, William Porter

Birmingham School of Medicine.

Gibbs, Edward
Owen, Robert Edward
Taylor, James Mare

Hull School of Medicine.

Moore, Joseph Henry

Leeds School of Medicine.

Taylor, Thomas

APOTHECARIES' HALL. On May 1st, the following Licentiates were admitted:—

Cocks, Cambridge Cary, Ross
Davis, George Henry, St. Mary's Hospital, Paddington
Hunter, William Frith, Margate
Morton, Thomas, Holbeach
Moss, Hugh, Congleton

APPOINTMENTS.

*FLEMING, Alexander, M.D., elected Consulting-Physician to the Birmingham Eye and Ear Infirmary.

GARNHAM, Devereux J., Esq., appointed House-Surgeon and Apothecary to the Lincoln General Dispensary.

GERVIS, Henry, M.D., appointed co-Lecturer with Dr. Barnes on Midwifery at St. Thomas's Hospital.

*HALFORD, George B., M.D., elected Physician to the Royal Infirmary for Diseases of the Chest.

JACKSON, J. Hughlings, M.D., elected Physician to the Metropolitan Free Hospital.

MARSHALL, George H., M.D., elected Surgeon to the Birmingham Eye and Ear Hospital.

UNIVERSITY OF LONDON. The following Examiners have been appointed by the Senate:—

MILLER, W. A., M.D., F.R.S.	Examiners in Chemistry.
WILLIAMSON, A. W., Ph.D., F.R.S.	
HOOKER, J. D., M.D.	Examiners in Botany and Vegetable Physiology.
LINDLEY, John, Ph.D., F.R.S.	

Jenner, W., M.D. **Tweedie**, A., M.D., F.R.S.	Examiners in Medicine.
Curling, T. B., Esq., F.R.S. **Fergusson**, W., Esq., F.R.S.	Examiners in Surgery.
Redfern, P., M.D. **Sharpey**, W., M.D., Sec.R.S.	Examiners in Anatomy and Physiology.
Busk, George, Esq., F.R.S. **Huxley**, T. H. Esq., F.R.S.	Examrs. in Physiology, Comparative Anat., and Zoology.
Smith, W. Tyler, M.D. **West**, C., M.D.	Examiners in Midwifery.
Garrod, A. B., M.D.. F.R.S. **Rees**. G. O., M.D., F.R.S.	Examiners in Materia Medica.
Guy, W. A., M.B. **Odling**, W., M.B., F.R.S.	Examrs. in Forensic Med.

Royal Army. The following appointments have been made:—

Cowen, Staff-Surgeon-Major C., to have the honorary rank of Deputy Inspector-General of Hospitals.
Flynn, Staff-Assistant-Surgeon T. P., to be Assistant-Surgeon 4th West India Regiment.
Grant, Staff-Assistant-Surgeon E. B., M.D., to be Assistant-Surgeon 4th West India Regiment.
Lloyd, Surgeon S. M'Vittie, M.D., 2nd Foot, to be Surgeon-Major, having completed twenty years full-pay service.
Skeen, Staff-Surgeon W., M.D., to be Surgeon 4th West India Regiment.
Thompson, Staff-Assistant-Surgeon J., to be Assistant-Surgeon 4th West India Regiment.
Wall, Staff-Assistant-Surgeon W. R., to be Assistant-Surgeon 18th Hussars, *vice* R. B. Forsyth Brown.

To be Staff-Assistant-Surgeons:—

Batho, R., from half-pay.
Belcher, J. W., M.D., from half-pay.
Eaton, U. B., M.D., from half-pay, *vice* T. P. Flynn.
Flynn, T. P., from half-pay.
Grant, E. B., M.D., from half-pay.
Greig, J., M.D., from half-pay, *vice* W. R. Wall.
Ironside, W., M.D., from half-pay.
Mackay, Assistant-Surgeon A., 75th Foot, *vice* J. G. Creasy.
Wall, W. R., from half-pay.
Welch, F. H., from half-pay.
Wilson, W. J., M.D., from half-pay, *vice* E. B. Grant, M.D.

Royal Navy. The following appointment has been made:—

Eales, Henry, Esq., Surgeon (additional), to the *Arrogant.*

Yeomanry Cavalry. The following appointment has been made:—

Haldane, J. C., Esq., to be Surgeon Ayrshire Yeomanry Cavalry.

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Anderson, J., Esq., to be Assistant-Surgeon 1st Lancashire R.V.
Armstrong, J., Esq., to be Assistant-Surg. 33rd Lancashire R.V.
Cunningham, J. M., Esq., to be Assistant-Surgeon 3rd Sussex A.V.
Skinner, T., M.D., to be Surgeon 5th Lancashire R.V.

To be Honorary Assistant-Surgeons:—

Davies, R. C. N., Esq., 4th Cinque Ports A.V.
Hill, T. H., Esq., 36th Middlesex R.V.
Morrison, J. M., Esq., 6th Ayrshire R.V.
Sanger, J. F., Esq., 3rd Sussex A.V.

DEATHS.

Alexander. On April 28th, at Halifax, Emily, wife of William Alexander, M.D.
Andrews. On May 2nd, at 1, Oakley Square, aged 15 months, Onslow, son of Henry C. Andrews, M.D.
Gutch, John W. G., Esq., Surgeon, at 38, Bloomsbury Square, aged 53, on April 30.
***McWilliam**, James O., M.D., C.B., F.R.S., at 14, Trinity Square, aged 54, on May 4.
Rumbelow, William, Esq., Surgeon, at 17, Guildford Street, aged 51, on May 5.
Scanlan, Edward, M.D., at 21, Upper Seymour Street West, aged 45, on April 30.
Sequeira. On May 2nd, at 1, Jewry Street, Aldgate, aged 18 months, Francis R. C., youngest son of H. L. Sequeira, Esq.
Tutin, Septimus, Esq., at Ripon, lately.
Wilson, John, Esq., Assistant-Surgeon 13th Bengal Cavalry, at Rawul Pindee, aged 27, on March 28.

Quiet Tuition. The Rawlinsonian Professor will be at home from twelve to one o'clock on Wednesdays and Thursdays during Easter and Trinity Terms, to receive those gentlemen who have attended his lectures, and who wish for instruction "*in iis quæ melius sine ullá solennitate tradi possunt.*"

The Medical Council. Mr. G. Cooper of Bren succeeds Mr. Nussey as the representative of Ap caries' Hall in the General Medical Council. The meeting of the Council will take place on the 14th

The Royal Society. The President of the Society, General Sabine, R.A., held his first *conv zione* for the season at Burlington House, on Satu evening last.

New York Medical News. In the Senate on 9th, the Bill to increase the efficiency of the Me Department of the Army was taken up, amended, passed.

The Surgeons at Pittsburg. The Medical De ment, under the direction of Surgeon Hewitt, Me Director, showed great energy in providing for wounded, and in getting them from the field, regar of danger.

The Hunterian Museum. The Council of the College of Surgeons of England have given direct that the Hunterian Museum be thrown open to public every day in the week during this summer, 11 until 5, instead of four days from 12 until 4; an order to make the treasures still more available to general public, a very interesting synopsis of the tents of the Museum has just been published.

Vacancies. The following appointments are vacan House-Surgeon to the West Norfolk and Lynn H tal; Medical Officer to Her Majesty's Customs, by death of Dr. McWilliam; Surgeon to the City of terbury Gaol, by the resignation of Dr. T. Andr Assistant-Surgeon to the London Hospital, by the signation of Mr. P. Y. Gowlland; House-Physician House-Surgeon at the Westminster Hospital; two sicians at the North Staffordshire Infirmary.

Sir Benjamin Brodie. At a meeting of the Coun the Royal College of Surgeons of England, on the inst., it was unanimously resolved that the following dress should be forwarded to Sir Benjamin Brodie "The Council, in accepting the resignation of Sir jamin Collins Brodie, express their unfeigned regret at loss of his services in maintaining at all times the dig and efficiency of this College. At the same time, desire to record their estimation of his high professi character, evinced by researches which have contrib to enlarge the boundaries of science, and enhanced offering, in the course of a long and successful car an example of conduct calculated by its adoption to vate the surgical profession in the respect and esteem society. The Council fervently trust that Sir Benja Brodie may long enjoy the well earned fruits of his blemished reputation, and the priceless satisfaction having conscientiously discharged his duties. Cæ H. Hawkins, President. Royal College of Surgeons England, May 5th, 1862."

St. Thomas's Hospital. During the year 1861 total income of St. Thomas's Hospital amounted £37,108 : 18 : 6, and the expenditure to £32,756 : 7 Like St. Bartholomew's and other of the ancient foun tions, the receipts were chiefly from permanent sources, which no popular caprice can interfere wi and no maladministration seriously jeopardise. T institution is rooted deeply in the earth, and draws revenues chiefly from land, growing stronger year year, as the value of land increases, and the good m nagement of the estates by the governors brings th revenues nearer and nearer to a *maximum* of th value. Of the large total of income, no less th £31,625 resulted from the payment of rents. The tot of benefactions is but a minute fraction of the total i come, the amount being only £214 : 18, though, we su pose, if there were need for it, any sum of mon would be raised for such an ancient and useful instit tion. (*City Press.*)

e Japanese Men of Science. The scientific men
ied to the mission have visited the military hos-
of the Val-de-Grace, which they went through with
interest, making the most minute inquiries on
point connected with the medical and surgical art,
aking copious notes. On leaving the hospital, they
eded to the Ecole de Médecine, where they were
ed by Baron Paul Dubois, Dean of the Faculty,
)r. Sappey, chief of the anatomical works. The
ollections in the Orfila Museum excited their ad-
ion, and they made numerous inquiries as to the
adopted for their preparation and preservation.
Musée Dupuytren also struck them greatly, and
expressed their intention of paying it a second

Thomas's Hospital. Very shortly the great me-
itan hospital of St. Thomas is to be removed, and
nount of discussion thereby provoked is incredible.
was, as we shall presently see, one of the five ori-
royal hospitals. Well endowed at first, its present
income has reached the sum of £32,000 a year,
vill probably have doubled within this century.
ncome will maintain more than 600 beds—a num-
hich, if each bed be occupied ten times, would
ent relief provided (in the house) for 6,000 seri-
diseased persons in one year. At the present
when the difficulties of working such an establish-
with a partially old structure and in a locality daily
ing more densely crowded have become greatest,
uthern lines of railway require the site; and, after
or less of litigation as to time, the removal of St.
as's is to be. Here, then, is an opportunity, nay a
ity, for opening all the sanitary questions; now if
ve can begin anew, satisfy all requirements, and
he world how these things should be managed.
e instant the discussion opens, it is evident that
are as many opinions as counsellors: some regard
the neighbourhood originally intended to profit by
esence of a hospital; some have peculiar notions
the right size and construction of hospitals in
l; some know of, some, alas! possess, pieces of
most adapted for its situation. (Dr. S. Martyn
spitals.)

r-law Medical Reform. Mr. Griffin, in a cir-
to the Poor-law Medical Officers, states that, on
ng the medical evidence laid before the Select
ittee last Session, he feels there is danger of much
le information being lost sight of by the Com-
, in consequence of its being scattered through
the six published volumes. He has, therefore,
ed the whole of it under heads, condensed it as
practicable, and appended remarks to each section.
tention is to send a copy to each of the Select
ittee, and also to those gentlemen who have for-
l to him subscriptions this year. He requests
who desire to have a copy, to send him word early,
ot less than 2s. 6d. in stamps. Those who do not
appear as subscribers to the Association, and yet
to possess a copy of the pamphlet, are requested
e so when they send postage stamps. He feels
ent of success; but the great object now is to get
urable Report from the Select Committee, and this
best accomplished by unanimity, which will be
by a majority of the Poor-law Medical Officers
g him their subscriptions. Three hundred and
oor-law Medical Officers have this year sent him
ubscriptions.

eged Poisoning by Arsenical Paper-hangings.
roner for Middlesex has received information re-
to the death of four children at Limehouse. The
occupied a small tenement with his wife and the
hildren at the place above-named. The family
perfect health until about six weeks since, when
the younger children was found to be unwell. A surgeon was called in, who pronounced the patient to be suffering from diphtheria, from which it died, and the death was registered accordingly. A few days afterwards, another child was seized with similar symptoms, and the same gentleman prescribed for it. This child also died. A third also fell a victim to the same complaint within a few weeks; and on Saturday last, Ann Amelia Turner, aged three years, also expired. Some alarm having sprung up in the neighbourhood as to the fearful mortality in the family, the attention of Dr. Orton, the medical officer of health, was called to the case, and he was directed by the Board of Works for Limehouse to make an inspection of the house where the four children had died. Dr. Orton repaired to the place, and found it in capital condition, well drained and ventilated. He subsequently went into the room where the children had slept, and there found that the walls of the apartment had been papered with a green-coloured paper. He also discovered that large pieces of the paper had been torn down by the children. They had played with portions, and licked the green colour off the surface. He then tested the substance, and ascertained by experiments that the paper contained large quantities of arsenic, which he believed had been the cause of the four children's deaths. These facts were at once communicated to the coroner, who has given orders for Dr. Orton to make a *post mortem* examination of the body of the child unburied, and that the contents of the stomach be removed for analysis by Dr. Letheby, the chemical lecturer of the London Hospital.

Death from Chloroform. A death from chloroform has lately occurred in the General Hospital, Hobart Town. The patient, a sailor, was placed under its influence, for the purpose of removing a diseased gland. The patient became insensible in three and a half minutes. While the inhalation was going on, and before complete insensibility supervened, Dr. Smart placed his finger on the pulse. He had not done so many seconds when he found it becoming rather feeble, although his breathing was remarkably good. The inhalation was immediately discontinued, but the pulse gradually diminished, and within twenty minutes from the first alarm had ceased to beat, and the heart's action, but the respiration, continued regular. The general appearance of the body was that of an individual in perfect health; he was above the medium height, and of full thoracic and muscular development; the skin was pallid, and the countenance composed; the lungs were collapsed and highly congested, their structure being otherwise healthy; there was no disease or increased serosity in the pleural cavity on either side; the heart was small and flabby, and in my opinion out of proportion to the size of the individual, and there was also a good deal of fat on its outer surface; the valves were healthy; there was no disease in the pericardium; the blood in the heart and the large vessels was in a fluid state; the liver was much enlarged and congested, the peritoneal surface of which was opaque and puckered with several cicatrices; the kidneys were of large size and congested, but otherwise healthy in structure. (*Austral. Med. Rec.*)

Social Science. The National Association for the Promotion of Social Science will hold its sixth annual meeting in London, from the 4th to the 14th of June. The five former meetings have been most successful in point of attendance, and have formed the principal attraction of the year in Birmingham, Liverpool, Bradford, Glasgow, and Dublin. But a successful metropolitan meeting is a much more difficult matter to achieve, especially in competition with the claims of the Great Exhibition, added to the multitude of things desirable to see and hear which distract the attention of the public during a London season. The preparations for the Social Science Congress, are, nevertheless, advancing favourably. The Corporation of London have granted the use of the Guildhall and the adjoining courts and offices for the purposes of the meetings, and the Royal Society, in conjunction with the University of London and the First Commissioners of Works, have given Burlington-house for the like purposes. That first requisite, a fund to defray expenses, has been started, and upwards of £500 subscribed in the city, the Fishmongers' taking the lead of the city companies in making provision for the reception of the association by a grant of fifty guineas and the use of their hall. The members which the society has been aggregating from its provincial gatherings are expected to attend the London meeting in considerable numbers, taking the time of the meeting for their visit to the Great Exhibition. Committees have been formed in Edinburgh, Liverpool, Birmingham, and Bradford, for the purpose of sending delegates to the meeting and furnishing reports of their progress in educational, sanitary, social, and commercial conditions. It is also expected that the meeting will be attended by a number of foreign jurists, economists, and statesmen, as the Executive Committee is now in communication with several continental bodies interested in the subjects to be dealt with in the departments, especially the sixth—that of trade and international law, last year presided over by M. Michel Chevalier. The Congres de Bienfaisance, a body whose objects are somewhat similar to those of the association, and which has held meetings in Brussels, Frankfort, and Paris, will this year meet in London in conjunction with the association. The meeting will thus assume an international character, and it is proposed to afford opportunities, in connexion with the Great Exhibition, for comparing the industrial resources and products of various countries, and for ascertaining their social condition. The departmental meetings for papers and discussions will be held at Guildhall in the forenoon and evening meetings; for the discussion of special subjects at Burlington-house. A series of *soirées* will also be held during the meeting for the purpose of affording the distinguished foreigners further and more familiar conversational and social opportunities.

St. Mary's Hospital. The distribution of prizes to the successful students connected with St. Mary's Hospital Medical School took place on Tuesday afternoon in the theatre of the institution, Paddington. Dr. Acland, Regius Professor of Medicine in the University of Oxford, presided. Mr. Gascoyen, dean of the school, commenced the proceedings by delivering a brief statement, in which he gave a very favourable account of the position of the school. The Chairman then distributed the prizes, as detailed in the following official list:—*Winter Session*, 1861-62. *Scholarship in Anatomy*, value £25. Mr. Arthur T. Norton. *Students of the first year, value* £20. *Prize*, Mr. Philip G. Philps. *Certificates of Honour*, Mr. Henry Bertin and Mr. Richard Cresswell. *Students of the second year. First prize*, Mr. Carey P. Coombs. *Second prize*, Mr. Milner M. Moore and Mr. Charles O. Aspray. *Certificate of Honour*, Mr. Thomas Lyle. *Operative Surgery*, 1860-61. *Prize*, Mr. Baynes Reed. *Certificates of Honour*, Mr. Francis G. Atkins and Mr. Charles O. Aspray. 1861-62. *Prize*, Mr. Thomas Lyle. *Certificates of Honour*, Mr. William Rayner and Mr. Robert W. Soper. *Summer Session*, 1861. *Prize for students of the first year*, Mr. Carey P. Coombs. *Certificates of Honour*, Mr. Charles O. Aspray and Mr. Samuel Woodman. *Prize for students of the second year*, Mr. Charles Richards. *Certificate of Honour*, Mr. Howell C. Phillips. *Comparative Anatomy*, 1861. *Prize*, Mr. Baynes Reed. *Natural Philosophy*, 1861. *Prize*, Mr. Baynes Reed. *Certificates of Honour*, Mr. Milner M. Moore, Mr. Howell C. Phillips, Mr. Wm. V. Lyle, and Mr. Charles O. Aspray. The distribution having been completed, the chairman delivered an address on the qualifications which all true students of
medicine ought to seek to possess. The addres
tained sketches of the genius and labours of
John Hunter, Boerhaave, and the late Professor
of whom the chairman had been a pupil. Th
ceedings closed with a cordial vote of thanks
chairman.

The Late Mr. Oswald. This gentleman, h
ably known for half a century in the Isle of Ma
pired at his residence in Douglas, on the night of
Friday last, after a few days illness, in the 72nd
his age. Mr. Oswald's first entrance on professio
was as assistant-surgeon to the Inverness Militia
(1812) stationed at Portsmouth, of which the D
Atholl was colonel. In this regiment, however,
mained only a few months, as he shortly afterwar
cepted the office of surgeon to the Duke's hous
and removed to the Isle of Man. At this period,
were few medical men in the Isle of Man, and the
tice of the profession required a hale, active, and
getic man, capable of sustaining great fatigue an
reliant in every emergency. Such a person wa
Oswald, when he accompanied the Duke of Athol
in 1812, and such he continued to be during
series of years, in which he enjoyed the chief p
of the island. As a medical practitioner, Mr. Os
guiding motto was, "promptness in the executi
your duty in every emergency, however unprom
Though ardently devoted to the cultivation an
vancement of his own profession, the bent of Mr. Os
mind was largely inclined to the collateral scienc
pecially meteorology, ethnology, and geology. I
former of these departments, he instituted a cont
series of investigations for a period of five-and-t
years, and collected a mass of valuable facts. In
he established a literary and scientific society in Do
the first of the kind the Isle of Man ever saw.
this period Mr. Oswald began to direct his attenti
the numerous remains of antiquity with which the
abounds. In 1822, Mr. Oswald was elected Corres
ing Fellow of Royal Society of Antiquaries, to t
chives of which association he was a frequent c
butor. In 1823, he published his essay on *Stratifi*
and Alluvial Deposits, and in the following ye
Guide to the Isle of Man. In 1828 appeared *Re*
on the Domestic Industry of the Labouring Classe
Views respecting a General Infirmary for the Isle of
His last and chief contribution to science wa
Vestigia, published by the Manx Society a short
before his death. The materials for this work wer
lected during the busiest periods of his profes
career, and committed to writing chiefly in the
usually dedicated to repose. In 1842, he beca
member of the House of Keys, and continued in
nexion with that body till 1849, when he resign
consequence of finding its duties encroach too mu
his professional avocations. (*Abridged from the*
Sun.)

Railway Accidents. In 1861, 284 persons
killed on railways in the United Kingdom, and 8
jured; of passengers, 79 were killed and 789 inj
46 of these passengers lost their lives from c
wholly beyond their own control, 38 by the two
calamitous collisions between trains, 4 by trains ge
off the rails, and 4 by breakage of axles, wheels, et
by their getting out of order. 18 passengers
killed last year through getting out of, or attempti
get into, trains in motion. 17 persons were killed
crossing at level crossings. 54 trespassers lost
lives, and 128 servants of companies or contractors
passenger was killed at a station by leaning agai
carriage to speak to another passenger, and falli
consequence of the train moving on. In the las
years, 252 passengers have been killed by railway
dents, 132 of them from causes beyond their own

,689 passengers have been injured, also from beyond their own control; but the passengers ave been 750,000,000 in number, perhaps more.

ICAL ADVERTISING. Readers of newspapers and l periodicals aiming at a newspaper circulation ave been for some time observing a greater rush idates for public patronage to the "usual chan- search of celebrity than has heretofore been in . It is not mere barefaced advertising alone s increased, but that species of advertising which ted by dexterous allusions to passing events fford opportunities for personal notification, what nonly designated the "puff oblique." Not a day sses that some diurnal record of transient inci- oes not contain a remark, apparently as a matter se, but really a studied intimation to serve a r customer; an ingenious bit of circumlocution m the world how some friendly doctor fares. this is done delicately and in good taste people it, but when it degenerates into the fulsome or the real object then men sneer, and the subject operation discovers that the expedient is not its inconvenience. (*Dublin Med. Press.*)

ERATION DAYS AT THE HOSPITALS.

......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.
. .... Guy's, 1½ P.M.—Westminster, 2 P.M.
DAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
Y.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
......Westminster Ophthalmic, 1·30 P.M.
Y.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

TINGS OF SOCIETIES DURING THE NEXT WEEK.

. Royal Medical and Chirurgical, 8.30 P.M.: Dr. Harley, On Jaundice, its Pathology and Treatment"; Mr. Brodrst, "On Old Dislocations and on their Reduction."

LATION STATISTICS AND METEOROLOGY OF LONDON—MAY 3, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
week.....................	Boys .. 987 Girls.. 984	1971	1314
e of corresponding weeks 1852-61		1946	1250

r:
t (Fri.) 30.048; lowest (Th,) 29.806; mean, 29.966.
eter:
t in sun—extremes (Th.) 121 degs.; (Sat.) 66.5 degs.
le—highest (Th.) 77 degrees; lowest (Sat.) 37.8 degs.
-53.6 degrees; difference from mean of 43 yrs.+4.1 degs.
—during week, 39.2 degrees; mean daily, 22.6 degrees.
midity of air (*saturation*=100), 80.
ection of wind, Var.—Rain in inches, 0.11.

TO CORRESPONDENTS.

letters and communications for the JOURNAL, *to be addressed* e EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

ONDENTS, who wish notice to be taken of their communica- should authenticate them with their names—of course not arily for publication.

MBERS.—We beg to thank several members for back num- the JOURNAL.

J. W.—A correspondent writes: that he thinks the correspondence between Dr. Haldane and Dr. Hitchman, as inserted in the *Lancet*, should have also a place in the BRITISH MEDICAL JOURNAL. [We can only say, that our advertising pages are as open to the correspondence as were those of the *Lancet* and *Medical Times and Gazette.*]

MEMBERS desirous of having their VOLUMES of the BRITISH MEDICAL JOURNAL for 1861 COMPLETED, are respectfully requested, at their earliest convenience, to inform the Publisher, at the office, 37, Great Queen Street, London, W.C.

COMMUNICATIONS have been received from:—Dr. GRAILY HEWITT; Dr. W. OGLE; Dr. G. B. HALFORD; Mr. WEBBER; Dr. LATHAM; Mr. J. EDMUNDS; Dr. T. S. WRIGHT; Dr. THOMAS SKINNER; Mr. J. WEAVER; Mr. R. GRIFFIN; Dr. R. FOWLER; Mr. ERNEST HART; Dr. BOYCOTT; Dr. COPEMAN; Dr. HANDFIELD JONES; Dr. T. HILLIER; Mr. HAYNES WALTON; and Mr. J. V. SOLOMON.

BOOKS RECEIVED.

1. Il Morgagni. February and March Numbers. Pietro Cavallo.
2. Hospitals, Past and Present. By Samuel Martyn, M.D. London: 1862.
3. God's Two Books. By T. A. G. Balfour, M.D. London: 1862.
4. Consumption, its Early and Remedial Stages. By E. Smith, M.D. London: 1862.
5. Report (No. 5) on Cases of Insanity. By Thos. Prichard, M.D., of Abington Abbey, Northampton.

ADVERTISEMENTS.

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Resident Medical Officer.—Required for the CLIFTON DISPENSARY, on the 1st of August, 1862, a RESIDENT MEDICAL OFFICER, who must devote himself exclusively to the work of the Dispensary. Salary and Allowances, £175, besides a comfortable house. He must be a Member of the Royal College of Surgeons of England, Dublin, Edinburgh, or Glasgow. It is essential that he should have had some years experience in his profession, and, with equal qualifications, a married man would be preferred.

Applications, stating qualifications and all other particulars, must be made, BY LETTER, to the Honorary Secretary, the Rev. C. H. WALLACE, 20, Sion Hill, Clifton, Bristol.

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"HENRY J. STORMONT, Esq., Surgeon, Cheshu

"Having ordered from our Druggists 'CHLORODYNE,' I was not only DISAPPOINTED IN ITS EFFECTS, but annoyed when I r a SPURIOUS Compound. I have been in the habit of using your CHLORODYNE with great advantage to my patients and satisfac myself. I have just discharged, well, out of this Hospital, a woman who had pyæmia after hour-glass contraction of the uterus; *quite certain* that her recovery was caused by taking a dose of CHLORODYNE three times daily, or *when* the rigors were severe. I ha several cases where inflammation set in after instrumental delivery or extraction of the placenta, and *never* had a *recovery* before wh cases were so severe as the case mentioned; but I did not know the value of your medicine.

(Signed) "JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath

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From J. E. ERICHSEN, Esq.

6, Cavendish Place, Cavendish Square, Oct. 1st, 1861.

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JOHN ERICHSEN,
Professor of Surgery at University College
Surgeon to the Hospital.

From W. FERGUSSON, Esq.,
Professor of Surgery at King's College, and Surgeon to the Hos

16, George Street, Hanover Square, Oct. 14th, 1

SIR,—I have seen and made use of your Double Action Sy and think very highly of it.

Yours faithfully,
Mr. Twinberrow, Edwards Street. WM. FERGUS

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Clinical Lecture

ON THE

REATMENT OF PULMONARY CONSUMPTION.

DELIVERED AT

T. MARY'S HOSPITAL MEDICAL SCHOOL,
DECEMBER 13TH, 1861.

BY

THOMAS K. CHAMBERS, M.D.,
ELLOW AND CENSOR OF THE ROYAL COLLEGE OF PHYSICIANS
OF LONDON; PHYSICIAN TO, AND LECTURER ON
MEDICINE AT, ST. MARY'S HOSPITAL; ETC.

LMONARY consumption affords you an admirable
ortunity of studying the work of restorative
licine. You see so much of it among in- and
patients, that you get a good general idea of
disease, uninfluenced by any accidental circum-
ces of individual instances; the means of accu-
diagnosis at our disposal are easier of applica-
; and the direct connection between the morbid
omy and the symptoms more traceable than in
other class of medical cases.

take it for granted, that in the Systematic
se of Lectures on Medicine you have had made
r to you the following propositions, which seem
e the chief points contributed by pathology to
reatment of the disease, and in proving which
eat deal of time and intellect have been worthily
t.

That the cause of the symptoms, of the disease,
e fatality in fatal cases, is the occupation of
organs, especially the lungs, by tubercle.

That the tendency which originates the forma-
of this tubercle, resides in the constitution of
dividual.

That this tendency may be either hereditary or
red, or both.

That the circumstances which quickest deve-
this tendency are the same as contribute to
ia, or want of supply to the formation of
; namely, starvation, bad air, deprivation of
exposure to cold without power of resistance,
e, previous illness; in short, any depressant of
wers of life.

rbid anatomy and auscultation have rendered
e enormous service of tracing out truly in
and life the organs chiefly injured in pul-
y consumption, and the nature of the injury.
ave no notion what an incalculable advantage
ave over your grandfathers in this respect.
ou must not stop here; pathology must carry
n further, or you will have gained so little
cience, that I doubt if your practice will be
tter than your grandfathers', in spite of your
nal knowledge. Often, during our conversa-
n the wards, I perceive signs of your consider-
e tubercle as the disease against which you
direct the energies of your minds, and from
the patient has to be delivered. You want
something to "stop" it, to "absorb" it, to
rirritate or evacuate it; you seem to imagine
you could take away that mass of cheesy
which auscultation puts as readily before your mind as if the ribs were transparent, your treatment would be perfect.

And I fear that in this you might be encouraged very often by the tone of medical literature, even of modern date. Thus I read in the *Cyclopædia of Practical Medicine* that emetics are useful in the early stages of phthisis, by displacing and evacuating the tubercles from the lungs. Can the writer ever have really tried with a scalpel to pick out a tubercle from the pulmonary tissue, when he thus suggests the possibility of the gentle pressure of vomiting effecting such a feat? And I find the effects of cod-liver oil sometimes attributed, not with obvious common sense to its being an oil, but to the minute traces of iodine which it contains. Nay, iodine itself has been given in long courses with the idea of causing the removal of the tubercles.

I wish to put these notions out of your heads. What the patient has to fear, is not the remaining of the tubercle in the body, but its increase. That which is once there has done its mischief, its path of ruin is past, the portion of lung which it has occupied is gone for ever, and cannot grow again any more than an amputated leg. The *post mortem* examinations of consumptives show almost always the cause of death to be a fresh formation of tubercle at no distant period, which has abridged the remaining organ to a degree inconsistent with life. A single deposit of tubercle to a moderate extent can almost always be recovered from. It is the continuous repetition of the process which is so fatal. I cannot, therefore, too strongly impress upon you, that not so much the tubercle as the tendency to form tubercle, not the morbid matter but the diathesis, is that which should occupy your thoughts.

When tubercle first takes its place in the pulmonary tissue, the lung feels a good deal inconvenienced by its presence; there is cough, inflammation round it, condensation of the neighbouring substance, and, from the unaccustomed loss of part of the respiratory function, there is general ill-health. These consequences are directly proportioned to the quantity of lung spoilt. They may be so severe as to cause death by what is called "tuberculous pneumonia", or by "galloping consumption", when a large extent is very quickly rendered unserviceable. Or, when the injury is slower and slighter, they may be so insignificant as not to have attracted notice at all. The other day, in a patient who died of chorea dependent on a tubercle in the spinal cord, you saw scattered tubercles in both lungs, which had caused no symptoms at all during life, though they probably had been there longer than the tubercle in the less usual situation which proved fatal. And very often in persons killed by accident, apparently in the prime of activity and with no history of any serious illness, you find crude tubercles, scars of former tubercles, and the chalk-like *dêbris* of tubercular matter.* And, to come to more agreeable evidence, you find people with very large quantities of tubercle in the lungs, so large as to have proved almost fatal, who yet recover to a great extent from the mischief which it has caused. When once the lung has got over the shock of illness produced by the presence of the first crop, the health recovers, and the patient (though imperfect in body, of course) has only to fear a fresh development. It is astonishing what enormous ravages may be made in the lung, and yet with the help of what remains people recover the health that has been lost. I dare say you may remember in the summer a poor woman sent to the hospital apparently to die. There was in the left upper lobe a vomica, so large that there was "metallic tinkling" in it; and for some weeks I took the opportunity of teaching you this rare sound. You know that it hardly ever occurs except in pneumothorax with perforation, and indicates a cavity bigger than your fist at least. So weakened was the patient by the loss of so much lung, that she was at first unable to feed herself even, and quite soaked the bed with colliquative perspirations. Yet, contrary to all we expected, she lost her perspirations, gained flesh, walked about the ward, and finally walked home during my absence from London, so that I cannot say what was the exact state of her chest on leaving. But I take for granted that the cavity remained unclosed, and probably will remain unclosed for the rest of her life. That it will do so for many years, I know from other cases. For example: R. S., a wine merchant, aged 42, was, in 1846, under the care of several of the most experienced in chest complaints of the London physicians. He had a large vomica in the left apex, was excessively debilitated by it, and was sent home with the information that he could not live a month. Well, he picked up strength and flesh, was enabled to return to his business, and, when I saw him in 1858, twelve years afterwards, was in fair health, and as able to do a moderate day's work as any body I know; but auscultation left no doubt that the vomica was still open in the lung, and that the small quantity of pus he expectorated came from it. In 1855, I advised a young man, with softening tubercles in the left lung, to accept a chance which he had of settling in the West Indies. Six years and a half afterwards, he returned to England for a temporary purpose, and came to me about some symptoms not entirely connected with his chest. I found that his vomica was still there, and secreting pus; but that he had never permanently lost again the flesh which a course of iron and cod-oil had put upon him. He had even had an attack of hæmoptysis, and gone through yellow fever, without serious injury.

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* In 566 autopsies of tubercular persons, which I found recorded in the *post mortem* books of St. George's Hospital during ten years, there was seen cretaceous matter in the pulmonary tissue in 65. See *Decennium Pathologicum*, chap. v, sect. 7, where statistical arguments are assigned for considering this solid substance to be really of tubercular character.

My experience of *post mortem* examinations leads me to the conclusion, that in cases of cured phthisis pulmonalis, vomicæ rarely heal up, but that they become dormant and comparatively innocent, lined with a thick pus-secreting membrane, and thus separated from the healthy lung around them. It is rendered most probable by the same source of knowledge, that the "chalky" masses are the remains of hard tubercle, which has dried up without softening. (See *Decennium Pathologicum,* in place above cited.)

As a contrast to such cases—which the way in which we lose sight of our patients prevents our multiplying—as a contrast to these where vomicæ have become innocuous, compare those in which chronic consumption proves fatal. In the latter, a dissection always (accidental cases excepted) reveals either in the lungs themselves or in other vital orga a formation of fresh hard tubercle, as the cause death, besides the established vomica or long exi ing masses of morbid matter.

It is clear, therefore, that it is the *tendency* tubercle, and not the *existing* tubercle, which have to fear and to guard against; and that for t successful treatment of consumption we must wi draw our minds from the morbid anatomy of t locality to the fatal propensity of the constitution

To my mind, it is a great relief and rest to able to map out by auscultation the exact extent the mischief done, and to know that there is enou discovered morbid change to account for the sever of the symptoms. I feel then like a general wh acquainted with the exact position and whole fo of his enemies, and is sure that the country suffer no further loss if only they can be kept fr advancing. There is no question about the fut conduct of the war if only reinforcements can stopped in their march. If the remaining port of lung has retained life so long, it can retain longer, and the whole attention can be applied to conservation.

In what direction must we turn to aid in this c servation? To the lungs? But if we look to histories of those who have lived long with vom or tubercles, they are by no means found to h taken special care of their lungs—they have coddled or lived in-doors in even temperatures, ha ing their lives on to their thermometers for fea coughs; they have gone on with their profession business or work; they have not "laid a knife their throat", but have eaten and drank like o people, and have enjoyed the gratification of t appetites. A patient of mine, over fifty, with pious pyoptysis and condensed lungs (probably tu cular) from his youth, has kept hounds, broken bones like other Nimrods, contested county electi sat in parliament, enjoyed his champagne and o good things, but *never allows any doctoring of chest.* An examination of it is a favour, as a cor bution to science.

The statistics of the phthisical in the two s corroborates this deduction. Although males more liable to tuberculosis than females, yet t are less liable to have that tuberculosis exhibite the lungs. (See *Decennium Pathologicum,* chap. Now, in all classes, women are the least dispose exert and expose their lungs; they are more re to invalid themselves; and, in the lower cla whence these statistics are taken, they do not low dresses or tight stays.

And what is this tubercular matter? It is anything peculiar to the lungs, but may arise f the degenerated nutrition—the inferior develop of life—of any part. Excepting my glands, n of which I can easily spare, I should prefer ha it in my lungs to any other portion of my body I know that I can live with a good deal less monary tissue than nature has given me. B cannot live with it in my brain, or my heart, o alimentary canal, of which I have only one.

Leave then the respiratory organs alone, and your attention to the stomach and bowels, the organs of nutrition, which will receive with arms any care you bestow upon them.

It is truly by aid of the digestive viscera that consumption can be curable. Medicines

ted to other parts may be indirectly useful some-
es, but usually impede the recovery, which in
unate cases takes place in spite of them.
he object at which you should aim is to get the
atest amount of albuminous food possible fully
ested and applied to the purpose of the renewal
he body, at the same time that the renewing
ncies are brought to their highest state of effi-
cy. In this way, a healthy cell-renewal takes
place of that morbid imperfect cell-renewal
ch appears in the shape of tubercular matter.
ith this view, I avoid as far as possible all those
s which may be classed together as "cough-
icines." I mean antimony, ipecacuanha, and
l especially. I avoid also mercury, purgatives,
neutral salts, which are debilitants. Where the
is thin and weak, digitalis is sometimes useful,
gulating and calming its action; but, as a rule,
injurious, by the nausea and loss of appetite
it causes.

e appetite should be your great object of care.
will often find it exceedingly deficient; and,
that happens, the mucous membrane of the
ch and bowels should be brought into a braced
by quinine and by strychnine. The latter acts
ly, and may be added to the medicines from
o time; but the former is most permanent in
ects, and should be begun at once, and conti-
through the whole process of medication, till
ppetite equals or exceeds that of a healthy
.

again you will find a most powerful ally.
ncrease in the hæmatine of the blood which
its use is all-important; for thus you supply
tissues one of the few true life-giving medi-
ed blood. Begin it in small doses, and gra-
increase it till you find the quantity the
can take, and then continue to administer
less than that, so as to leave room for an occa-
augmentation according to circumstances.
you give digitalis, make it a rule to add iron
netimes strychnine to the dose, as you thus
full advantage of the digitalis, and avoid
its possible evils. Iron prevents the nausea,
ychnine cooperates with digitalis in strength-
nd regulating the action of a weakened heart.
the disgust to food is extreme, adopt the
u so often see adopted in these wards with
of giving milk in small and very frequently
doses. If you find it lie long in the sto-
nd produce heartburn or acid eructations,
-water to it. Food has an illogical habit of
in a circle: it creates the desire for food—of
y strengthening the digestive organs; and
er a few days of milk-diet, the patients will
ily ask for meat, and enjoy as a luxury that
short time before excited the greatest dis-

same way cod-liver oil will also act. It
n, like milk, create an appetite. But as a
ecially in private practice, it is as well not
ence it too soon, as the disagreeableness of
and feel is difficult to get over at first, and
easier to take it when the appetite has
be renewed. Then it is not felt as a hard-
to begin, and in a short time patients will
to like it; and they will like it, not
reasonable men like that which does them
will, irrespectively of such knowledge, find

it nice to the palate. Thus children, who always object to being done good to, will still often take to their oil with gusto; and, as a proof that exalted reason has nothing to do with the preference, the same has been observed in animals. A clerical friend of mine had a consumptive Skye terrier, which he treated *secundum artem* with cod-liver oil. At first the poor beastie abhorred it, and looked melancholy before and after each dose; but in a short time he began to lick his lips after it, and, if he was forgotten, would go and beg at the door of the cupboard where it was kept.

The best sort of cod-oil is the most agreeable, the clearest, the sweetest, and the most scentless—that, in fact, which is thoroughly purified of extraneous dirt. The oil from the same fish, formerly employed by curriers, was sold for their use cheap and foul, and no doubt was quite good enough for manufacturing purposes; but it must excite a very reasonable disgust in every one but an Esquimaux, I should think, for it stinks like old train-oil. Its low price wholesale permits certain firms to spend a large sum in widely advertising it as a superior form of drug: but I strongly advise you never to prescribe the "brown oil", as the name runs; it is never beneficial where the pure oil fails, and it often and often makes the patient declare he will on no consideration take it again. The mode of manufacture which causes the difference of the "brown" and "pale" oil is described in an article of the *Medico-Chirurgical Review* for January 1856.

The best mode of exhibition is to give at first a teaspoonful, and afterwards two teaspoonfuls, thrice a day, floating on the quinine or iron mixture to which the patient has already got habituated. I think an ounce a day is enough to administer, and need not be exceeded. If the patient absorbs all that, you may be perfectly satisfied; and more will be apt to turn rancid, and cause indigestion—the worst enemy of the phthisical. The best time to take it is at the greatest distance from meals, as thus a sort of additional meal is gained, and food and physic are not confused; but if your patient prefers any other time, on account of taste or business, do not prevent him from indulging the fancy.

The effects of cod-liver oil become less and less a marvel, the more we know of physiology. The instinctive desire shown by all nations for an oleaginous diet, and their association of substances of this nature with ideas of happiness in all ages, show the value of a certain amount of it to man's comfort. The "butter and honey" of the prophet, used as a phrase for royal food, and the constant reference in the Bible to oil as a luxury (though it could have been no *rarity* in "a land of oil-olive")—these are sufficient to prove its estimation among the Hebrews. The Hindoo labourer, when he devours his gallon of rice for a meal, will spend all the pice he can get on the clarified butter of the country; and "as good as ghee!" is his expression of unqualified admiration. It was an error in Baron Liebig to state that oily foods are an object of disgust to natives of hot climates. All races of men require them and seek after them; and the taste of the Esquimaux, so often quoted, depends mainly on the abundant supply of the article which the sea places at his disposal, coupled with a scantiness of other provisions. Throughout mankind there is an instinctive appreciation of the importance of this aliment, independent of accidental differences of nation or locality. It seems felt to be, as science shows it is, a necessary material for the renewal of the tissues, and the desire for it becomes synonymous with a desire for augmented life.

An easily assimilated oil comes, in fact, into the short list of directly life-giving articles in the *Pharmacopœia;* for it is itself the material by which life is manifested. Hence, under its use, beneficial influences are exerted throughout the whole body; old wounds and sores heal up; the harsh, wrinkled skin regains the beauty of youth; debilitating discharges cease, at the same time that the normal secretions are more copious; the mucous membranes become clear and moist, and no longer loaded with sticky epithelium; the pulse, too, becomes firmer and slower—that is to say, more powerful, for abnormal quickness here is always a proof of deficient vitality. Such are the effects, perfectly consistent with physiology, of supplying a sufficiency of a molecular base for interstitial growth.

The addition of a small quantity of alcohol will often enable the oil to be absorbed more readily. This is a principle well understood by growers of live stock for prizes at agricultural shows, who, by the addition of fermenting grains or spirits to the animal's food, often fatten it more quickly. The addition, therefore, of wine, whisky, tincture of orange-peel, or of any other harmless bitter, to the medicine, is rational, and may be freely conceded, if the patient finds it agreeable.

The liberal use of alcohol as a remedy or preventive is a different question. It is quite true that we do meet with cases like the following:—J. P., a butcher, remarkably strong and stout, was first attended by me for delirium tremens, which he had suffered from several times before, and was always well in the interval; an attempt to become a teetotaller was immediately followed by galloping consumption. J. A., a brewer, came to me last year about indigestion and pimples (acne rosacea) on his nose and face: I urged him to give up brandy-drinking before breakfast and between meals; and he has now developed a vomica in his lungs, of which previously there was no evidence. I confess I do not think such cases mere coincidences; but I explain them not entirely as corroborative of the idea that spirit-drinking keeps off consumption. I think the alcohol acted as an anæsthetic, and kept the system from noting and exhibiting the presence of the tubercles; then, when it was left off, they acted with doubly deleterious effect on the body unaccustomed to them, and unprepared by their gradual increase to bear them. The patient is in the same position as one in whom there is a large sudden development of the morbid matter.

What should you do in such instances as the above? Should you advise resumption of drinking habits? I think not; for, though the symptoms are somewhat alleviated thereby, I doubt if life is prolonged. In the last case which I quoted, after a certain struggle with bronchitis, night-sweats, and emaciation, weight and strength are being gained under cod-liver oil and quinine, although the allowance of alcohol is reduced to what may be taken by a temperate man. Here, as before, the appetite must be your aid; the stomach must be the viscus whose health is to be your care.

To foreign travel, again, take the stomach for
your guide. At the dreary time of the English ye
when your patients cannot get enough light and
ercise to give them an appetite, let them seek th
sunny climes where the winters are the joyous t
for out-of-door employment. Madeira is the b
place; the next is that lovely Mediterranean sh
recently annexed to France, from Cannes to M
tone; and after that come a host of localities hig
puffed by their inhabitants, but with more uncert
climate. In choosing a residence for your consu
tive, do not mind the average height of the ther
meter, or its mean variations; but find out f
somebody's journal how many days were fine eno
to go out forenoon and afternoon—that is the
you require. And be careful to enforce that a r
use of the climate is made. If your patients, f
distaste of foreign habits, pining after home, or
cause they are too advanced in the disease, tak
moping indoors or being overwearied by going
the sooner they return to England the better.

Next to the stomach, the bowels claim your n
care. Of course you will avoid artificial purgat
and you must also guard against natural diarr
Do not allow it to go on an hour longer than
can help. The best remedies are sulphate of cop
hæmatoxylum, and opium. Chalk mixture
sometimes act well; but, if it fail, you have
valuable time; so, if you follow custom in begin
with it, do not be obstinate in the continuan
your remedy. The sulphate of copper may be
gun in doses of one-fourth of a grain, and incre
up to two grains, if required to be persisted in.
hæmatoxylum may be given as an extract from
grains up to any amount required, but should
be mixed with the copper, or you produce an in

You see almost daily, in the hospital, cas
consumptive diarrhœa arrested sometimes for a
sometimes permanently, even in patients whose
ease is too extensive for recovery. But, more
this, I believe that the tendency to deposit tub
also is sometimes arrested by the causing to cea
the bowel-complaint. Just after Lady-day
Miss Harriet B., aged 30, whose father and m
had both died of consumption, was placed unde
care by Dr. Buckell of Chichester. She had
dence of a small focus of tubercle in the apex o
left lung, producing pain, dulness, and crepit
from the partial condensation of the lung rou
but no marked pulmonary ailment. I imagin
tubercle was slowly being increased from we
week. What she complained of, however, was
ciation and diarrhœa, accompanied by the passa
pus and sometimes streaks of blood in the m
fæces. She was soon relieved of this, however
with a store of hæmatoxylum and copper, wa
to go on a long summer visit to some friends.
amined her chest as she returned through Lond
September, proclaiming herself quite well and
To my surprise, I could detect no disease at
the lung; so that, instead of increasing, as
feared, the pulmonary tubercle had become dor
solely by the cure of the bowel complaint.

Additional from a Clinical Lecture, *May* 10*th*, 1862.

A few words as to special specifics for consum
Some years ago, Dr. John Hastings announce
"naphtha" was an infallible cure for this d
Well, people tried it, and soon knew that

ly applicable at all in cases where alcohol was
eneficial, and even to those patients they found the
urer and wholesomer forms of alcohol in daily use
ere both more useful and more acceptable. All
e advantages of the remedy had been in the pos-
ssion of the public in a pleasanter form years
o. Determined at last to try a virgin substance
-*integros accedere fontes atque haurire*—the same
ntleman has lately announced that serpent's dung
) now succeeds to the throne on which naphtha
igned of old. Our rude forefathers in art adminis-
red many curious things: the ashes of toads, the
ine of boars, live spiders, are in their lengthy
armacopœias. Their notion was, I believe, to
ive out the devil by disgusting him. But I do
t think they ever hit upon the bright thought of
ing the very dung of the accursed type of evil,
at, as he "went out", he might say,

> "That eagle's fate and mine are one,
> Who in the shaft that made him die
> Beheld a feather of his own,
> Wherewith he wont to soar so high."

eally believe the idea is original.

Good coprologists tell us that the excreta of
akes consist mainly of lithate of ammonia—a
rmless though unattractive substance, and which
ost persons familiar with physiology would con-
ude to be inert. I remained satisfied with that
lief till I heard Dr. Hastings, when arraigned be-
e a public court of justice for avaricious mal-
axis in knowingly administering inert remedies,
ear positively that he believed this substance to
a powerful physiological agent. The powerful
ysiological agent was made by dissolving (*i. e.*,
stroying) sixteen grains of boa constrictor's ejecta
a gallon of water by the addition of bromine. A
ole oath is a staggerer, and after that I could not
l justified in asserting fæces to be useless till I had
ed. I procured, therefore, a sample from the Secre-
y of the Zoological Society, and caused to be pre-
ed a quantity of the "solution", under the name
"mistura pythonis". You have seen me order it
ood many times since in cases where, no drugs
ng required, I felt myself justified in so doing.
t instead of half an ounce, which was stated to
so active, I have given two ounces three times a
. You have seen that its effects are exactly the
e as those of so much pump-water.

uch is the fate of *specifics* for phthisis; *ex uno*
ce omnes; and lucky is the public if they are all
nnocent as snakes' dung.

ut do not let us part without a moral, or be
isfied with merely laughing at a delusion. Re-
mber, you are acting no better than the vaunters
new specifics when you vaguely prescribe one
ng or another, even of established power, because
have heard of its being "good for consumption".
time which is lost in trying this and try-
that is lost for ever. You have no right to
pose that there can be any specific for that
plex morbid state which originates phthisis;
have no right to substitute an experimental
rch after it for rational treatment; you have no
ht to stand in the way of the patient getting his
nce of the renewal of his waning life by restora-
agents.

Illustrations
of
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

PRACTICAL REMARKS ON THE PATHOLOGY AND TREATMENT OF SKIN-DISEASES.

By C. Handfield Jones, M.B., F.R.S., Physician to the Hospital.

[*Continued from page* 488.]

Impetigo, though presenting some external dissimilarity, differs in no really important point from eczema, one of whose varieties is distinguished by its name. Its distinctive features are that it tends much more to assume the pustular character, forms thicker scabs, spreads less in extent, and more apparently in depth; so that spots and patches of eruption are frequently separated by a greater or less extent of healthy skin. The essentially superficial nature of the disease is, however, proved by the circumstance that the best marked cases of it recover under appropriate treatment without the surface occupied being at all scarred. Manifestly, the true skin is not ulcerated, except, perhaps, in severe cases; the discharge proceeds from the denuded basement surface of the corium.

I have carefully examined the scabs of eczema and of impetigo; and find that they both consist of the same elements; namely, epidermic cells, amorphous granular matter, and pyoid corpuscles. These latter differ decidedly in their appearance, shape, and refractive power, from normal pus-corpuscles; but when treated with acetic acid, show multiple nucleoli. The impetigo scabs differ from those of eczema in containing fewer scales, much more amorphous matter, and a greater number of pyoid globules. The latter are by no means scanty in eczema, except when it is attended with little exudation, as in cases approaching a cure. In them, the scabs are almost wholly made up of epidermic cells. The favourite *habitat* of impetigo is the occipital region of the scalp, especially in children; and next, the face. Like eczema, it may assume the figurate form. It is very rarely, I believe, of sthenic character; the cases commonly met with yield with remarkable facility to arsenic and dilute citrine ointment.

It is not uncommon for impetigo or eczema to coexist with more or less severe inflammation of the more superficial textures of the eye or ear. In these cases it does not seem so much that there is extension of the inflammation in one or other direction, as that the same tendency of the system manifests itself in both situations, either simultaneously, or in one or other first. Of this, the following case is a good example.

Case ix. W. J. H., aged 3 years, was admitted March 27th. He had been ill since Jan. 8th; had measles before. He was weak, apyretic. He had a copious eruption on the face of an eczematous character. Both eyelids were swollen and adherent; the conjunctivæ inflamed and secreting pus; he could not endure light. He was ordered to have six minims of tincture of sesquichloride of iron and four minims of chloric ether in two drachms of water four times a day; to take a drachm of cod-liver oil three times a day; and to have zinc and lead ointment applied to the face.

March 31st. The skin of the face was much improved; the inflammation of the eyes was also less; but, now that the right eye could be opened, it appeared that the cornea had partly given way, and was replaced by a fibroid tissue.

April 17th. Much improved; health much better; impetigo was breaking out on the scalp. There was much muco-watery profluvium from the eyes. Citrine ointment was applied to the head.

May 1st. He could see now tolerably well. There was a patch of opacity on the left cornea, of some extent, with a clear spot in its middle; the right cornea was staphylomatous; some redness still existed about the eye. He had after this some recurrence of eruption on the face, for which he took some arsenic; continuing, however, the iron and the oil.

By June 5th, he was and looked remarkably well. There was no trace of eruption; and the eyes had recovered, save where they had been irreparably damaged.

It is quite clear in this case that the impetiginous eczema affected the cutaneous and adjacent ocular mucous surfaces.

Case x. E. J., aged 11, was admitted July 26th. She had been deaf since two years old, and was much more so some times than at others; she heard now the tick of a watch only when held close to the head. Health good. She had sometimes discharge from the ears. The throat was sometimes sore; the tonsils were large, and the throat rather injected. In the right ear, the membrana tympani was opaque and white; the meatus normal. In the left ear, the membrana tympani was drawn in, not thickened; the meatus was inflamed and tender. She was ordered one-twentieth of a grain of bichloride of mercury in decoction of cinchona three times a day, one leech to the left ear, counterirritation behind the ears, and alum gargle.

Sept. 13th. She could hear the watch one foot from the right ear.

Oct. 22nd. The deafness was improving much; but there was very marked impetiginous eruption of the scalp, with subcutaneous collections of matter. The medicine was continued; and dilute ointment of nitrate of mercury was applied to the head.

Oct. 30th. The scalp was much worse; the cutis was swollen up considerably by slowly suppurating pustules in its substance. Skin cool; pulse weak. She was ordered three minims of liquor potassæ arsenitis, four grains of carbonate of soda, and half a grain of iodide of potassium, in an ounce of infusion of cascarilla three times a day.

Nov. 13th. The deafness was much better; the head just well. The mixture was continued twice daily; and a drachm of cod-liver oil was given twice daily.

Nov. 27th. Hearing was fairly good; the scalp was well.

I am much inclined to believe, in this instance, that the aural inflammation had originally been of eruptive character; the subsequent development of impetigo makes this probable. It may, however, in part have invaded the tympanum from the throat. It is worthy of remark that the cure of the severe impetigo in no way deteriorated the state of the ears. Mr. Wilde says of such cases: "In young persons, the eruption often coexists with scald head (impetigo capitis); and in both young and old, if the disease is allowed to exist for any length of time, it extends into the meatus, and even over the surface of the tympanal membrane, which it thickens and renders opaque."

Pemphigus. Mr. E. Wilson says of pemphigus, that the acute form is of little importance; but the chronic affection is always obstinate, and sometimes fatal, particularly in old persons. He has seen several cases which induce him to believe that the eruption is an effort of the system to rid itself of some morbid predisposition, and recommends in such cases promoting the eruption by general mustard-baths, or croton-oil liniments to the surface. Cazenave does not seem to hold this view; he says that he is not acquainted with any facts to prove that it may occur as a critical eruption in grave internal disorders. He lays down as a general rule, that chronic pemphigus always announces a
state of system, and this chiefly in the way of debi
Bamberger has recently examined the urine, blood,
bullæ fluid of a case of pemphigus. The urine
scanty, of high specific gravity, and contained ammo
but no albumen nor sugar. The blood was poo
solids, especially albumen, and contained ammo
The fluid of the bullæ was alkaline, contained ammo
but no urea. He recommends giving muriatic acid,
eliminating the ammoniacal salts by the secreti
especially the renal and intestinal. Of course he ad
the view of the disease being of humoral dyscratic
ture. One cannot but remark that the mere presenc
ammonia in the blood, urine, and bullæ does not pr
much, especially when we think how long and fr
carbonate of ammonia may be taken without any
pearance of pemphigus, and that ammonia is ever
garded on good grounds as a normal and necessary
stituent of the blood. Further, Neubauer has sh
that ammonia is no unfrequent constituent of the ur
and Rigler (Schmidt's *Jahrb.*, vol. cxii, p. 175) has
scribed in detail the state he designates as ammoniæ
yet without any mention of pemphigus or any o
eruption. The circumstance which to my mind fav
most the view that pemphigus represents an elimina
effort, or at least depends on some *materies morbi* in
blood, is its great proneness in most instances to
lapse. On the other hand, I am quite clear that p
phigous eruption may be arrested and temporarily cu
not only without injury, but with great improvemen
the health. Largish doses of liquor potassæ arsen
have appeared to me the most effiicious me
given with quinine or tincture of yellow cinchona
have had to raise the dose to fifteen minims three ti
a day in a female aged 14. With these I should alw
join cod-liver oil, a generous diet, and pure air—in sh
all means that can raise and strengthen the tone of
system. Strong lead lotion, or lead and zinc ointm
should be used to dry up the vesicles. The purif
character of the effused fluid is sometimes remark
apparent. In one of my cases, a girl aged 11, a large b
of the leg, as big as half a small hen's egg, was filled
transparent fluid in its upper half segment, while
lower was occupied with a thick sediment of pus.
some instances, I have observed the skin to pre
more or less numerous red spots and rings, or arcu
patches, extenting centrifugally, which were in part
precursors of bullæ, in part mere erythemata. In c
of marked asthenia, the effusion into the vesicle ma
more or loss bloody, just as in herpes. Cazenave
that, though he has made many autopsies, he has n
found bullæ on any of the mucous surfaces; he confi
Biett's observation as to the frequency of fatty li
The simple fact seems to be, that pemphigus speci
attacks weakly, cachectic, and worn-out constituti
and in such it is no matter of surprise to find
liver and other organs degenerated, and the secreti
ammoniacal.

With respect to the great practical question of
true pathology of pemphigus, on the decision of wh
must turn the adoption of eliminatory or non-eli
natory treatment, I confess my mind strongly incli
to the view that this eruption is essentially of the s
character as eczema and impetigo; and that its grea
obstinacy in many cases is owing to the low state of
general power, to raise and sustain which is, as all
perience shows, often one of the most difficult tasks
can attempt. That the blood may be in an unheal
state, its solids deficient, and its crasis defective, is by
means improbable; but I doubt very much that ther
any possibility of improving it by mere eliminati
Even in malarious cachexia with ague, where we h
more reason to suppose the existence of a poison in
blood, we never put our reliance on eliminative tre
ment, but on a tonic and restorative. We know, if

ison be there, we can't get it out; it is probably there r life; but we can so tone and fortify the system that feels it not. So I believe we should act in pem- higus; and the force of the comparison is rather en- nced when we remember what good service the very me remedies, arsenic and bark, effect in both diseases. f course *il va sans dire*, that, if there be manifest de- ngement of the liver, stomach, or any other organ, in mphigus, we must correct it just as we would in ue. Arsenic is no specific for this or any other dis- se; but, judiciously used, it is an admirable toner of so-motor nerves, especially the cutaneous; and this, it ems to me, is just the thing that is needed.

Hebra has recently recorded a highly interesting se, the subject of a frightful and inveterate pemphi- s, which was treated by continuous immersion in rm water for one hundred days. The pulse and re- iration became less frequent, the temperature in- ased, and the appetite improved; the secretions were rmal, except the urine, which seemed somewhat ninished; and the weight gained was fourteen pounds. *ondon Medical Review*, Jan. 1862.) There can be no a of elimination here; the benefit was doubtless ing to the exclusion of the air, and the soothing in- ence of moist warmth upon the diseased surface.

[*To be continued.*]

HULL GENERAL INFIRMARY.

REPORTS OF CASES.

C. J. Evans, Esq., House-Surgeon to the Infirmary.

ASE I. *Severe Burn with Oil of Vitriol, followed by Attack of Erysipelas: Recovery.* Jane E. T. Robin- , aged 21, a servant, was admitted under the care of . Huntington, on March 6th, 1858, having been erely burnt with oil of vitriol, which had been thrown ier by a man in a fit of jealousy on Feb. 24th, nine s previously. She was seen at the time of the injury a surgeon, who applied oil to the burned parts. Both ulders, the lower part of the neck, and the whole t of the chest as low as the breasts, were one entire erating surface. The chin and right arm, which had been burnt, were incrusted with dry scabs; as both eyelids. Vision was perfect at this time; but a short time after the injury, it was impaired in the t eye. She was ordered to have common diet. Flour dusted over the sores, and cotton wool applied.

arch 8th. The sores were dressed with calamine te spread on lint. She was ordered to take half a hm of tincture of cinchona in an ounce of decoction he same three times a day.

arch 18th. She complained of passing but little e, which scalded her. She slept badly. The sores healthy. A demulcent mixture and a sedative at t were prescribed.

arch 27th. She did not sleep so well as she did; ther respects she felt better. She was ordered to four ounces of wine daily; and to take occasionally a grain of hydrochlorate of morphia and half a hm of spirits of nitric ether in some cinnamon r.

pril 6th. Gutta percha splints were made and ap- l, for the purpose of keeping up the chin, which had dency to be drawn down by the contraction of the rices on the neck and chest.

pril 21st. On removing the dressing to-day, a con- rable quantity of venous blood spouted out from a t above the right breast, and it required long con- ed pressure to stop the hæmorrhage. The girl's ts, which before were very low, were still more de- sed by this occurrence; and she said she was "sure should not get over it."

ay 4th. The granulations were bathed daily with sulphate of copper lotion. When the benefit derived from one kind of application when first used became less marked, another was substituted for it.

May 12th. The sores were dressed with zinc ointment.

May 28th. The sores were irritable, and her general health was disturbed. Dressings of simple cerate were used; the zinc ointment being applied only where the granulations were exuberant.

June 12th. The breasts had nearly healed; the right shoulder and the neck were now the worst parts.

July 8th. A severe attack of erysipelas had set in, obliging her to take to her bed again. The face and neck were the parts chiefly affected. Flour was dusted over the inflamed parts. This attack prevented her from appearing at the Assizes to give evidence against the man who injured her. She took wine, quinine, beef-tea, etc.

July 13th. The erysipelas had spread over the whole face and chest, reopening sores that had healed, and producing fresh ulceration and sloughing in those that were advancing to cicatrisation. The wine was increased to eight ounces daily, and the dose of quinine doubled.

July 15th. The erysipelas had centred in both breasts, disappearing from the head and face. The integuments of the breasts at the lower parts were sloughing. The patient was extremely low; she complained of dizziness and noises in the ears. The breasts were well supported by bandages passing beneath them and over the shoulders. She was ordered to omit the quinine, and to take instead five grains of sesquicarbonate of ammonia in an ounce of infusion of serpentary every four hours; and to have a pint of porter, in addition to the wine.

July 20th. She was improving. The sores were healthy.

August 1st. A small abscess had formed on the scalp and burst.

August 20th. The condition of the sores had rather retrograded. Parts that had healed broke out again; the new integument seemed in places to dissolve away as it were.

August 26th. An abscess which had formed in the right breast near the axilla was opened.

September 4th. The sores were healing very nicely. It being considered that change of air would be beneficial to her, she was made an out-patient, having been in the Infirmary six months; but up to this time she had been unable to leave with safety. The gutta percha apparatus not being sufficiently strong to keep the chin from being drawn down, an iron one was substituted, and made to rest in a socket in the front bone of her stays; this she was directed to wear for a long time, and it answered the purpose completely. She attended regularly to have her wounds dressed; and was discharged cured on October 20th, every sore having perfectly healed. The chin, the greater part of the front of the neck, the shoulders, and the whole front of the chest presented one almost continuous cicatrix. She was under treatment from first to last about eight months; and afterwards became very stout and healthy; but a year or so later she fell off, became rapidly weaker, and died of phthisis.

Case II. *Burn of Back and Arms: Supervention of Chorea: Recovery.* Sarah Ann Hindley, aged 11, was admitted under the care of Mr. Craven on December 14, 1858, having been severely burnt on both arms, the sides of the chest, and upper part of the back. The burns were dressed with lint soaked in oil. She progressed favourably up to January 18th, when decided symptoms of chorea showed themselves. She was in constant motion, causing some difficulty in dressing the sores; had no sleep at night; and a cardiac murmur was distinctly audible. Her mother stated that she had never had chorea before, nor rheumatism. Ten grains of jalap and two of calomel were ordered to be taken every other morning; and a fourth of a grain of morphine every night.

Jan. 24th. The symptoms of chorea were less marked. The burns were dressed with zinc ointment. She was ordered to take ten minims of tincture of sesquichloride of iron three times a day.

Feb. 1st. She lay perfectly quiet now; there was only some unsteadiness in protruding the tongue. She had become much emaciated. Two grains of quinine were ordered to be taken three times a day, and a pint of porter daily.

Feb. 7th. There was much diarrhœa, and she passed her stools and urine under her. Four ounces of wine daily were substituted for the porter.

March 1st. The symptoms of chorea were more marked again, especially when she was awake at night. She was ordered to take the tincture of sesquichloride of iron again, in twenty minim doses.

She very slowly and gradually regained her strength during the next two or three months, and was made an out-patient on July 11th. At that time there was not the slightest symptom of chorea remaining; but the burns had not entirely healed till some time later. Through an over-sedulousness to prevent the elbows from becoming contracted during the cicatrisation of the burns on the arms, these became stiff in an extended position, which afterwards rendered it necessary to flex them forcibly under the influence of chloroform, and to divide the tendon of the triceps muscle on one side. Considerable improvement was effected by this; but a slight amount of stiffness remained permanent.

Case iii. *Extensive Scald of Back: Supervention of Tetanus: Recovery.* Joseph Sillers, aged 23, was admitted under the care of Dr. Lunn, on April 13th, 1861, with a very severe scald of the back, extending on the left side from the shoulder to the nates. Some eight or ten years previously he met with a severe injury to the head, from which time he had been subject to "fits," occurring at distant intervals. He fell down on the morning of his admission in a fit, close to a steam-pipe, from which the steam issued upon him while he was in a state of unconsciousness; no one was near him at the time, so that he was severely scalded before his situation was found out.

Flour was sprinkled freely from a dredger over the scalded parts, which were then covered with a thick layer of cotton wool. He was ordered to have common diet. In a few days the carron oil was substituted as a dressing, and he did well up to

April 29th, when symptoms of tetanus showed themselves to a slight extent. There was some stiffness of the jaws, and pain along the ramus of the lower jaw on the right side. A linseed poultice was ordered to be applied to the jaw, and three drops of croton oil to be taken immediately.

April 30th. The symptoms were much the same; pupils a little dilated. He had been well purged. He was ordered ten grains of Dover's powder, to be taken at bedtime.

May 1st. The stiffness of the jaws had increased, and the abdominal muscles were hard and tense. There was no opisthotonos. Pulse 108; pupils much dilated. He was ordered eight grains of calomel to be taken immediately, and two ounces of common senna mixture after four hours.

May 2nd. The bowels were only slightly moved. The dose of croton-oil was repeated; and the burns were dressed with a lotion containing half a drachm of morphine in half a pint of warm water.

Evening. The pupils were now much contracted. The abdomen was softer; and he could open his jaws a little wider. He had been thoroughly purged.

May 4th. There was more hardness of the abdomen to-day; in other respects, he was much the same; pupils natural. He was ordered to take forty minin of laudanum at bedtime; and the sores were dress with a lotion containing, in the half-pint, two scrupl of sulphate of zinc and one drachm of extract of bell donna. He was ordered to have a pint of beef-tea a half a pint of porter daily.

In the evening, the pupils were much dilated again.

May 6th. He could not bear the zinc lotion; so t sedative one was used again instead.

May 8th. Opisthotonos was now strongly marke but the spasms were not very frequent. The port made him sick; four ounces of wine were ordered i stead. The croton-oil was repeated. He was very si after this; and a purgative enema was ordered in t evening.

May 9th. The opisthotonos was less marked; t bowels had been well relieved after the enema. Th was ordered to be repeated at night; and the wine w increased to six ounces.

May 11th. Opisthotonos was still less marked, a the abdomen was less rigid; some stiffness of the ja continued. He slept a good deal, and took a fair amou of nourishment. He was ordered to omit the sedati lotion.

May 18th. He was daily improving. The wine w reduced to four ounces.

May 25th. The tetanic symptoms had now quite su sided, and he got up a little every day. The burns we dressed with sulphate of zinc lotion. He was order to have a pint of porter instead of the wine.

June 6th. He was made out-patient. He attend regularly at the surgery to have his sores dressed; in few weeks more they had quite healed, and he was di charged cured.

Case iv. *Senile Gangrene: Good Effect of Low Di* Robert Dunn, aged 58, a feeble old man, in comfortab circumstances, and of very intemperate habits, was a mitted under the care of Dr. King on Dec. 17th, 185 There was a sore of gangrenous appearance upon t great toe of the right foot. He was ordered to have linseed poultice applied to the toe; to take five grains soap and opium pill every night, and to have full diet.

Dec. 22nd. The gangrene had extended towards t dorsum of the foot. Resin ointment was ordered to applied to the sore; an ounce of infusion of cincho to be taken three times a day; and half a pint of port daily.

Dec. 27th. The whole inner side of the foot now pr sented a purplish appearance. It was directed to enveloped in cotton wool; and low diet was strictly e joined (no porter or meat to be taken).

Dec. 29th. He had some pain in passing his urin which was high coloured and thick. This was reliev by a demulcent mixture. The foot presented a bett appearance.

Jan. 12th, 1859. A line of demarcation was formi just in front of the metatarso-phalangeal joint of t great toe. The soap and opium was ordered to omitted, and a fourth part of a grain of muriate morphia to be taken every night instead. He was allow half a pint of milk night and morning.

Jan. 15. The toe was beginning to separate. abscess, which had formed on the dorsum of the fo anteriorly, was lanced. The morphine was ordered be taken in the morning as well as at night; and a li seed meal poultice to be applied to the foot.

Jan. 29th. The morphine was ordered to be omitte and two grains of solid opium to be taken twice a d instead.

He took the opium twice a day for a considerab time, gradually at last leaving it off. An abscess afte wards formed in the sole of the foot, and was opene He was discharged cured on May 6th. From the 27 December up to that time—rather more than fo months—he was not allowed a drop of malt liquor n

irit of any kind; and tasted meat twice only. He was
ictly watched during that time; and there is reason
believe that nothing of the kind was conveyed to him
ndestinely.

Original Communications.

OSPITAL EXPERIMENTS ON THE SUPPOSED THERAPEUTICAL ACTION OF THE EXCRETA OF SERPENTS.

Richard Payne Cotton, M.D.; Fellow of the Royal
College of Physicians, London: Physician to the
Hospital for Consumption and Diseases of the
Chest, Brompton.

IE of my professional brethren may, perhaps, think
t I owe them an apology for the following experi-
ntal inquiry upon the action of the *excreta of ser-*
ts. To such, therefore, I would offer a brief expla-
on of my views on the subject.

t seemed to me passing strange that our old enemy
serpent should turn out in this nineteenth century
e so great a benefactor as to supply us with a cure
phthisis; and this too by certain *excreta* chemically
ed to that which, being so abundantly eliminated
our own renal organs, must obviously be regarded not
as unnecessary, but actually prejudicial. I had,
eover, long been convinced that for consumption
e is not, and probably never will be, a *specific* re-
y; the origin, the course, and the whole pathology
he disease irresistibly leading to such a conclusion.
ill be evident, therefore, that my trial of the *excreta*
not dictated by any very hopeful expectation.

any are the so-called "*specifics* for Consumption"
oduced to my colleagues and myself at the Con-
ption Hospital, and urgent are the appeals to try
n; but the object of their respective authors is
er too obvious or too doubtful to deserve attention.
n the excreta of reptiles, however, the case was dif-
nt. Dr. Hastings has published his new remedy to
world, and invited other physicians to try it. Already
many consumptive sufferers taken it; some are re-
ed to have spoken highly of its efficacy; and two
cases have come to my own knowledge. I felt,
efore, that I could hardly resist an appeal from one
o non-professional friends to try the far-famed *ex-*
; and that by refusing to do so, I should fairly ex-
myself to that imputation of prejudice and dog-
sm with which the legitimate practitioner is so con-
ly, and perhaps not altogether unreasonably, taxed.

Mr. Harington, Resident Clinical Assistant at the
umption Hospital, I am indebted for notes of the
subjected to the experiment; and to him as well
Mr. Edwards, Resident Medical Officer, who saw
atients daily, I can confidently refer as witnesses of
airness of the inquiry, and the carefulness with
it was conducted. To avoid any possible error,
atter gentleman undertook the preparation of the
ta according to the following formula, which I ob-
d from Dr. Hastings. Eight grains of the excreta
e python were dissolved in sixteen ounces of water
he agency of three drachms of liquor potassæ.
this solution, the lithate of ammonia was partly or
y precipitated by the addition of ten drops of
g sulphuric acid. This mixture, when filtered, con-
ed a lotion which was to be rubbed all over the
two or three times a day; whilst one drachm of
same solution, diluted with six ounces of water,
ed a mixture for internal administration, half an ounce of it being given two or three times daily. Both the lotion and mixture were clear, colourless, and almost if not quite tasteless, and were compared by many of the patients (who were entirely ignorant of their composition) to rain water.

The following is a description, as brief as possible, of the cases, and how they were influenced by the treatment. The *inverted commas* indicate the patients' own remarks.

Case i. *Phthisis: third stage.* W. S., aged 30, omnibus conductor. Chronic phthisis, with ordinary symptoms of some severity. Considerable cough, and dyspnœa. Cavernous breathing at the apex of left lung.

April 4th. To use the *excreta* lotion freely, and take the mixture twice daily.

April 8th. The same as on admission: cough and shortness of breathing unrelieved.

April 19th. "No improvement" in any of the symptoms.

Case ii. *Phthisis: third stage.* J. H. aged 39, manservant. Very chronic phthisis in an advanced condition. Dyspnœa, cough, night perspirations. Cavernous breathing with gurgling at the apex of the right lung; humid crackling at the apex of the left lung.

Has been in the hospital some weeks, under general tonic treatment, but without benefit.

April 4th. To have the chest rubbed with the lotion three times a day; and take the mixture twice a day.

April 11th. Breathing much easier; no other change. *The lotion changed for distilled water.*

April 15th. "*Lotion still relieves the breathing;*" but he does not feel so well as when taking the former tonics.

Case iii. *Phthisis: third stage.* G. G., aged 39, bricklayer. Chronic phthisis of ordinary character: severe cough. Cavernous breathing at the apex of the left lung.

Has been in the hospital for some time, and improving under quinine and cod-liver oil.

April 4th. To take half an ounce of the mixture three times a day.

April 11th. No change in any of the symptoms.

April 16th. Became so dissatisfied with the change, that at his own request he returned to his former tonics.

April 20th. "Feels better since taking the quinine and oil."

Case iv. *Phthisis: first stage.* H. R., aged 25, cabinet-maker. Chronic phthisis, associated with general bronchitis and great dyspnœa. Weak respiration, with abundant subcrepitant rhonchus at the apex of the right lung. Percussion duller, with subcrepitant rhonchus at the apex of the left lung.

April 8th. To continue the remedies under which he has been gradually improving for some weeks, and to rub the chest frequently with the lotion.

April 11th. "No relief to breathing."

April 19th. "No better." Lotion discontinued.

Case v. *Phthisis: first stage.* C. B., aged 31, housemaid. Chronic phthisis, with much cough and thoracic pain and distress. Dulness on percussion, and subcrepitant rhonchus at the apex of the left lung. Had previously taken tonics and cod-liver oil, with very little advantage.

April 4th. To take the mixture twice, and use the lotion three times daily.

April 8th. "No difference."

April 17th. Thinks the lotion has given her cold. No general improvement; left hospital at her own request.

Case vi. *Phthisis: first stage.* M. S., aged 21, maidservant. Phthisis in quiescent condition: much cough and dyspnœa of nervous character. Harsh and weak respiration at the apex of the right lung. Had been in hospital some time, and improving under steel, etc.

April 4th. The lotion to be used frequently, and the mixture taken three times a day.

April 11th. Feels better generally. "No change in chest symptoms from the lotion."

April 15th. Not improving. Felt better under former treatment, to which she begged to return.

Case vii. *Phthisis: second stage.* E. D., aged 20, maidservant. Chronic phthisis: much cough and expectoration. Pain beneath right clavicle, with "tightness of breath." Harsh respiration with humid crackling rhonchus at the upper part of the right lung. Had been some time in the hospital, and improved slightly.

April 8th. To try both the lotion and mixture.

April 11th. "Tightness relieved by the lotion." *Lotion changed for distilled water.*

April 21st. Lotion still relieves the breathing.

April 25th. "About the same in general, but *much better for the lotion*" (plain water).

Case viii. *Phthisis: first stage.* E. K., aged 18, maidservant. Chronic phthisis, with frequent dyspnœa, and much cough and oppression. Dulness on percussion, with weak and jerking respiration at the apex of the right lung. Had been in hospital for some weeks under various treatment, but had not improved.

April 4th. To use the lotion, and take the mixture in the ordinary way.

April 11th. "No difference."

April 15th. "No relief either of cough or oppression."

Case ix. *Phthisis: first stage. Bronchitis.* F. S. aged 30. Chronic phthisis: constant cough, with dyspnœa of some years standing, especially during the winter. Pain at the mid-sternum: much oppression. Flattening of chest-wall: diminished motion, dulness and weak harsh respiration under the right clavicle. Sibilant rhonchus heard throughout the chest. Had been in hospital some time, and improving under treatment.

April 4th. To take half an ounce of the mixture thrice daily, and use the lotion frequently.

April 11th. "No difference since new medicine."

April 15th. No effect from either. She wishes to return to the old medicine.

April 21st. "Improving."

Case x. *Phthisis: first stage.* M. E. aged 20. Phthisis of rather rapid form. Much cough and "tightness of breath." Pulse 100. Dulness of percussion and weak respiration with prolonged expiration beneath the right clavicle. Has been in hospital six weeks, and improving under steel and cod-liver oil.

April 4th. To use the lotion three times, and take the mixture twice daily.

April 9th. "No change; not better."

April 15th. "Not as well as with former medicine."

Case xi. *Chronic Bronchitis: Emphysema.* J. J., aged 32, porter. Cough with dyspnœa for several years: worse during the winter. Much mucous expectoration. No hæmoptysis. No cardiac symptom. Percussion morbidly resonant all over chest: sibilant and loud sonorous râles throughout both lungs. Had been improving greatly under opium, ipecacuanha, and senega.

April 4th. Ordered to take the mixture twice daily, and to rub the chest three times a day with the lotion.

April 11th. "Not so well as under other physic." Less relief from the lotion than from croton oil liniment which he had been using. At his own request, he returned to the former treatment.

Case xii. *Phthisis: first stage.* J. S., aged 25, stationer. Chronic phthisis with ordinary symptoms. Dulness of percussion note, with weak harsh breathing beneath the left clavicle.

April 8th. To take the mixture in the ordinary way.

April 15th. "Better, gaining strength."

April 12th. "Improving very much: less cough: stronger." In order to try whether the improvement was due to the *excreta* or other causes, *the mixture changed to distilled water.*

April 25th. Still improving. "Cough much and very much stronger" than on admission.

Case xiii. *Phthisis: second stage. Bronchitis.* K., aged 30, shoemaker. Chronic phthisis, complic with bronchitis of some standing. Much cough dyspnœa. Humid crackling rhonchus at the ape the left lung: subcrepitant rhonchus at bases of lungs.

April 8th. To use both the lotion and the mix in the ordinary way.

April 11th. "No relief."

April 15th. Cough increasing: dyspnœa severe.

April 19th. No change. Ordered small dose quinine with chloric ether and opium.

April 25th. Decided improvement from new t ment.

Case xiv. *Phthisis: third stage.* C. C., aged porter. Chronic phthisis: considerable cough dyspnœa: severe night perspirations—extreme em tion. Cavernous respiration and rhonchus at the of the left lung.

April 4th. To take the mixture three times, and in the lotion frequently every day.

April 8th. "Chest relieved by the lotion."

April 11th. "Breathing much easier." *Lotion changed for distilled water.*

April 15th. "Breathing not so easy." The ex lotion to be resumed.

April 19th. No improvement: cough and dys very troublesome. "No good from lotion or mixtu

Case xv. *Phtkisis: first stage.* J. W., aged 42 bourer. Chronic phthisis, with much secondary chitis and dyspnœa. Respiration weak and harsh, abundant subcrepitant rhonchus at the apices of l Has been under treatment four weeks, with benefit.

April 8th. To use the lotion, and take the mixtu the ordinary way.

April 15th. "Improving: breath easier: great from lotion." *The lotion was changed to plain w and the mixture to lime water diluted with four tim bulk of distilled water.*

April 22nd. "Lotion and mixture still do a deal of good."

April 28th. Continues as before, and is ga strength—breathing much easier.

Case xvi. *Chronic Bronchitis.* C. R., aged 56, dener. Cough with more or less dyspnœa for fi six years. Worse during the winter. Percussion clear all over the chest. Sibilant and sonorous throughout both lungs.

April 4th. To use the lotion three or four tir day, and to take a mixture of ipecacuanha and sene

April 11th. Breath relieved. "Lotion does good." *Lotion changed to plain water.*

April 21st. "Lotion does good to the chest breath. Better since using it."

Case xvii. *Chronic Bronchitis: Emphysema.* F aged 13. Cough almost constant since infancy, he had hooping-cough. Great dyspnœa. Much e toration. Pulse quick. Percussion very clear all the chest. Sibilant and sonorous rhonchi throug the lungs.

April 8th. The mixture and lotion to be employ the ordinary manner.

April 11th. No improvement.

April 15th. No change in any symptom. "Br very tight; cough hard." No relief having been g the patient was put under other treatment.

Case xviii. *Bronchitis: Emphysema.* R. H., age gardener. Cough for some years, with frequent att of asthma. At present, the breathing is labo and the cough severe. Percussion very clear all the chest. Respiration very weak, with loud sono

throughout both lungs. Has been four weeks in
ital, and improving under ipecacuanha, opium, and
ga.
ril 8th. To use the lotion, and take the mixture in
sual way.
ril 11th. "Lotion relieves the breath."
ril 19th. "Going on well"; "the medicine does
good." *The mixture and lotion changed for plain*
.
ril 25th. "Still improving on medicine." Ordered
ound cascarilla mixture.
y 6th. Getting better; much improved in all
toms since admission.
will be seen that, of the above cases, fourteen
phthisical, and four bronchial. Of the consump-
atients, eight were in the first, two in the second,
our in the third stage of the disease. The four
of bronchitis were of a chronic kind; three of
being associated with more or less emphysema.
e patients generally, several had but just been ad-
l into the hospital; whilst others had already been
treatment, some of them more or less success-
so that the new *remedy* was administered under
possible variety of circumstances.
areful examination of the result is singular and
sting, not so much in reference to the question
consideration, as with respect to other matters
al. I shall, however, first notice the effect of the
a.
hout reference to particular cases, in twelve no
whatever was produced; no single symptom re-
; and the *excreta* solution appeared to be perfectly
ative either for good or harm. So innocent was it
effect, that of these twelve patients, five who had
usly been deriving more or less benefit under
treatment, begged that it might be exchanged for
former remedies. In six cases (Nos. II, VII, XII,
, XVIII), either the lotion or the mixture was re-
by the patients to have done good; three of these
relief only from the *lotion*; but the remaining
thought the *mixture* was more or less beneficial.
hree (Nos. II, VII, XVI) who derived benefit from
ion, *found no difference in the result when the ex-*
olution was exchanged for plain water; and of the
who spoke in praise of the mixture (Nos. XII, XV,
two *experienced no difference, but went on just as*
ably when the same change was made in the mix-
and the third (No. XV) was equally uninfluenced
he unsuspectingly took *weak lime water instead of*
reta.
such facts before us, it is impossible to arrive at
her conclusion than that *the excreta of serpents,*
treatment of phthisis, bronchitis, and emphysema,
rfectly inert substance.
ould be wrong, however, to dismiss this subject
t some remarks upon the six improved cases, since
ach us an important lesson. To what can we at-
the supposed success either of the lotion or mix-
Friction, doubtless, had a great share in the
resulting from the lotion; whilst in both, hope-
s, rest, good living, and hospital hygiene, were un-
onably the great agents. Perhaps, most of us are
ed to attribute too much to the action of physic,
o little to the circumstances with which it may be
ted. It is so easy to forget that there are no
tonics than confidence and hope, and no physic
effective than good air and proper nourishment.
Benjamin Brodie, in his well-known anti-homœo-
letter, has very justly remarked that "if anyone
his patients nothing but distilled water, and en-
a careful diet and a prudent mode of life, al-
a great number would perish for want of further
more would recover." It would seem, indeed, often
ter little whether we go back to earlier days, and
ur patients an *infusion of pearls*, or let them use *metallic tractors*, or indulge them with *homœopathic globules* or *serpents' excrement;* the remedy needs only to be *harmless*, and a certain number of them will recover. It is only necessary to look upon this "certain number" as the *rule*, and, at the same time, either to disregard or overlook the real element in their recovery, in order to believe that in any inert substance—it matters not what it is, so that it be only inert or something approaching it—we have found a great remedy.

Clarges Street, Piccadilly.

MEDICAL PSYCHOLOGY.

By Robert Dunn, F.R.C.S.E.

III. *On the Psychological Phenomena or Symptoms of Disease.*

[*Continued from page* 382.]

Sleep. I cannot dismiss the important mental phenomena, in disease, of coma and delirium, without observing how difficult, if not impossible, it is, on the one hand to diagnosticate between natural sleep when profound, and the sleep merging into coma induced by opium and other narcotics; and, on the other hand, to distinguish between the phenomena of true delirium tremens, and certain recognised forms of insanity. As to sleep itself, it may well, as Sir Henry Holland has justly remarked, be called "one of the most wonderful functions of life—a state in which personal consciousness and sense of identity are scarcely maintained; in which memory and reason are equally disturbed; and yet one in which the fancy works variously and boldly, creating images and impressions which are frequently carried forward into waking life, and blend themselves deeply and strongly into every part of our mental existence. It is our familiarity with this great function of our nature which prevents our feeling how vast is the mystery it involves." He advocates the opinion that, in no case whatever of natural sleep, however profound, is consciousness wholly suspended. "It is not an unity of state with which we are dealing under the name of sleep; but a series of fluctuating conditions, of which no two successive moments are, perhaps, strictly alike. And whatever interpretation we may give to this most mysterious phenomenon of life, it seems certain that the state of consciousness, or recollected dreaming, is that which comes into closest connexion with our waking existence. It forms a passage or gradation from one state to the other; an obscure and broken link, it may be, yet belonging to that chain which gives succession and continuity to all the phenomena of our being."

On the psychological phenomena of sleep, though so interesting and curious, as in dreaming, somnambulism, and the vagaries of the imagination, when the controlling influence of the will is suspended, it is not my intention to dwell; but in certain diseases, the character of the sleep affords us an indication of great practical importance, graduating, as it does at times, into coma. In cases, indeed, of moderate compression, from effusion of blood upon the surface of the brain, it often is difficult to recognise any other distinction between sound sleep and coma, beyond that of the duration and persistence of the state; though, from the difference of the inducing cause, other variations must necessarily exist. Dr. Wilson Philip held that no sleep from which we cannot be readily and easily aroused is healthy. Now, it is true, that sleep may be too profound, and merge into coma; but then it may be too light to be refreshing. Its relations to affections of the brain are most important; and in some other functional derangements of the system, and especially in disease of the kidneys, we are aware of the importance and practical value of the indications which it furnishes to us.

As to its proximate cause, the most recent contribu tion on this subject is in a valuable essay on the Physiology of Sleep, by my friend Mr. A. E. Durham, read before the meeting at Oxford of the British Association, and published in *Guy's Hospital Reports* for 1860. From some well devised and carefully conducted experiments upon some of the lower animals, Mr. Durham had the opportunity of observing the condition of the cerebral circulation, both in their sleeping and waking states. He has proved to demonstration that venous pressure is not the cause of normal sleep; for during sleep the cerebral veins are not distended, and venous pressure produces other phenomena than those of sleep. His experiments establish the important fact that "there are two distinct normal conditions of the cerebral circulation; the one corresponding to high functional activity in the brain, the other to its repose. The one may be termed the circulation of function; the other, the circulation of nutrition. In the circulation of function, the quantity of the blood is greater, and the rapidity of its motion increased; in the circulation of nutrition, the quantity of the blood, and the rapidity of its motion are both diminished." "During sleep the brain is in a comparatively bloodless condition; and the blood moves through the encephalic vessels with diminished rapidity. This condition, from physical causes, is the one most favourable to the nutrition of brain-tissue; and, on the other hand, the condition which prevails during waking, and associated with mental activity, is that which is most favourable to the oxidation of the brain-substance, and to various changes in its chemical constitution." He maintains that oxidation of the brain-substance is concomitant with, and directly proportionate to, the development of the cerebral activity. To the important question, "what is the proximate cause of the temporary suspension of cerebral activity which follows each period of healthy mental exercise?" he suggests, in reply, the recognised analogical fact, that the products of chemical action interfere with the continuance of the action by which they are produced.

Sleep is the period of the brain's repose, giving opportunity for the nutrition of the brain-substance, as well as for the nutrition of other parts of the bodily system.

Upwards of forty years ago, Dr. Carmichael of Dublin published in *Tilloch's Philosophical Magazine* a valuable essay on Dreaming, including conjectures on the proximate cause of sleep, which is well worthy of a careful consideration. He says truly: "We cannot reflect on the nature of sleep, without being satisfied that it involves some important vital process, so indispensable as to be of daily occurrence, and of such general influence as to engage every part of the frame, but particularly the organs of thinking, sensation, and voluntary motion. If we ask ourselves, what process is of prime necessity to these organs, we can answer without difficulty, that which repairs their waste, and preserves their consistence and vigour—the process of assimilation. Whatever may be the result of its operation in the bones and muscles, and the other coarser parts of the body, we can scarcely reflect on its action upon the delicate texture of the brain and nerves, without perceiving that it must be accompanied by powerful and overwhelming effects. These are the fragile instruments of thought, feeling, and motion; and no wonder, that a change which affects these very structures should be attended with a cessation of their functions, and the actual paralysis of sleep. We may clearly comprehend the different, yet strangely analogous, modes of action of vegetable poisons, intense cold, external injuries, and the assimilating process on the brain. They all render it comatose, torpid, and paralysed; but none of them, except the last, are endowed with any but destructive powers. The assimilating process alone can renovate and restore the drained and exhausted organ; and even though the effect of its activity is to sink us in stupefaction, that very stupefaction is natural, refreshing vivifying sleep." (*Tilloch's Philosophical Magazi* 1829, p. 257, vol. liv.)

[*To be continued.*]

British Medical Journa

SATURDAY, MAY 17TH, 1862.

THE ELECTION OF COUNCILLORS BY ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Blackstone, or some other high authority, us that the law is the perfection of con sense. If this be the case, we may safely affirm the rule followed in the election of Councillo the Royal College of Surgeons of England is ut illegal; for truly it would be hard to find a more contrary to reason, contrary to common s and contrary to justice. It is difficult, indeed, t derstand how such a scheme could have ever en into the mind of man to conceive. When we it in operation—try it by its fruits—we are forc conclude, either that it was adopted for the pu of making popular elections absurd, or that it very unfortunate product of the notoriously un nesslike projects of medical men. Be this as it it is high time the College authorities took due to relieve themselves from the odium which of necessity attach to such a mode of election. long as the re-election of the retiring Counc was a matter of course, the thing might pass mu but if the election of Councillors is in future to solemn and actual fact, then it is evident th mode of election which opens the door to unse manœuvring, and to the worst of all kinds of nœuvring—viz., through the mouth of the ba box—cannot be accepted as legitimate. We not for one moment admit the explanation that an election is the only one the charter or bye- permit. No charter or bye-laws of a great royal poration can creditably sanction such a gross ir to the corporation as is involved therein. Ir cannot shelter itself under legality. As we said year, when speaking of this matter, there ougl be no opportunity for the indulgence of their pensities, and the exercise of their talents scheming men, in such a solemn business as The Fellows ought to meet together like me conscience and honour, and of sufficient knowle and vote accordingly. The men for whom they cord their votes should require no private puf nor underhand recommending, nor mysterious cipatory meetings, to carry their elections. But fact is, as matters now stand, a premium—the mium of success—is set upon such manœuvring his particular election business; and, as Fellows of he College are but men, we need not be surprised at there should be found among them those who re ready to exercise to the very fullest extent the lectioneering privileges and ideas of British subects. This rule of the College election invites them the work.

We will again remind our readers of the practical orking of the rule, in order to justify our condemation of it.

In the first place, a majority of the votes of the ellows voting is not requisite to carry an election. n the last occasion, for example, one gentleman as elected by a *minority* of sixteen, and another by *minority* of forty-four; so that, in truth, the voice the majority is not heard at such an election. It indeed, positively a fact that, under a favourable njunction of things, a man, by voting for himself, ay secure his election as Councillor, notwithstandg that all the other Fellows present—say one thound of them—do actually record their votes against m!

But let us, by example, see how an election may worked. There are, we will suppose, three vancies declared in the Council, and five candidates nounced to fill the vacancies. The five names are t down on a list, and presented to each voter, who en proceeds to scratch out as many names as he eases; but he must not vote for *more* than three—., a number equal to the vacancies declared. If, example, he leaves four names on his list, his te is lost; *but he may, if he choose, although there three vacancies, back only one man.* And it is in is way that the door to manœuvres is opened. We l suppose that the number of electing Fellows to al with these five candidates is four hundred, and at each Fellow has a favourite whom he means to ck for winning. In such case—*i.e.*, if the four ndred Fellows acted as many Fellows did to sere the election of their men at the last occasion— might look forward to the following list as being product of the ballot-box. Thus we might find corded—

r Candidate	A,	250	votes,	therefore	against him,	150
"	B,	100	"	"	"	300
"	C,	9	"	"	"	391
"	D,	5	"	"	"	395
"	E,	2	"	"	"	398

Now, in this case, according to the extraordinary llege rule, A, B, and C are the winning men, bease they are the three men at the head of the list. is honestly elected by a majority of 100; B is ftily elected by a clear *minority* of 200; and C to the astonishment of himself and of every one e, elected a Councillor of the Royal College of rgeons of England, notwithstanding the very rerkable fact that 391 out of 400 Fellows voted inst him! Now this is positively only an exaggerated description of what has actually occurred. Can the *reductio ad absurdum* ever be made to show more clearly the original sin of the premises—*i.e.*, the flagrancy of this mode of election?

The remedy is most plain and simple. Make every Fellow record his vote for not less than three Councillors, if there be three vacancies; and let no Fellow be elected to the Council who has not a clear majority of votes of the Fellows present. Let the elections of Councillors, in a word, be done as they are at the College of Physicians of London. It really seems trifling with the credit of the College to pretend that a Councillor represents the feelings of the body of Fellows, when he is elected notwithstanding the majority of Fellows voted *against* him. No College authority will, we venture to say, defend a law which produces such fruit. The plea of legality is all that can be said in its favour; but it will require, we fancy, more ingenuity than the College possesses to satisfy the Members and Fellows that the plea is a good one, or worthy of the Royal College.

THE WEEK.

Dr. Hastings, the consumption-curer, has notified his existence to the public through a law court within the walls of Westminster. He has there sought for a rule calling upon the *Lancet* to show cause why a criminal information should not be filed against its publishers, for a libel injurious to him as a man of science and position.

"Dr. Hastings, in his affidavit, stated that he had been for about twenty years a graduate of Edinburgh; and, during his career as a physician in this metropolis, he had devoted himself to enlarging the bounds of the *Pharmacopœia*; and in the year 1843, he published a book, in which he showed that pulmonary consumption might be successfully treated with naphtha. He had since published another book, in which he showed that oxalic acid, fluoric acid, and phosphorus might be successfully employed for the same purpose; and these remedies had been tried by persons of the highest distinction in the medical world. Amongst others who had consulted Dr. Hastings, the learned counsel mentioned Mr. Guthrie, Dr. Latham, Mr. Salmon, and Mr. Lawrence, the eminent surgeons; and Mr. Tuffnell, the well known inspector of schools, was cited as having spoken in high terms of Dr. Hastings's discoveries."

Such being his claim to consideration, he, in 1861, discovered curative properties in reptiles' excrement, as we have already elsewhere explained to our readers. The *Lancet* also spoke of the new remedy and its inventor, but in a way which the Dr. (as we have seen) considers libellous; and, therefore, he thus calls for justice in Westminster Hall. We know not whether Dr. Hastings has obtained what he expected at the hands of the court; but he certainly did not get his rule. He may be consoled, however, with the fact, that the celebrity of his new cure will not be injuriously affected by the proceeding. On the contrary, reasoning upon the well-known mental plasticity of *populus*, we may be very sure that the circle of Dr. Hastings's sick-pulmonic acquaintance will be enlarged by this indirect public advertisement of the merits of reptiles' excreta. Be this as it may, we refer to the trial, because we wish to put on record the words of a man who is profoundly versed in a knowledge of human nature and human tricks. Lord Chief Justice Cockburn, in refusing the rule, seems to us to have taken the opportunity of reading quacks in general and their dupes an useful lesson ; and he also wisely defended the privileges of the medical press, and pointed out the services which it rendered to the community. In answer to Mr. Coleridge, "who contended that the effect of the article was to charge the applicant with being a quack," the Chief Justice said "that great service was done to the public by denouncing quackery, provided it was done in a fair spirit." He also said that

> "He thought there were some expressions which might have been omitted; but with respect to the concluding paragraph of the review (upon which the learned counsel seemed to lay some stress), his lordship thought that was rather a libel upon the public.
>
> "Mr. Coleridge then submitted that the article imputed dishonest motives.
>
> "Lord Chief Justice Cockburn said Dr. Hastings had brought forward his three remedies one after another; and when he had himself given up the first two, he brought forward a third, the excreta of reptiles. It might be that he had discovered a remedy; and, if so, truth would prevail in the end; but it was not to be wondered at that the matter was treated rather sarcastically when the public were told that phthisis could be cured by the dung of snakes. The article might be a libel; but the applicant had the ordinary remedy, and the court ought not to interfere, except where there was *mala fides*, or some sinister motive."

We think it our duty to state that a monthly journal, the *London Medical Review*, admits into its pages papers written by a homœopath in defence of homœopathy, and illustrated with cases to show the efficacy of homœopathic remedies. This proceeding seems to us exactly similar to the admission of homœopaths into consultation with medical men—a proceeding which has been so unmistakably condemned by the voice of the profession. The reception of such articles into a medical journal is a distinct admission on the part of the editor that homœopathy is a subject upon which there is something reasonable to be said—which has a fair right to discussion at the hands of the profession. That the papers to which we allude contain incomprehensible nonsense, we need hardly tell our readers ; it is enough to say that they treat of homœopathy to prove their right to such a title. The editor, it is true, seems to feel that some apology is due to his readers for admitting them. He says : "The editor thinks it right to state that this communication from Dr. Sharp is an answer to a challenge contained in a review of his letter to Sir B. Brodie, which a peared in the last number of this journal Whether such an apology will satisfy them that journal is doing its duty to the profession in suppl ing them (and the homœopaths) with cases illu trating the curative action of homœopathic remedie we very much doubt. We believe that this is t first medical journal, in this country at least, whi has ventured to lay before the profession cas treated, and of course cured, by one drop of opiu (first dilution), which means, we suppose, 1-10,000 or 1-1,000,000,000th of a drop of opium ! The di cussion of the quadrature of the circle, or of pe petual motion, is an harmless though very unprofi able occupation ; but the discussion of homœopath though equally absurd, is not harmless ; for homœ pathy is a living delusion, whose practice inflicts direct injury upon humanity. When medical m or medical journals condescend to the serious di cussion of homœopathy, they most assuredly e courage the delusion ; and so indirectly assist the injury which it does to humanity. We obser also that Dr. Sharp says, in speaking of a cas "I saw him the next day (the 24th) in consultati with a highly respectable allopathic physician." does not, however, give the highly respectable name. Does he think the bearer of it would ashamed or afraid to have it mentioned ? We a pend one of Dr. Sharp's cases, as published in t *London Medical Review*. We are sure our reade will agree with us that it is not in its right place:-

> "Case iii. December 1861. Mr. ——, in Leiceste shire, aged 78, has had severe catarrh a week or ten day and wrote for medicine December 9th. I replied th he ought to be visited, sending a little mercury. Aft the 11th, I had visited him every second or third d for three weeks, during which time he had a most da gerous attack of bronchitis, with great expectoratio entire loss of appetite; cadaverous odour, very ove powering to his nurses; and, indeed, all the appearanc of a dying old man; so that I thought it necessary summon members of his family from a distance. B God's blessing, a persevering use, day after day, of pho phoric acid and charcoal (the second dilution of th former, and the second trituration of the latter), and a occasional glass of champagne, when he could tak nothing else, were adequate to meet the emergency. H recovered perfectly; and has since daily exposed hi self to the unusually wet season we have recently had.
>
> "These cases might have been reported with adva tage in greater detail; but having trespassed already s much on the pages of this month's number of the *Revie* I shrink from asking for more."

The French government has invited the Academ of Medicine to appoint a commission to examine an study the question of the hygienic condition of th French hospitals. We apprehend that any Englis student of medicine, who has visited the wards of Parisian hospital, could tell the French *savans* wh the mortality there is so excessive. It is a strang sight to see the learned academicians beating a about the bush, and looking at the bottom of th

ll for what lies plainly exposed on the surface to
ordinary person's eye. Every Englishman who
s studied medicine in Paris knows perfectly well that
chief cause of the excessive mortality in the sur-
al wards is the want of fresh air, and the nursing
of putrid matters within well-closed bed-curtains,
joined with the fostering of putrefaction by the
h temperature maintained in the stove-heated
rds. Well do we remember, some twenty years
, the indignation of M. Velpeau on the discovery
an open window in one of his wards ; and this at
ime when every incision was followed by erysi-
as or phlebitis, when almost every case of oper-
on died, and when (as our notes show) several
ients died of phlebitis during the winter session
er simple venesection. The fact is, in this matter,
French brethren are too scientific ; too much
ence has blinded them.

E fact of the inoculation of syphilis through the
ans of the blood of a person suffering from con-
utional syphilis seems to be clearly proved by the
tory of an experiment which we last week laid
ore our readers. The opinions and facts so
ngly stated by M. Viennois are thus fully corro-
ated. We recur to the point, because the con-
sion to be drawn from the case is one of the
hest practical importance. It shows, at all events,
t the greatest care is requisite in preventing all
sible contamination of healthy people through
contact of the blood of those suffering from sy-
lis—the contamination of a healthy nurse, for
mple, through the sore mouth of an infected in-
t. We need not add that the fact, if it be a true
l undeniable fact, will help to explain these occa-
al cases of syphilitic contagion which have here-
re puzzled the syphilograph, and appeared to
et what he has pleased to call his laws of syphi-
We may further add, that the case shows that
ought, under no circumstances, to use vaccine
n the arm of a syphilitic child, notwithstanding
t many authorities tell us they have often used
h vaccine with, apparently, the most perfect im-
ity.

VAN KAMPEN relates by letter to the French
demy experiments performed by him on the
vous centres with chloroform. A few drops of
s liquid brought into contact with the cerebrum
cerebellum of animals produce only anæsthesia ;
when poured upon the medulla oblongata pro-
e death; thus confirming the researches of M.
urens.

r. Pincus of Insterburg tells us, through *Casper's*
rteljahrschrift, that, by means of permanganate
otash, the odour left on the hands of *post mortem*
kers may be immediately and effectually removed.
He has now used it with complete success for a year. The oxidising power of this substance suggested to him its use for the purpose.

L'Union Médicale, speaking of the late operation performed by M. Civiale on the King of the Belgians, remarks that this is the second time a royal bladder has been submitted to the instrumentation of this skilful operator. The late King Bomba, of famous memory, underwent the same operation, and paid a fee for it of £5,000. M. Civiale, the journal adds, does not appear to have brought back from Belgium anything more than the Cross of Leopold.

In the *Oporto Medical Gazette*, Dr. Caucellas describes a case of poisoning by arum maculatum. A healthy child, three years old, while playing about, met with a basket containing the flowers, fruits, and roots of the plant, which had been collected for the benefit of the pigs after boiling. The child chewed and ate some of them; and, on returning to his parents, complained of burning in the lips and mouth. When seen by the doctor, the child was in a state of prostration; he did not speak, but often raised his hands to his mouth and throat, and occasionally uttered a piercing cry, rising up as if suffocated. The lips, the palate, the tongue, the amygdalæ, pharynx, etc., were swollen; and pain at the epigastrium was felt on pressure. He could not swallow, and died asphyxiated during the night.

M. Quatrefages has given the Academy his opinion of the origin of the little Hillocks of St. Michel-en-l'Herm, in La Vendée. These Hillocks are wholly composed of the shells of oysters and molluscs of species now existing. They are elevated fifteen *mètres* above the level of the soil, and are situated in what is called the Marshes. From an examination of them, M. Quatrefages considers that they are simply the remains of ancient fortifications or defences raised by Charlemagne for the protection of the inhabitants against the invasion of the Normands. Silver buckles, nails, and money with the effigy of Pepin-le-Bref, have been found at the spot.

M. Pouilliet described to the French Academy an apparatus of M. Carré, the object of which is to produce rapidly a considerable degree of cold at a very trifling expense. The inventor makes use of a mixture of water and ammonia. The separation of these substances, which is effected by very simple means, produces, through the evaporation of the ammonia, an instantaneous reduction of temperature capable of producing 250 kilos. of ice per day. The volatilised ammonia is then again united to the water, for which it has a strong affinity; and thus the mixture may be employed indefinitely without loss of materials.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirtieth Annual Meeting of the British Medical Association will be holden at the Royal College of Physicians, in London, on Tuesday, Wednesday, Thursday, and Friday, the 5th, 6th, 7th, and 8th days of August.

Philip H. Williams, M.D., *General Sscretary.*
Worcester, May 14th, 1862.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
West Somerset. [Annual.]	Clarke's Hotel, Taunton.	Wednesday, June 4, 2 P.M.

BATH AND BRISTOL BRANCH: ORDINARY BRANCH.

The ordinary meeting of this Branch was held on May 1st, at the White Lion Hotel, Bristol; J. G. Swayne, M.D., President, in the Chair. There were present thirty members.

The minutes of the last ordinary meeting were read and approved of.

Communications. The following papers were read:—

1. Statistics of Forceps Operations. By J. G. Swayne, M.D.
2. Disease of the Astragalo-Calcaneal Joint. By R. W. Coe, Esq.
3. Case of Empyema. By G. F. Burder, M.D.
4. Case of Diphtheria. By R. W. Ellis, Esq.
5. Cases of Immediate Treatment of Stricture. By A. Prichard, Esq.

These papers will be forwarded for publication.

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

The most noteworthy event in our medical world since my last communication, is an operation at the *Royal Infirmary;* namely, the successful deligation of the common iliac for aneurism, by Mr. Bickersteth, on the 4th of March. The patient, a boiler-maker, aged 39, had complained for several weeks of uneasiness in the right lower extremity, which had latterly increased to severe pain, rendering him quite unable to follow his occupation. There was no indication of any other arterial disease. The tumour occupied a space extending from an inch and a half below Poupart's ligament to within two inches of the umbilicus, on the right side. The pulsation and impulse were very distinct. The mode of operating was somewhat similar to that recommended by Sir Astley Cooper. A vertical incision, about five inches in length, commencing at a point one inch above and three inches to the outer side of the umbilicus, was carried downwards over the tumour, and all the structures were divided down to the surface of the peritoneum; then, with a probe-pointed bistoury and with the fingers in the wound, the peritoneum was carefully separated from the *fascia transversalis* and from the su of the tumour, laying bare the sheath of the com iliac; the edges of the wound being held apart with co spatulæ, the sheath of the vessel was seized with forc and opened to the extent of a quarter of an inch armed aneurism-needle was then passed below the ar between it and the vein, and the vessel tied. The op tion was accomplished quickly and without any appa difficulty, and there was no bleeding of any conseque The aneurism arose from the external iliac, and common iliac artery was displaced, and rested upon upper and inner surface of the tumour. It was o in form, of about the size of a small cocoa-nut. subsequent progress of the case was most favoura The day after the operation, the tumour had bec firm and solid, the foot was warm, and the strong pulsa of the epigastric and other small arteries indicated early establishment of the collateral circulation. ligature came away on April 6th, the thirty-third after the operation; and on my visit to the hos on the 15th, I found the patient able to walk ab the ward, apparently quite recovered. The remain the aneurism can be felt as a hard tumour of co derable size, in the lower part of the right side of belly.

In an adjoining bed lies a man whose case has affor much interest to those who have watched its progr This patient, an individual of robust frame and heal aspect, was admitted with symptoms of pyæmia, ha suffered, shortly before, from whitlow of severe cha ter in the palm of one hand, followed a week or afterwards by pain of great severity in the left behind the trochanter, extending down the thigh in course of the sciatic nerve. Under the use of alcoh stimulants, and quinine and opium in full doses, he apparently recovering; when, having now been in hospital for a few weeks, he became suddenly worse, seized with rigors, profuse sweating, loss of appet anxiety of countenance, and other indications of seri constitutional disturbance; followed by swelling of entire left lower extremity from the hip to the f which rapidly increased, until the limb was considera enlarged, and presented precisely the appearance of affection so well known in the lying-in chamber *phlegmasia dolens.* For a time, it was supposed t deep-seated formation of matter had taken place; a the urgency of the constitutional symptoms rende the prospect somewhat uncertain as to the result. T application of flannel bandages to the limb and app priate general treatment have, however, so far gradua improved the patient's condition, both locally and ge rally, that he now presents every appearance of a favo able convalescence. The cause of the pyæmia in t case was not very evident; the man attributed his illn to some poison imbibed into his system while employ in stripping the copper from a ship's bottom, but it d not appear that he sustained any wound or other lo injury while thus occupied. Mr. Bickersteth, wh patient he is, was of opinion that the pyæmia had aris spontaneously, or, at any rate, independently of a wound or injury.

On the same day that the common iliac was ti

Bickersteth amputated through the shoulder-joint nalignant disease of the humerus, the previous his- of which presents points of special interest. The nt, a stout healthy looking woman, aged 27, had complained, six months previously, of numbness veakness of the right arm, and of dull pain, referred ly to the shoulder; the motion of the joint was and there was little or no enlargement. These toms continued for some time, the pain gradually asing in severity, and assuming that peculiar cha- r which is generally regarded as almost pathogno- c of acute disease of the articular cartilage, the otherwise assuming all the aspect and symptoms cteristic of ulceration of that structure. In this tion she was taken into the Royal Infirmary, and al consultations were held upon the case, the exact e of which was still involved in some doubt and rity; but, as it so closely resembled inflammatory se of the joint, the treatment suitable to that con- was recommended. A course of mercury was , subsequently opium in full and frequent doses, ut the least relief to the pain, which had now be- extremely severe. The actual cautery (a favourite ly with Mr. Bickersteth in certain states of dis- joints) was freely applied, so as to produce a good slough, by which the pain was at once relieved; a nstance which tended to strengthen the supposition he pain was dependent upon an inflammatory ion of the articular cartilages, inasmuch as the ation of the hot iron has such a peculiar and re- ble influence over the pain in such cases.

r a respite of suffering for two or three weeks, the t again complained of much pain, and at the same here appeared decided and rapidly increasing en- ent in the neighbourhood of the joint, and the ssumed a formidable aspect. It was then resolved down to the seat of the pain, with the hope that ly an abscess might be reached, or diseased bone ered and removed, and these failing, to be guided umstances as to further proceedings. The patient cordingly brought into the operating theatre, and ickersteth made an incision down to the head of merus, which at once disclosed the real state of se. An osteosarcomatous tumour was found, in- g the upper part of the humerus, surrounding and pping the globular head of that bone, which was s it were, deeply imbedded in a protruding mass gus-like excrescence, rendering its disarticulation he scapula a matter of some difficulty. The arti- urface of the scapula was not implicated; that of ad of the humerus presented exactly the appear- seen in ordinary ulceration of the cartilages, being vascular, intensely inflamed, and in some places ted by absorption. The malignant growth had t extended to the articular surface, but from con- and pressure had set up acute inflammation and ion of the cartilage, thus explaining the pecu- of the symptoms and the progress of the case.

e I last wrote, there have been two cases of resec- the elbow-joint at the Royal Infirmary: one by ckersteth in a boy aged 10 years, for scrofulous of two years standing, in which a sequestrum had been removed two months previously; the other by Mr. Stubbs, also for scrofulous caries, in a lad aged 14, both of which have been followed by very satisfactory results, and an useful limb restored in each.

The successful excision of joints, especially those of the upper extremity, has now become an established fact in the practice of this hospital; so that amputation is scarcely, if ever, thought of in disease of the elbow or shoulder-joints.

To give some idea of the slight constitutional disturbance, and of the rapid recovery of an useful limb after this operation, I may mention that, in Mr. Bickersteth's case just alluded to (within a week of the excision), the nurse one morning discovered the boy standing by the bedside, with his arm out of the sling, and coolly drawing on his trowsers, apparently using one hand as freely as the other.

Of the more formidable operation at the knee, we cannot speak quite so unreservedly; of five cases by Mr. Bickersteth, three failed, but the last two have been successful; and from the improvements in the after treatment, which experience has suggested, there is good reason to expect that for the time to come, resection of the knee may be placed in the same satisfactory position as that of the smaller joints.

It is worthy of remark that, as most of your readers will doubtless remember, it was at the Liverpool Royal Infirmary, that Mr. Park, in the latter part of the last century, first designed and practised excision of the joints as a substitute for amputation. The operation, however, from some cause or other, seems to have fallen into disuse here, until a few years ago, when it was revived by Mr. E. R. Bickersteth, who probably had been favourably impressed with its results when a pupil of Mr. Syme in Edinburgh, and who is, therefore, entitled to the credit of having been chiefly instrumental of reestablishing the reputation of this achievement of conservative surgery in the practice of this institution.

At one of the recent meetings of the *Medical Institution*, we had an interesting discussion upon the remedial value of chloric ether and of chlorodyne; in which, as might be expected, the opinions expressed were various, and somewhat conflicting. With reference to chloric ether, it may be well to state that the medicine so-called has for many years been much prescribed in Liverpool; it is, in reality, a solution of chloroform in rectified spirit, in the proportion of one part of the former to eight parts of the latter; differing altogether in its chemical nature, if not in its medicinal effects, from the substance known chemically as chloric ether. (See Nevins's *Translation of the New London Pharmacopœia*, page 131.)

Dr. Formby of this town, who retired a few years ago, after an extensive and prolonged practice in this locality, had great faith in this artificial chloric ether as a febrifuge, believing it to possess specific properties in the treatment of fever; but I am inclined to think that at the present time it is regarded and prescribed chiefly as an agreeable diffusible stimulant; and this appeared to be the estimate of its value by the majority of those who took part in the discussion the other evening. During this, by the way, the following useful, and probably (to many) novel, application of the anæsthetic properties of chloroform, was mentioned. A few drops of chloroform are to be added to a small quantity of water, and the liquids well shaken together; then, if the solution be held in the mouth for a few minutes, a sort of temporary local anæsthesia of the nerves of taste is produced, during which the most nauseous medicines may be taken without the least perception of their disagreeable flavour.

With regard to the value of chlorodyne, much difference of opinion prevailed. One practitioner of considerable experience had found it most beneficial, especially in whooping-cough and bronchitis in children; its effects had sometimes appeared to him to be almost magical. He also thought it useful, combined with quinine, in tic douloureux. Several other speakers—indeed by far the larger proportion of those who had recorded their experience in the use of this nostrum—seemed to have but little faith in it. More than one hospital physician and surgeon, after giving it an extended trial in public and private practice, had been unable to discover any of its alleged virtues; and in their hands not only had it failed to produce any of those marvellous effects which it is so vauntingly said to be capable of achieving, but it had proved neither so uniform nor so reliable in its action as the narcotics and stimulants already in use. A few instances were mentioned in which its use had proved eminently disagreeable, and one in which it was absolutely injurious.

Apropos to this subject, I am not sure, Mr. Editor, whether I shall carry with me the sympathy of your readers when I say that my notions of propriety are somewhat offended by the appearance week after week, in the advertising columns of the JOURNAL, of the unprofessional (not to call it by another term) announcement of Dr. Collis Browne's wonderful discovery of a secret remedy for a long list of diseases. Possibly, for reasons unknown to the uninitated in the commercial mysteries of conducting a medical journal, it may be difficult, if not impracticable, entirely to exclude advertisements of this character; neither, perhaps, is it right hastily to condemn those who unwillingly afford indirect encouragement to quackery by prescribing a secret remedy, if they conscientiously believe it to possess specific properties of an useful and important nature. One way of meeting the difficulty seems to be to expose, if possible, the mysterious pretensions of the nostrum; thus enabling those who desire it to obtain the same benefits without the necessity of contributing to the revenue in the shape of stamp duty. With this end in view, I am disposed to publish, for the benefit of those whom it may concern, a formula which I have good reason to believe is, for all practical purposes, identical with the much vaunted chlorodyne; and I shall be glad if some of our friends, who at present believe in "Collis Browne", will test this substitute. And I think I may venture to assert on some authority, that, although this formula will not produce all the miraculous effects claimed for its prototype, it will nevertheless be found quite as efficacious, if tested as a remedy of reasonably finite powers. The following is the formula for " rodyne".

Take of—treacle, four ounces; tincture of opium ounces; tincture of capsicum, three ounces; cl form, four ounces; dilute hydrocyanic acid ounce; sulphuric ether, four ounces; essen peppermint, half an ounce. Mix.

I need scarcely say it will be found much less c than the patented original.

Several other subjects of interest must be deferr a future letter; as this has, I fear, already extende tended beyond the prescribed limit.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGI SOCIETY.

TUESDAY, APRIL 22ND, 1862.

B. G. BABINGTON, M.D., President, in the Chai

AN ANALYSIS OF TWO HUNDRED AND THIRTY CASE LITHOTOMY. BY THOS. BRYANT, F.R.C.S.

THE author's communication was based on an ana of cases collected from the records of Guy's Hospi the last twenty-five years, his own notes supplying e example during the last eight. A table illustrating principal points was brought before the Society.

Frequency of the Operation of Lithotomy at the ferent Periods of Life. From his own cases, BRYANT showed that nearly one-third of the whole n ber of cases tabulated occurred in children under years of age, and about one-fourth between five and years of age; more than half, or 56 per cent. of al cases having taken place in children during the firs years of life. This tendency in childhood to calcu disorders certainly was not a disease of debility, bu peared to belong to a condition of body which is nc from sound health; it being an unquestionable that the healthiest looking and apparently best-rished children admitted into a London hospital those suffering from stone.

In every succeeding Five or Ten Years' Period pa after Ten Years of age, the Presence of a Stone bec more rare. Between the ages of ten and fifteen, i peared to be half as frequent as it was in the prece quinquennial period; and this number may be a halved between the ages of fifteen and thirty. In dle adult life, lithotomy is an operation of some ra lithotrity being then more applicable; but in old lithotomy appears to be rather more frequent.

Mortality of the Operation. In quoting the res of the analysis of his own table, the author comp them with those given in the *Medical Times and Ga* on Jan. 8th, 1859, which was stated to include the g ral experience of the London hospitals for three y and a half. With five exceptions the whole of his cases had been operated upon by the lateral method

Mortality of the Operation at Different Period Life. During the first ten years of life it was the n successful, 1 case only in every 21½ being fatal. In journal above mentioned the average of this period 1 in every 13·6.

Analysing the cases under ten years of age, it shown that at the age of two years, 6 cases were corded, 1 of which died; but the cause of death evidently acute bronchitis, and, therefore, unconnec with the operation. At the ages of three and four cases were tabulated, with not one fatal example. tween five and ten, 79 cases were recorded, five of wh

, or about 1 in every 16. In 2 of these five cases,
iorrhage was the assigned cause; but in both there
been distinct evidence of the presence of the cal-
s for at least two years, or for nearly half the pa-
s' lives. In 2 cases, aged nine and ten, symptoms
existed from birth; and in both a subsequent ex-
iation revealed old and extensive renal disease.
n this it appeared, that in children under ten years
ge, the dangers of the operation were very slight,
cularly if the symptoms of stone had not been of
standing; for if the symptoms have not existed
lengthened period, there is good reason to believe
the kidneys are sound, and if so, the risks of the
ation are a mere nothing. If, however, on the other
l, there have been evidence of the presence of cal-
is disease for some years, or for a large portion of
hild's life, renal disease may assuredly be suspected,
the danger to life by an operation will consequently
nuch magnified, the dangers of lithotomy being
tly in proportion to the extent of the renal affection,
his being fairly measured by the duration of the
toms.

ssing on to the next decennial period, including
operated upon between the ages of ten and twenty,
ses were tabulated, 5 of which proved fatal; but
ese being again divided, it was shown that between
ges of ten and fifteen—that is, before the period
ich the genital organs have become developed—
ortality was much less, 2 cases only dying out of
whereas between the ages of fifteen and twenty,
the genital organs had become parts of import-
the mortality was twice as great, 3 cases proving
out of 18—the risks of the operation being just
times as great. The cause of death in these cases
lso shown to have been renal disease.

young adult life—that is, up to the age of forty—
ient in every 6½ was shown to have died; but be-
forty years of age the mortality had increased to
r cent., more than one-half sinking after the opera-

looking for the causes of death in the 19 cases
proved fatal in patients above forty years of age,
king fact became manifest. In 10 a *post mortem*
ination was subsequently made, and in all ex-
e renal disease was readily detected. In all there
een evidence of a calculus being present for many
.

e author dwelt for some time upon the fact that
use of death in the majority of the cases was renal
se, and showed that, if this complication was a
one after most operations, it was palpably of greater
tance to the one which he was then considering.
e preceding part of his paper he had shown how
he complication had been at different periods of
nd he thought that it might be safely asserted that
the earliest to the latest period of life the risks of
omy are exactly commensurate with the extent of
e in the renal organ. Thus, in young life, when
s by no means of common occurrence, a good
as a rule takes place; but at a later period, when
esence is more frequent, a bad result has too com-
to be recorded.

e fact that peritonitis and pelvic cellulitis were pre-
n a large proportion of the cases examined did not
r to be an argument against the view that disease
kidney was the chief cause of death, for the au-
sserted that physicians and surgeons were all well
of the intimate connexion which existed between
disease and inflammation of the serous mem-
s. In medical practice it was well known that this
f inflammation was the immediate cause of death
st examples of Bright's disease. And regarding
estion from a surgical point of view, it was clearly
to a doubt whether so many patients would sink
peritonitis and pelvic cellulitis after lithotomy—whether young or old—if they had not been rendered prone to such inflammations by the presence of a renal affection.

As a practical conclusion, the author was led to assert that—

The dangers of lithotomy as an operation, independently of accidents, were not great; and that a fatal result from such alone rarely took place.

Where death followed, renal disease was the cause in almost all cases; and this renal affection appeared to follow almost necessarily upon the long existence of the calculus.

The duration of the symptoms was the best and surest guide to the diagnosis of the complication; and in proportion to the period of their existence were the renal affection and its extent to be suspected, and as a result was the danger of the operation to be dreaded.

The necessity of the early detection of a calculus became, then, an important point, and its early removal imperative.

The author then compared the number of stone-cases admitted into the metropolitan hospitals with those that were operated upon forty years ago, and showed that the number of cases in the present day had not diminished; consequently, that the fear was groundless which originated the idea that, from the freedom with which stone-cases were operated upon in the provinces, the metropolitan institutions would be deprived of their practice.

Correspondence.

THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW ON THE OPERATION FOR INTRAOCULAR MYOTOMY.

Letter from J. V. Solomon, Esq.

Sir,—I have abstained hitherto from replying to the criticisms which have appeared in several of the journals upon the papers in the *Medical Times and Gazette* entitled "An Experimental Enquiry into the Value of Incision of the Ciliary Muscle in Certain Diseases of the Eye, and Disorders of its Accommodation," from a conviction that the acceptance of my views and practice by the profession was more likely to be obtained by prolonged investigation and the occasional publication of results accompanied by illustrative cases, than by entering into controversy with anonymous critics on a subject with which apparently they had no practical experience. As, however, I feel my practice to be misrepresented in certain important particulars in the *British and Foreign Medico-Chirurgical Review* of the past month, to maintain a longer silence would be culpable.

The reviewer of Mr. Haynes Walton's book on the *Surgical Diseases of the Eye*, in alluding to the treatment of glaucoma by an incision in the ciliary muscle on a line parallel with the equator of the eye (intraocular myotomy), makes the following remarks:—"Mr. Solomon's procedure seems a sort of operative panacea for the eye; for it is supposed to cure not merely glaucoma, but conical cornea, myopia, presbyopia, asthenopia, etc. We remember similar claims being put forth for division of the external muscles of the eye, some time after the operation for strabismus came into vogue." Before perusing this statement, I confess I was in ignorance that myotomy of the external muscles of the globe had been proposed or performed for the cure of glaucoma and conical cornea! My experience at the Birmingham Ophthalmic Hospital has afforded numerous instances in which certain disorders of accommodation and refraction coexisted with strabismus, and received considerable relief from tenotomy of the muscle in fault.

On referring to Mr. Walton's work, I find the reviewer, implicitly relying on his author's accuracy, has been led into error respecting my plan of treatment. At page 650, Mr. Walton remarks: "He" (Mr. Solomon) "has performed the operation (intraocular myotomy) successfully in cases of glaucoma, choroiditis, conical cornea, myopia, presbyopia, asthenopia, etc. (*Medical Times and Gazette*, May 19th, 1861.)" In this passage, Mr. Walton has been careless not only in his clinical statements, but even in the date affixed. My paper containing an account of the physiological effects of intraocular myotomy appeared in the *Medical Times and Gazette* for January 19th, 1861; and neither in it nor elsewhere have I held that presbyopia or asthenopia should be treated by the same operation which I advocate as being beneficial in glaucoma and myopia.

In the same communication I say: "I have designated this operation intraocular myotomy in *contradistinction* to that in which the muscular circle is cut asunder by an incision which *radiates* from the cornea. . . . . The adjustment of the near-sighted eye for near and distant objects is increased by the performance of intraocular myotomy. *The effect of cutting the muscle asunder by an incision which radiates from the cornea is altogether different*, because practically the functions of the radial fibres are not interfered with. By such an operation I have cured asthenopia. . . . . According to Donders, the eye is malformed: it may be so in some, but certainly it is not in all examples of that disorder, as the disease, when not congenital, has been cured. I *once* cut asunder the ciliary muscular circle in a man who was presbyopic, and had lost his employment as a house-painter because he wore spectacles. In a fortnight after the operation, *he declared himself* to be cured, put aside his spectacles, and resumed his employment. Unhappily, he did not afford me an opportunity of testing his adjustment."

It will be obvious from these quotations I have taken special pains to guard against the confusion of the two operations which, on the one hand, I have applied to cases of glaucoma and myopia, and on the other to a few cases of asthenopia, and a solitary instance of presbyopia which was probably complicated either by asthenopia or congestion of the deep-seated tissues.

It will also be apparent I have recognised more than one condition of the eye in persons affected with asthenopia; and, if the two examples recorded in the *Medical Times and Gazette* for March 2nd, 1861, p. 221-2, are perused, it will be found that in them the fatigued vision was attended by severe aching pains in the globe, which were completely removed by division of the ciliary structures (neurotomy?). How far it may be possible to diagnose instances of intraocular nervous from muscular pains (ciliary myalgia), it would be here out of place to discuss; but I may remark, it was from the conviction, based upon recognised principles in surgery, that whichever of these conditions existed in the cases referred to, relief would follow the division by the knife of the seat of pain that led me to have recourse to a surgical operation.

I have followed a similar practice when myalgic asthenopia (an enfeebled and painful state of the ciliary muscle) has coexisted with hyperpresbyopia, and *continued* after the use of proper glasses and medical treatment. The operation has removed all the painful sensations, and prolonged the power of visual exertion upon near and small objects. I am, etc.

James Vose Solomon, F.R.C.S.

New Hall Street, Birmingham, May 1862.

AN USEFUL CAUTION.

Letter from R. W. Martyn, Esq.

Sir,—As prosecutions against medical men app
be the order of the day, the following case, which
pened in my practice a few years ago, may be inter
and useful, as it shows how cautious medical men
to be in giving an adverse opinion when differing
their professional brethren. It shows also that cas
occur in practice which puzzle men of considerab
perience; that is particularly the case when s
injuries happen in the neighbourhood of joints.

A farm labourer, on returning with a waggon
with hay, on the top of which he was riding, pa
through a gateway in which were some rough ston
a sudden jolt, was thrown backward, and fell fr
height of perhaps fifteen feet, falling on his sho
About twelve hours after the accident, I was requ
to visit him. The man lived about five miles fro
in an out-of-the-way place, and on my visiting h
found him in bed. The whole limb from the sho
to the hand was immensely swollen and contuse
examined the limb as well as I could, and sat
myself there was no dislocation of the shoulder
also that the shaft of the humerus was uninjure
that the mischief was confined to the shoulder-
Rest in bed, with the usual remedies to relieve so s
a contusion, were necessary for about three weeks
the swelling was reduced. It was then observed
there was a slight deformity about the joint, the
nature of which led to the subsequent difference o
nion. The shaft of the humerus was quite firm
strong; the motions of the joint were perfect; the
a slight depression under the acromion; the unde
motions of the arm were perfect; but the man coul
himself raise it above the horizontal position, alth
it could be lifted over the head with ease by the su
As it appeared that nothing but time could impro
position, he was recommended to get about, and
as much as he could.

I had lost sight of him for, perhaps, two m
when I received the following from the Langport
of Guardians.

" Sir,—It has been represented to us that J. M.
has been under your care) has dislocated his sho
joint; and that in consequence of your want of sk
want of attention, the man will be a cripple for lif
with his family will be a permanent charge o
parish for life. You are requested to attend he
Tuesday, to explain to the Board your opinion
case."

I accordingly attended, when the late Mr. ——
eminent anatomist), being on a visit to Langpor
requested to attend and examine the man. His op
was that the coracoid process of the scapula was br
However, the Board passed a resolution unanim
that I had been guilty of great want of skill and
tion. On examining the man the next day, I sat
myself that the coracoid process of the scapula ha
been broken. As, however, it was the opinion of se
surgeons that the arm was dislocated, I was not sat
with this state of things; I offered the man to p
expenses to a hospital, and to take the opini
Mr. ——, a man whose opinion was respected a
knowledged. He at once decided that the should
dislocated. The plan then in use was adopted
poor man was placed in a warm bath, he was bl
faintness, and tartar emetic was given to keep hi
The pulleys were applied for so long, and with
force, that the skin was abraded and torn fro
humerus and elbow, and the poor man almost *in*
culo mortis was at last released, of course withou
good result. The man was obliged to be confined i
hospital for some time before he could be sent
with his arm in almost as bad a state as it was a

of the accident; Mr. —— and others still consider- that there was a dislocation. Some years now ed away: the poor man obtained a living by buying , poultry, etc., and taking them to —— market, t fourteen miles. One morning, on his journey er, he was taken with great pain in the abdomen. dy and opium were given to him with a little relief; as sent home, and I found him suffering from gall es, inflammation of the liver and bowels, of which some time he died.

vas determined now to ascertain the exact nature of injury to the shoulder-joint. I accordingly sum- ed five or six medical men, some who had seen the and some who had not. It was evident that not the test displacement of the joint had ever taken place; ner the scapula, nor its acromion or coracoid process ever been injured. The humerus had been obliquely ured through its neck; and although it had not ed in exactly a straight line, bony union was as firm no fracture had ever occurred. Four of those gen- en who saw the case are since dead; there are, how- , still some alive, and among them the gentleman did all the mischief. After he had left attending at house, he had been recommended to apply to a hbouring surgeon; who, on examining him, made following observations. "Your shoulder is dislo- d; it ought to have been reduced; I can do nothing ou now; you will be a cripple as long as you live."

we do not know exactly what a case is, we ought to v what it is not. It is no joke to be placed in eys for an hour to ascertain if your arm is dislocated ot.

I am, etc.,

R. W. Martyn.

Iartock, April 22nd, 1862.

POOR-LAW MEDICAL REFORM.

Letter from Richard Griffin, Esq.

r,—Dr. Fowler, in his letter in your Journal this says, "I am sorry that Mr. Griffin, instead of ad- ing anything objectionable to, or impugnable against, principle of my scheme, should have deemed it be- ing of him to resort to the artifices of personal t and general invective. This is not argument. It vs rather that 'Something is rotten in the state of mark.'"

y friend has clearly had endorsed on his brief, "No : bully the plaintiff." In reply to this, allow me to te a few of the words you appended to Dr. Wright's r in this day's Journal, "We will only say thereon, we do sincerely regret that any .... in this country ld be reduced to the condition of requiring such an ignified mode of defence, as abuse must ever be."

r. Fowler says, "It is not the obstructiveness of the ropolitan men in general, or of myself in particular, opposes the advancement of the cause of Poor-law lical Reform. Not a few, I think, in the provinces as as in the metropolis will, on the contrary, agree with in believing that its progress is materially affected the persistence of Mr. Griffin in advocating an im- cticable and impolitic scheme,—a scheme, too, which been so decidedly and so emphatically denounced by authority (Hon. Sotheron-Estcourt) stating *ex ca- drâ*, 'that Parliament had so strong an objection to h a system (the per case) that it would be impossible et them to agree to it.'" Permit me here to say that association of Poor-law Medical Officers has been in stence for upwards of six years; that during that e the officers have forwarded to me between four and thousand subscriptions; and that, after infinite our, a plan has been matured and submitted by me the Select Committee of the House of Commons. s plan, and the opinions of officers nearly five thou- d times expressed, a single individual—Dr. Fowler— nks right to impugn. Dr. Fowler submitted a plan, said by him to be that of the metropolitan officers, to the Select Committee, which was a modification of the plan of the association; the mode of payment preferred by him being of a very indefinite character. Now, not content with laying that mischievous plan before the Committee, he now repudiates it, and starts a fresh one, the result of his "own private cogitation;" and invites us all to test it by getting the number of paupers from the clerks of our unions. I follow his advice, and lay before him the figures; and then he finds out that his plan breaks down at the very first trial. He then doubles, trebles, and quadruples his minima rates to meet the case of the Weymouth union, and says, "Adopting Mr. Griffin's figures, my calculation makes, that the medical officers of the first district of the Weymouth union would, by the first two elements of my plan, receive for his next half-year's salary 1s. 10d. per sick individual." As the third element named by Dr. Fowler is "distance," and as this is a town-district, my colleague in his case can have no extra payment. On referring to the fifth annual report Poor Relief England Table, it will seem that this officer had 3s. 6d., last year, per patient, which would be more for the "sick individual" as named by Dr. Fowler, so you see by the doctor's own showing my colleague would lose 1s. 8d. per patient. With regard to the second district, the doctor says, "I cannot make head or tail of the figures Mr. Griffin gives for the second district;" if this is not an admission of a break down, I do not know what is.

In my evidence before the Select Committee, Table 25 b, I have shown that sickness, in regard to pauperism, varies very considerably in different divisions of the kingdom, and that therefore it can never be made use of as a fair means of paying the medical officer. What more would the doctor wish me to say against his plan, which I have proved will not work? Dr. Fowler says, "better men than myself, ere this, have seen reason to change their opinions." This I grant; and I sincerely trust the doctor will see the perverseness of the course he is now pursuing and again change his opinion. Dr. Fowler says, "in 1860, Mr. Griffin actually adopted Mr. Sotheron-Estcourt's tribasic method, which was embodied in the so-called Mr. Pigott's Bill. In his summary of this Bill, Mr. Griffin states: 'The Poor-law Medical Officers, in proposing this mode of payment, have done so because it is simple and admits of no doubt, and is just to all parties. The first element named is so low that it can scarcely be an inducement for the Guardians to refuse orders to the poor; whilst, on the other hand, the medical officers will not then complain, as they now do with their fixed salaries, of the number of orders granted by the relieving officer,"—as the doctor stops short here I will continue the quotation,—"it will then literally be little work, little pay, or the reverse. The second element, acreage, is one that requires more consideration, as by it the Guardians will, in some thinly inhabited places, pay considerably more than they now do." What are the elements there named by me? Why, a per case payment and acreage, only one of which, the per case payment, is named by Mr. Estcourt; so much for the reliance to be placed on Dr. Fowler's statement, that I adopted "Mr. Estcourt's tribasic method." The fact is, instead of adopting it, I actually condemned it, as will be seen by referring to page 16 of the same pamphlet, in which are these words, "as this element afforded a fair test of pauperism, it would have been gladly adopted, but its working was found to act so unequally that it could not be carried out (working shown), under these circumstances, it was felt necessary to omit this mode of payment." Now, the rejected plan was a pauper payment, which Dr. Fowler takes as his basis, and the accepted portion was a payment in proportion to the number of patients.

With regard to the third element, Mr. Estcourt left that open for the Guardians and Poor-law Board to fix;

Dr. Fowler does the same; but I take a definite course and name mileage, the acreage having been objected to by the House of Commons. Dr. Fowler says, "a scheme, too, which has been so decidedly and so emphatically denounced by an authority (Hon. Sotheron-Estcourt) stating, *ex cathedrâ*, that 'Parliament had so strong an objection to such a system (the per case), that it would be impossible to get them to agree to it.'" Perhaps Dr. Fowler will be good enough to state whence he procured that quotation, as I cannot find it; but even if it be correctly stated, allow me to say, the Poor-law Commissioners have recommended a per case payment, with a pauper list, which is quite as much "*ex cathedrâ*" as the Doctor's quotation, even if correct. Dr. Fowler has given us a superannuation clause, which, like his pauper payment, is open to a slight criticism: he says, "it shall be given to worn-out union (medical) officers giving the whole of their time to the service of the union." Who is to find the verdict of "worn-out"—a jury of matrons? And then, who is to be the judge to award the "system of superannuation"? But if these little difficulties be surmounted, may I ask, How many of the present medical officers can claim superannuation, according to the doctor's plan? as there are probably not twenty medical men who devote the whole of their time to the service of the union. Dr. Fowler has stated, he is the hon.-secretary to the metropolitan men; let me beg of him to call them together, and take their opinion of his plan. By adopting this course he will, should they approve it, have his hands strengthened; and if it should be the reverse, I hope he will not press forward a plan which causes a division amongst us, and is therefore most injurious to our cause. Within the last few weeks, very nearly five hundred medical men have sent me their subscriptions, and every post brings others. There are a powerful body of men in favour of the plan laid by me before the Select Committee. Surely, Dr. Fowler ought to pause ere he presses a plan, the result of his own "private cogitations," against the opinions of such a phalanx. I am, etc.,

Richard Griffin.

12, Royal Terrace, Weymouth, May 10th, 1862.

Letter from R. Fowler, M.D.

Sir,—I have this day (Friday, May 9th) been examined on the details of my "Heads of a Scheme for a New Arrangement of Medical Relief". I was under examination two hours and a few minutes.

I must again warn my medical colleagues respecting the permanency of our appointments. As he did last session, the Chairman again prominently brought before my notice the fact that a majority of the guardians were strongly in favour of a return to annual elections.

When on the remuneration clause, I was met, of course, by the observation that of late years there had been an increase in the sum expended for medical relief. This I opposed by showing, from Mr. Griffin's table, that the rate per head of the estimated population was less now than it was ten years ago.

But, *proh pudor!* I was also met by a letter addressed to the Chairman, and signed by a Mr. Hudson (I believe that was the name), who stated that, although his salary was but one shilling per case, he was perfectly satisfied with it, inasmuch as he calculated that the introduction which his appointment gave him to private practice was an additional item of compensation. I replied, that I should think such an opinion was only shared in by the writer himself, and that it was not fair that a public body should seek to remunerate its officers by such indirect means.

To an observation that there was no difficulty in getting candidates for vacant appointments, I replied to the Chairman that, were his own appointment at the Poor-law Board vacant tomorrow, and put up at £100
per annum, there would be hundreds of compe
for it.

Dr. Moore of Bethnal Green then gave evidence.
also objected strongly to the principle of the per
system. I am, etc., Robert Fowl

145, Bishopsgate Street Without, May 9th, 1862.

PHYSICIANS' FEES.

Letter from T. K. Chambers, M.D.

Sir,—The declaration *by authority* on the subje
fees for consultations, proposed by your correspond
would not suit a free country; there is no chance c
Why speak of invoking such a *Deus ex machinâ*
body like the British Medical Association which
represent? Surely the subject might be mooted
meeting, and an understanding come to that gentle
desirous of doing the thing cheap should get no n
country patients than the members of the Associ
can help. It is a matter which really interests the l
of the profession more than the (so called) goverr
bodies. I am, etc., Thos. K. Chamber

22 b, Brook Street, Grosvenor Square, W., May 12th, 1862.

Sir,—I should not have troubled you so soon ag
but that in my last letter, contained in your numbe
the 10th inst., the printer, by one of those felicitous
advertencies which are peculiar to typographers, ma
me say the very reverse of what the context must sl
my meaning to be. The sentence regards the inabi
of physicians to recover fees, which depends upon a b
law of the College of Physicians, and which your prin
makes me say we should "respect"; I, on the ot
hand, consider it "foolish", and should wish to see
rejected.

We are not in the position which the barrister oc
pies, who can only practise by the intervention of
attorney, who pays him. The barrister has no dir
relations with his client. We are constantly called
scenes where our feelings forbid an allusion to mon
matters, and where to my mind it is irksome and pain
to the physician, quite as much as to the patient or l
friends, that the immediate interests of the case shou
be in aught obscured by any doubts as to the pecunia
results. There ought to be no doubts on the matter.
began practice with a high notion regarding the phy
cian's honorarium, and the supposed gratitude of patier
involved in it. I have lived long enough to have rec
vered from the illusion. Sir, the patients look upon t
fee in no other light than as a definite *quid pro quo*—
a market price for certain services. If we could enfor
that price, they would think more highly of it; we cou
pursue our calling with much more equanimity, and v
should have no necessity to hope for aid from the

College of Physicians.

May 1862.

[We have often said, and further experience only coı
firms the truth of the saying to our mind, that the ir
sensate system of gratuitous medical services so widel
and universally adopted by our profession is the chie
hindrance to a right appreciation and acknowledgmen
of our services on the part of the public. The publi
take their cue from us. What we give away so freely
they not unnaturally regard as a thing which, thougl
indispensable, is only of moderate value. Barrister
hold as high a position in the world as physicians, o
even higher; but who ever heard of a barrister com
mitting the folly of giving advice gratis? Editor.]

Medical News.

al College of Surgeons. The following gentle-
assed their primary examinations in Anatomy and
logy, at a meeting of the Court of Examiners, on
nd; and, when eligible, will be admitted to the
xamination.

King's College.

sh, Richard Hake
, Cornelius Benjamin
rley, Edward
Hunt, Henry John
Roberts, Edwin

St. Bartholomew's Hospital.

en, Frederick King
ris, James Smith
Hingston, Charles Albert
Rees, Howard

St. Mary's Hospital.

an, John Morgan
mbs, Carey Pearce
Hudson, Ernest Arthur
Woodman, Samuel

Guy's Hospital.

nham, Edward Ashwell
rke, John Chauudy
Vipau, William Henry

St. George's Hospital.

th, William Reuben
Wintle, Richard Prior

St. Thomas's Hospital.

vis, Frederick H.
Ryder, Francis James

University College.

nb, George
Mence, William Henry D.

London Hospital.

vthorn, Frederick John

Charing Cross Hospital.

ter, Richard

Westminster Hospital.

ver, John Brown

ted Members on May 6th :—

forth, George Morris, Westmill, Herts
lcock, Lewis Carter, Camberwell Grove
nes, Thomas Henry, Clare, Suffolk
ker, John Leigh, Altham
dle, Daniel, Wotton-under-Edge
ney, Francis, Chichester
ven, Thomas Aubrey, Melbourne, Australia
rke, Caudell, Wymondham, Norfolk
rke, Thomas, Poulton-le-Fylde, Lancashire
dening, William Talbot, Adelaide, Australia
olly, Michael Alfred, Westminster Hospital
fin, William Henry, Banbury
man, Thomas, Uckfield, Sussex
n, John Dixon, Kendal
s, Hugh, Congleton, Cheshire
l, William, Baubury
th, William Thomas, Haworth, Yorkshire
vart, Charles, Plymouth
lor, Charles, Dalston
n, Reuben Thomas, Plymouth
dman, Frederick, Exeter

ed Members on May 7th :—

rill, Alfred, Broadway, Worcestershire
wn, James Herbert, Brighton
per, Astley Augustus Charles, Southampton
iel, Woodruffe, Ipswich
ot, Richard Luscombe, Kingsbridge, Devon
eman, Robert George, Greenwich
b, Frederick Edward, Cheltenham
rocks, William, Farnworth, near Manchester
ce, Thomas, Newbury, Berkshire
g, Arthur, Barham, Canterbury
llow, Ebenezer, Hertford
on, John Wallis, Upper Marylebone Street
some, John Ruddle, Longparish, Hants
ton, Michael John, Bradford, Yorkshire
re, Edward Howard, Cambridge Heath, Hackney
wat, George, Plymouth
rson, Thomas Robert, Newark-on-Trent
gwick, Henry N. M., Antigua, West Indies
th, John, Great Yarmouth

ted Members on May 8th :—

gay, Richard, Corbridge, near Newcastle
throp, Edward, Deeping St. Nicholas, Lincolnshire
nish, Philip Arthur, Modbury, Devon
ne, Charles Maslen, Batley, near Leeds
nderdale, William, Poulton-le-Fylde, Lancashire
rman, John, Canterbury
ycock, George, Kingsland Road
berd, Edward, Tunbridge Wells
t, John, Bolton, Lancashire
xley, Thomas Henry, F.R.S., Abbey Place, St. John's Wood
kson, Edward, Chorley, Lancashire
es, Thomas, Ruthin, Denbighshire
not, Charles Noyce, West Cowes, Isle of Wight
Le Tale, William James, Sheffield
McLean, Hugh, Jamaica
Osbaldeston, Lyttelton Frederick, Hatfield, Herts
Page, William John, Dublin
Potter, John Baptiste, Craven Hill, Bayswater
Risk, Francis Sparrow, Plymouth
Shepherd, Charles Dunbar, Northallerton, Yorkshire
Thorman, Thomas, Connaught Terrace
Trevor, William Horton, B.A.Lond., Ceylon
Warrington, Francis William, Congleton, Cheshire

APPOINTMENTS.

*Lancaster, Joseph, M.R.C.P., appointed Physician to the Clifton Dispensary.

Royal Navy. The following appointment has been made:—

Arnott, James W., Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.
Beaumont, Robert, Esq., Surgeon, to the *Jason*.
Brown, Joseph, M.D., Surgeon, to the *Galatea*.
Buckle, John R., M.D., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.
Collins, Alexander, Esq., Assistant-Surgeon, to the *Galatea*.
Cree, Edward H., M.D., Surgeon (additional), to the *Saturn*.
Dickins, Frederick V., M.D., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.
Hague, Robert, M.D., Assistant-Surgeon (additional), to the *Hawke*.
Harvey, William, Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.
Hurley, Francis B., M.D., Acting Assist.-Surg., to the *Trafalgar*.
Jones, John W., Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.
King, John, Esq., Surgeon, to the *Indus*.
Lissons, William H., Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.
May, Joseph, Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.
Riordan, Thos. T., Esq., Acting Assistant-Surgeon, to the *Galatea*.

DEATHS.

De Lisle. On May 6th, at Rathmines, Dublin, aged 17 months, Ella Maud, youngest child of Richard V. De Lisle, Esq., Surgeon-Major Royal Artillery.

Farre, John Richard, M.D., at 123, Pentonville Road, aged 87, on May 7.

Hunt. On January 24th, on board the *Nourmahal*, off the Cape of Good Hope, aged 22, William, third son of *Thomas Hunt, Esq., of Alfred Place, Bedford Square.

Johnson. On May 5th, at Malvern, aged 40, Marianne, widow of the late *W. E. Johnson, Esq., of Dudley.

Keene, Alfred W., Esq., Surgeon, at 31, Upper Stamford Street, aged 31, on May 8.

Sanitary. A deputation from the Metropolitan Association of Medical Officers of Health had an interview with Viscount Palmerston on Monday last, on the importance of sanitary supervision of public schools.

Royal Society. Of the fifteen candidates this year nominated by the Council of the Royal Society for election, three are members of the medical profession, viz.: Professor Rolleston of Oxford, Dr. Hicks of Guy's Hospital, and Mr. Teale of Leeds.

Vacancies. The following appointments are vacant: professor of clinical medicine at University College; surgeon to the Chester Infirmary; resident medical officer to the General Hospital and Dispensary for Children, Manchester; resident medical officer to the Guildford and West Surrey Dispensary; house-surgeon to the Birmingham and Midland Eye Hospital; assistant house-surgeon to the Infirmary and Dispensary, Bradford, Yorkshire; poor-law medical officer for the Lowestoft district of the Mutford and Lothingland Incorporation.

University College, London. On the 3rd inst., the resignation by Dr. Walshe of the offices of professor of the principles and practice of medicine and of physician to the hospital was accepted, with expressions of regret. Dr. Jenner was appointed to those offices. He retires from the special professorship of clinical medicine at the hospital. That office to which a physicianship at the hospital is attached, is consequently now vacant, and open for the application of candidates.

Social Science Association. A deputation from the Council of the National Association for the Promotion of Social Science had an interview with Viscount Palmerston last week, on the subject of quarantine regulations. The deputation consisted of Lord Talbot de Malahide, President of the Public Health Department; Mr. Stephen Cave, M.P.; Mr. G. W. Hastings, general secretary of the association; Dr. Lankester and Dr. Milroy, secretaries of the Public Health Department; and Dr. Waller Lewis.

Prince Consort Testimonial. At a late meeting at the Mansion House, Dublin, it was announced that the College of Surgeons and the Apothecaries' Hall of Dublin had respectively contributed £50 and £20 to the Prince Consort Testimonial. Dr. Corrigan stated that he was authorised by the College of Physicians to express their deep regret that, owing to the stringency of the act of parliament which ruled the distribution of their trust funds, they were debarred from officially subscribing to an object of so much interest, but that they were actively engaged at present in receiving personal contributions from the Fellows and members of their body.

Emigrants' Testimonial to a Surgeon. The Government emigrant ship *John Vanner*, which sailed from Southampton on the 4th of January last, arrived at Table Bay, Cape of Good Hope, on the 10th of March, with two hundred and thirty-eight emigrants on board under the charge of Surgeon Superintendent William Domett Stone. Notwithstanding that between thirty and forty adults and children were struck down with scarlet fever and measles, it is gratifying to add that Mr. Stone only lost one patient, an infant of 9 months. So grateful were the poor Irish to this gentleman for his attention to their several wants, that, with characteristic generosity, they subscribed from their limited means to present him with a silver mug and a very flattering address, which appears in full in the *South African Mail*, from which we obtain the above information. The recipient of this testimonial is the son of an old servant of the profession, Mr. Stone of the Royal College of Surgeons.

A Genuine British Composition. Who is responsible for the following insult to Lindley Murray and John Hunter, tableted in Westminster Abbey?—"Beneath are deposited *the remains* of John Hunter, *born* at Long Calderwood, Lancashire, N.B., on the 14th of February, 1728; *died* in London on the 10th of October, 1793. His *remains* were removed from the church of St. Martin's-in-the-fields to this abbey on the 28th of March, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter to record their admiration of his genius as a gifted interpreter of the Divine *power and wisdom* that *works* in the laws of organic life, and their grateful veneration for his services to mankind as the father of scientific surgery." Which of the College authorities is father of this precious production?

The Japanese Ambassadors. On Saturday afternoon, Dr. Mitukury and Dr. Matski-ko-an, accompanied by Otah, an officer of the Embassy, paid a second visit to King's College Hospital. They were received by Mr. W. H. Smith, the Chairman, Mr. Fergusson, etc., and afterwards proceeded to the operating theatre, which was unusually crowded. Among the visitors were Dr. Despine, Dr. Duchenne, Sir Joseph Olliffe, and others. The Japanese occupied the reserved seats, and seemed to take a deep interest in the proceedings of the hospital staff. Several important operations were performed under the influence of chloroform by Mr. Fergusson and Mr. Bowman. The visitors from Japan, after witnessing all the operations, and expressing themselves much gratified with their visit, left for the purpose of paying a visit to the British Museum. They evinced their gratification at the attention shown to them by the ho
staff by presents of pipes, specimens of coins,
drawings, and autographs, receiving in return the
de visite and autographs of the medical men.

Royal Hospital for Incurables. This ho
founded in 1854, has been of inestimable servic
has supplemented the elder establishments, and h
quently relieved their officers from the pain of se
helplessly away, to certain want and increased suff
incurable patients who most need and most appr
the care and comforts of a hospital. At the anniv
dinner of this institution, Lord Dufferin, in an elo
speech, dwelt on the peculiar claims of the char
support. The effect of his speech upon the aud
was unmistakable. A list of subscriptions, amou
to nearly £2,000, and which included a donation
guineas from the Poet Laureate, was read. We a
formed that the inmates at present number ne
hundred, and that sixty-five out-patients, having
of their own, receive an annual allowance of £20, b
medical attendance.

University College, London. On Monday
noon the students belonging to the Faculty of Me
in University College, who had been successful i
various competitions, received their prizes and ho
from the hands of the Right Hon. F. W. Cowper,
in the theatre of the Institution. Professor Eric
Dean of the faculty, read a report, from which i
peared that the number of students who had att
during the last session had been one hundred and ei
one. The following is the prize list. *Longridge*
(£40) *for General Proficiency:* Henry C. Bastia
Falmouth.—*Filliter Exhibition in Pathological Ana*
(£30): John T. Jones, of Brecon; Thomas Griffit
Carmarthenshire, mentioned with honour.—*Sur*
Gold Medal: William H. Griffin, of Banbury.
Silver Medal: John Roberts, of Kidwelly. *S*
Silver Medal: Walter Richards of Cosby, Leicester
Certificates of Honour: 4. James J. Watson, of Kil
5. (Equal) George H. C. Cooper, of London; John
ter, of Huntingdon; 6. Frederick T. Roberts, of
marthen; 7. (Equal) Joseph H. Rawlings, of Lon
John Rowland, of Cardiganshire; 8. George Mil
Gillingham, Dorsetshire.—*Anatomy: Senior C*
Gold Medal: Charles S. H. Atkinson, of Nor
First Silver Medal: Alexander Bruce, of London.
cond Silver Medal: Edward T. Blake, of Taunton.
tificates of Honour: 4. James J. Coxeter of Lon
5. William Gill, Truro; 6. Francis Young, of Lon
7. William F. Butt, of Gloucester. *Junior Class: S*
Medal: Edward Maundrell, of Calne. *Certificat*
Honour: 2. Charles Bradley, Nottingham; 3.
Stuckey, of Langport; 4. William Snow, of Barnst
5. Charles J. H. Smith, of London; 6. James
worth, of Glamorganshire.—*Anatomy and Physiol*
Gold Medal: William Hackney, of London. *First*
ver Medal: Thomas C. P. Hallett, of Langport.
cond Silver Medal: Charles Read, of Falmouth.
tificates of Honour: 4. Alexander Bruce; 5. (Eq
John M. Whitwell, of Kendal; Duncan F. Sinclai
Hasstead; 6. William Spooner, of Ealing, Hant
Julian A. M. Evans, of Pinner; 8. Ebenezer Dive
London; 9. William Akerman, of Andover.—*Chemis*
Gold Medal: Philip Mason, of Burton-on-Trent.
Silver Medal: John Williams, of Llangadock. *Se*
Silver Medal: Bryan H. Allen, of London. *Certifi*
of Honour: 4. George Walter Knox, of London
(Equal) Julian Courtauld, of London; George O. S
cer, of London; 6. (Equal) Russell Swanwick, of C
terfield; James L. Muspratt, of Flint; 7. Thomas
Green, of London; 8. (Equal) J. Wickham Legg
Alverstoke, Hants; James John Coxeter.—*Compara*
Anatomy: Gold Medal: Thomas Griffiths, of Car
thenshire. *Certificates of Honour:* 2. Frederick

Roberts, of Carmarthen; 3. Philip Mason; 4. Ed- Willoughby, of London; 5. Frederick B. Nun- of Burton-on-Trent; 6. George Walter Knox.—*icine: Gold Medal:* Frederick T. Roberts. *First r Medal:* William Henry Griffin. *Second Silver il:* Thomas Griffiths. *Certificate of Honour:* 4. es J. Watson.—*Practical Physiology and Histology: r Medal:* Edward Willoughby.—*Certificates of Ho-:* 2. Bryan H. Allen; 3. Edward T. Blake; 4. ial) Alexander Bottle, of Dover; Frank A. Taylor, omsey, Hants; Ebenezer Diver.

PERATION DAYS AT THE HOSPITALS.

AY.......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.
AY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.
ESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
SDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
Y....... Westminster Ophthalmic, 1·30 P.M.
DAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

ETINGS OF SOCIETIES DURING THE NEXT WEEK.

AY. British Architects, 8 P.M.
AY. Civil Engineers, 8 P.M.—Statistical, 8 P.M.—Pathological, 8 P.M.—Ethnological (Anniversary), 8 P.M.—Junior Medical of London (Whittington Club, Arundel Street), 8 P.M.: Mr. T. P. Pick, "On Bloodletting."
ESDAY. Society of Arts, 8 P.M.—Geological, 8 P.M.—Pharmaceutical, 12 noon (Anniversary).—Royal Society of Literature, 4 30 P.M.
DAY. Zoological, 4 P.M.—Royal, 8.30 P.M.—Antiquaries, 8.30 P.M.—Philological (Anniversary), 8 P.M.
Y. Royal Institution, 8 P.M.
DAY. Asiatic (Anniversary), 3 P.M.—Royal Botanic, 3.45 P.M.—Linnæan (Anniversary), 3 P.M.

ULATION STATISTICS AND METEOROLOGY OF LONDON—MAY 10, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
ng week.....................	Boys ..1815 Girls.. 931	1946	1249
age of corresponding weeks 1852-61		1851	1224

ter:
est (Tu.) 29.877; lowest (Fri.) 29.446; mean, 29.667.
meter:
est in sun—extremes (Tu.) 132 degs.; (Sun.) 102 degs.
ade—highest (Tu.) 81.5 degrees; lowest (Fri.) 46.1 degs.
—57.5 degrees; difference from mean of 43 yrs.+5.9 degs.
e—during week, 35.4 degrees; mean daily, 21.5 degrees.
umidity of air (*saturation*=100), 81.
irection of wind, S.W.—Rain in inches, 1.46.

TO CORRESPONDENTS.

letters and communications for the JOURNAL, *to be addressed the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

SPONDENTS, who wish notice to be taken of their communica-, should authenticate them with their names—of course not ssarily for publication.

UNICATIONS have been received from:—Dr. HANDFIELD S; Dr. BARTER; Mr. J. DULVEY; Mr. TOYNBEE; Dr. HITCH- Dr. FOWLER; Mr. COOKE; Dr. H. MARSHALL; Dr. THOMAS LIAMS; Dr. GILLETT; Dr. DE MIERRE; Mr. T. M. STONE; C. W. WOOD; Dr. KIDD; Mr. R. DUNN; Dr. COTTON; Mr. EVANS; Dr. T. K. CHAMBERS; Dr. ROUTH; Mr. RICHARD FIN; Dr. TANNER; Mr. W. J. SQUARE; and Mr. J. WEAVER.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, May 1862.

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Vide "Medical Times and Gazette," December 14, 1861;
"British Medical Journal," February 22, 1862;
"Dublin Medical Press," January 29, 1862.

DR. HITCHMAN, M.D., AND THE EDINBURGH COLLEGE OF PHYSICIA

A few of the numerous Testimonials of DR. HITCHMAN, M.D,, M.R.C.S., L.S.A., of Liverpoo
here subjoined, in order that the profession at large may have an opportunity of judging of their n
or the converse, as the case may be.

London, January 1860.

We, the undersigned, are of opinion, and hereby EXPRESSLY declare, that Dr. Hitchman, M.D., of Liverpool, is a fit and proper gentleman to be elected a Member of a College of Physicians.

W. ISAAC MORGAN, A.M., M.D. Edin., Ex President of the Dublin College of Physicians—many years Censor, and Physician for 16 years to Whitworth Fever Hospital, Dublin.

T. SOUTHWOOD SMITH, M.D., F.R.C.P. London—Physician to the London Fever Hospital, etc., etc., etc.

THOMAS BELL, F.R.C.S.Eng., Vice-President of the Royal Society, Professor at King's College, London, etc.

R. D. GRAINGER, F.R.S., Lecturer on Anatomy and Physiology at St. Thomas's Hospital, etc., etc.

E. HART VINEN, M.D., F.L.S., President of the Harveian Society of London, etc., etc.

⁂ Here follow *twenty-seven* other Signatures of Physicians, Surgeons, and Apothecaries.

From the REV. THOS. MAURICE, M.A., *Harnill Rectory, Wilts; J.P. for Gloucestershire and Wiltshire, and one of the Visiting Justices of the Fairford Asylum.*

Gentlemen,—I beg leave to state to you that Dr. W. Hitchman has been during SEVEN years a Medical Officer of the Cirencester Union, of which I am the Chairman; and I have much pleasure in certifying that I consider he has discharged the duties of that office with attention and ability; and. from a general observation of his practice, which I have had opportunities of making, I can give this testimonial with much confidence.—I have the honour to be, gentlemen, your obedient servant,

T. MAURICE.
J.P. for the Counties of Wilts and Gloucester.

From CAPT. *the* HON. ASHLEY PONSONBY, M.P.; *J.P. for the County of Gloucester, and one of the Visiting Justices of the Fairford Asylum.*

Hatherope Castle, Cirencester.

It is with much pleasure that I have it in my power to state that for a length of time Dr. Hitchman has attended the Fairford Lunatic Asylum, and the Cirencester Union, to the general satisfaction of the authorities connected with these institutions.

ASHLEY PONSONBY, M.P.

From J. R. MULLINGS, M.P., *and Magistrate for Gloucestershire.*

I beg to certify that Dr. Wm. Hitchman has resided and practised in his profession in this town for seven years last past. Dr. Hitchman has been known to me during that period, and I can have no hesitation in testifying to his character as a gentleman. Dr. Hitchman has been the medical attendant of the Cirencester Union, and has, during his residence, applied his attention to cases of Insanity, and other causes affecting the Mind.

Eastcourt House. J. R. MULLINGS, M.P.

From the REV. E. A. DAUBENY, M.A., *Ampney Rectory, Cirencester; J.P. for Gloucestershire.*

Gentlemen,—I beg to state that I have been acquainted with Dr. Hitchman for many years, as a medical man attached to the Cirencester Board of Guardians, during which time he attended with much care and ability to the patients. Your obed. servant,

EDWARD A. DAUBENY,
Magistrate for the County of Gloucester.

From WILLIAM REES, ESQ., *Lancashire District*
Liverpool.

28, West Derby Street, Liverpool, Ma

I have much pleasure in testifying to the great skill, att
and kindness, of Dr. William Hitchman, which I have had
opportunities of witnessing since he came to reside at Liverp
have heard his talents spoken of *by competent judges* as of
order, and I am quite sure they will be found most v
wherever called into requisition.

WILLIAM REES, District Au

From ASTON KEY, ESQ., F.R.S., *late Surgeon in ordin*
H.R.H. Prince Albert.

Dr. William Hitchman has been for three years in atte
at Guy's Hospital, where he has had the most ample opport
of becoming well acquainted with the principles and prac
Surgery. I believe him to possess every information requi
form a good and skilful Surgeon.

ASTON KEY, F.
Senior Surgeon of Guy's H

From ALBERT ILES, ESQ., M.D., L.R.C.P., etc., *Physic*
Fairford Asylum, Gloucester.

Fairford Asylum, Gloucestershire, Se

Gentlemen,—Understanding that Dr. William Hitchma
Candidate, I beg to state that it affords me much pleasure to
mend him to your favourable notice. From my acquaintan
him, embracing a period of fourteen years, I should rejoice t
that he had been appointed Medical Officer, feeling assured t
extensive literary, theoretical, and practical knowledge would
his services a valuable acquisition.—I have the honour to be,
men, your obedient servant,

ALBERT ILES, M
Physician to Fairford Lunatic A

From G. MILWARD, ESQ., *Magistrate for Gloucestershire, et*
one of the Visiting Justices of Fairford Asylum.

Lechlade Manor, Augus

As one of the Visitors at the Fairford Lunatic Asylum,
frequent opportunities of seeing Dr. William Hitchman, a
much pleased with his kindness and attention to the lunat
have known him many years, and consider him well qualified
situation he seeks to fill.

GEORGE MILWA
J.P. for the County of Gloucester, and one of the V
Justices at the Fairford Asylum.

Royal College of Physicians, Edin
April 1859.

Dear Sir,—Your testimonials will admit you as a Licent
this College. It will not be at all necessary to come. On re
the amount the diploma can be forwarded by post.

Yours truly,
DR. HITCHMAN, Liverpool. D. R. HALDANE

Royal College of Physicians, Edin
April 1859.

Dear Sir,—* * * You are eligible for the License of this C
The stamp is £15, making, with fees to the College, £25 i
Your personal attendance will *not* be required.

Yours faithfully,
DR. HITCHMAN, Liverpool. D. R. HALDANE

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Lectures

ON

ISEASES OF WOMEN AND CHILDREN.

DELIVERED AT THE SAMARITAN HOSPITAL.

BY

CHARLES H. F. ROUTH, M.D.,

PHYSICIAN TO THE HOSPITAL.

LECTURE II.

THE CONSEQUENCES OF ENDOMETRITIS.

[*Continued from page 455.*]

v. DISPLACEMENTS OF THE UTERUS. *Anteversion*
d retroversion of this organ are sometimes the
sult of endometritis. But, first, one word as to
e normal position of the uterus. Cruveilhier
serted that, except in children, this organ had no
rmal position. Boulard showed, however, that in
ildren and young women the axis of the body of
e uterus was nearly horizontal, while the cervix
s placed in the direction of the axis of the pelvis.
an has also proved, both anatomically and statis-
ally, that the normal direction is one of ante-
xion or antecurvature. Thirty-seven examples
re examined. Two of these, however, in which
ere were coexisting adhesions, should be, properly
eaking, excluded. Sixteen of these women were
gins, or had not borne children. Ten of these, or
y-eight per cent., had anteflexion. Of the re-
ining twenty-one, who had borne one or more
ldren, seven, or thirty-three per cent. only, had
o anteflexion. The effect of child-bearing is thus
cause the uterus to assume the direction of the
s of the pelvis; but in very young women, virgins
l children, the body of the uterus is anteverted,
ile the cervix, following the axis of the outlet of
pelvis, forms with the body an acute angle.
ran, p. 20, *et seq.*) Hence, one reason why retro-
sion is so much more common among women that
e borne children than among virgins. The causes
both displacements are nearly identical. It is
ally stated that if there be increased weight on
posterior part of the uterus, retroversion will
ur. On the contrary, if the organ be heavier
eriorly, anteversion will take place. These na-
l declinations, if I may so term them, are
sted by a retention of fæcal matters within the
um. I believe in London, however, that a very
mon cause of these malpositions is congestion of
uterus which accompanies metritis, as well as
third and fourth varieties of endometritis. You
remember, at the outset of my first lecture, that
velt upon these points: 1. The thickness of the
cous membrane of the uterine cavity; 2. Its
e connexion with the uterine parenchyma, and
ularity; 3. The intense congestion observed to
mpany endometritis in the uterus itself. When
look now to this diagram, you will see how
t the superincumbent weight of the body and
dus of the organ must be upon the cervix. Per-
s, also, the very presence of the sphincter muscle
veen the cervix and body, by keeping the uterus
ller at this part, weakens the resistance here,
icularly if the parts be softened also by inflammation at this point. In my experience, I should say that anteversion is commonly produced in this manner. Retroversion, however, requires something more: a sudden fall, unusual exertion, or lifting up a heavy weight, over-walking, etc., one or other of which determine the displacement posteriorly. In every case where I have made the inquiry, I have traced one of these exciting influences in operation, immediately succeeding upon some attack of metritis or endometritis. In a very able paper, Dr. Moir of Edinburgh denies the concurrence of metritis, but admits the other causes named as producing the version.

Writers usually make a distinction between retroversion and retroflexion of the uterus. The difference is, however, only one of degree. The affection is readily made out. If the finger be passed into the vagina, the os and cervix are found tilted upwards and directed towards the symphysis pubis. Between the vagina and rectum, high up, a globular hard tumour, varying from the size of a walnut to that of an egg, is felt superiorly. The sound introduced in its usual direction, and with its usual curvature, penetrates only a short distance; but when turned in the opposite direction, and much bent, which it often requires, and the handle raised towards the pubis, a little jerk is felt, and it penetrates to the full extent. If the sound be now gradually turned, so as to occupy its usual position with the concavity upwards in the uterus (except where adhesions exist), the organ is at once reduced; and if the finger be now introduced into the vagina, the tumour before felt between the rectum and cervix has disappeared. In anteversion, the os is directed backwards towards the sacrum. If one finger of one hand be placed within the vagina, and the other hand be placed just above the pubis, and pressure made, the uterine fundus may be generally felt lying upon the bladder: except in very fat subjects. The concavity of the sound to allow its admission also requires to be very marked, while the handle is directed backwards towards the sacrum.

Neither anteversion nor retroflexion give rise necessarily to troublesome symptoms. Some patients, indeed, appear after a little while to be unconscious of there being anything wrong with the womb; and this is especially the case with anteversion, once the acute symptoms have subsided. This freedom from discomfort is also more common with virgins and widows and women who do not live in a conjugal state. In some cases, however, where the endometritis persists, then the sufferings are so distressing that life becomes miserable to a degree, particularly to wives. There is pain about the pelvis; also a sensation of weight and dragging down, pressure over the rectum, pain in the thighs, difficulty and frequent desire f micturition, with copious leucorrhœa. These symptoms, due to exaltation of the entire sensorium of the parts, are increased in severity by the erect position or connexion. Such patients are also usually very hysterical. In retroversion, there is more back ache and constipation, less dysuria, and the pains in the thighs are more posterior and external. In anteversion, the pain is in the hypogastrium, the vesical disorder more marked, and the pains in the thighs more anterior and internal. In the diagnosis, there is sometimes a difficulty in distinguishing incipient cellular abscess, situated near the posterior *cul-de-sac*, from retroversion. The throbbing in the former is, however, more marked to the finger; the sound, moreover, in the former passes up in the normal direction.

The treatment usually prescribed is local depletion by leeches, rest, and free evacuation of the bowels. This is, in fact, the ordinary treatment of endometritis; and in recent cases, with occasional reduction, if need be, by the sound, it will succeed. But the bleeding must be copious to do good, and it is not every patient that can bear it. In one case of complete retroversion, where I applied six leeches, it so happened one of the leeches bit upon a superficial artery. The bleeding was profuse, but a cure resulted in thirty-six hours. In more chronic cases—and these are most common—and especially in those in which the uterus, even if reduced by the sound, will, on its withdrawal, at once fall back again, what are we to do? Now, I can only speak of four measures which have been recommended, and they are founded on the use of specific instruments—Dr. Simpson's intrauterine pessary, Dr. Moir's gutta-percha pessaries, Dr. Evory Kennedy's supporter, and my own spiral wire pessary.

Dr. Simpson's instrument is now before you. Once applied, it effectually keeps the uterus in place. Unfortunately, however, it is seldom borne by our London patients, the endometritis present making it too painful; and I have seen it give rise to very serious symptoms and metritis. I think, in this respect, London differs from Edinburgh. I learn, from a private letter from Dr. Moir, that endometritis is rare in the Edinburgh retroversion cases, whereas here it is very common. Dr. Moir's pessaries are here figured, and on the table. They consist of gutta-percha stems, of various sizes, fixed on a circular disk. These stems are of uniform diameter throughout from top to bottom. In some, however, there is a bulb or dilatation upon it, which is placed about the middle, so as to lie just within the body of the uterus above the cervix. Dr. Moir found that the lower portion of the stem was too thin, and was therefore apt to cut through the os inferiorly. Now he uses a stem of wider diameter. He admits the plan is occasionally unsuccessful. The application is made as follows. First, dilatation of the uterus is effected by sponge-tents. Each tent is kept in one or at most two days; beginning with a smaller size until he is enabled to introduce one about the thickness of a thumb. He finds, however, that from two to three weeks elapse before he can, passing through the intermediate sizes, attain to one of the required magnitude. A wire pessary, covered with gutta-percha to the size of about half an inch, is now introduced into the dilated uterine cavity, and allowed to remain for one and at most two days, and then replaced by one half the size, and so on, till in three or four days the smaller sized wire pessary is introduced, and retained for five or six days. The patient is kept in bed for a week or two after its removal, and watched lest the organ should be again retroverted. Then the reintroduction of the small wire pessary would be indicated, or the prone position, but he says he has not yet found it necessary after carrying out this plan to reintroduce the wire pessary. If, during the week or two which the patient keeps her bed, the tendency to retroversion does not exist, the patient may be allowed gradually to resume her habits, attention being had to the keeping the bowels open, and avoiding all straining or violent exertions. To obviate the expense of sponge-ten Dr. Moir had thought of using gentian root a India-rubber pessaries. Against the use of the fi there is a fatal objection which he admits, the dan of their breaking. I may remark also, that I ha not seen any India-rubber pessaries which were fou to answer. From their slippery surface, they w always pushed out. The ingenuity of Dr. Moi plan cannot be denied, particularly after the su cess he has obtained. I may be pardoned, ho ever, for taking two objections to it. 1. Is it nec sary to employ sponge-tents for so long a period two or three weeks? From my own experience the use of sponge-tents, except in a very few cases stricture of the internal os, I should say it is ve rarely that we cannot dilate a uterus to its f extent in a week. Indeed, Dr. Moir himself cautic us in this respect. Twice has their employment his practice given rise to symptoms of pelvic cell itis, and once to severe hæmorrhage, so that he h been compelled to suspend the treatment. I shou therefore, think it safer to use the sponge-tents fo shorter period, and the state of dilatation could maintained longer with the gutta-percha pessari which, from their smooth surface, are not so ir tating, and at least do not putrefy and become offensive as the tent within the uterus. 2. The existence of endometritis is another objection, whi has made Dr. Moir's plan almost nugatory in hands. Practically speaking, very few, if any, w men, whose sufferings from the displacement a severe, can bear the sponge-tents: after two or thi days, I have been obliged to desist, and so time w lost, and I could not dilate the organ to a sufficie extent to do good.

In this dilemma, I have adopted the instrumen now show you, and I think with comparative go effect. It consists, you see, of a lower stem, in whi wire spirally arranged, indeed an ordinary bell w spring. This lies within the vagina. To the su rior end is attached a smaller spiral spring, and w tempered. This lies within the uterus, continuo however, with the larger spring in the vagina; t point of union being marked by a disk of gut percha, upon which the uterus rests. The wh wirework is covered by caoutchouc to preserve from moisture, being closed permanently at t smaller and superior end, but at the larger or in rior end by a gutta-percha moveable stopper. T application of this pessary is easy. The sound p perly bent, according to the amount of the versi having been introduced within the uterus and ag withdrawn, a stilette which fits within the pessa is similarly bent. When passed within the pessa this last takes the same shape, and is so readily troduced within the womb. The stilette is n withdrawn, the spring recoils, and the uterus is k in its normal position. One important point in gard to the uterine portion of the pessary should here noted. I never allow the end of it to tou the fundus, by making it at least half an in shorter than the uterine cavity. From what I ha told you of fundal endometritis, you will see t prudence of this course. From this last circumstan and the fact that the stem is freely movable on sides, so that the jerks to which the uterus would exposed by sudden movements of the body are ob ated, it certainly seems to be borne better. There one objection to its use to be noted here, but wh

n be obviated also by care. The projecting vulvar
ıd has to be secured by a napkin or strings, and
ıese sometimes chafe the external parts, especially
ith fat women. If the strings employed be of the
rcular caoutchouc, but little tenderness occurs.

Lastly, Dr. Evory Kennedy uses a sort of gutta-
rcha speculum, with a prolongation superiorly and
feriorly to project into the posterior vaginal *cul-de-*
c, which he informed me in several cases of retro-
rsion he had observed to be very deep. The whole
ccess of his instrument depends upon this contin-
ıcy, the before-named prolongation supporting
e womb in place when it has been reduced. The
ferior vulvar portion is kept in place by a napkin.
one case where I saw it used, a cure resulted.

[*To be continued.*]

Illustrations
OF
OSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

SOUTH DEVON AND EAST CORNWALL HOSPITAL.

LOOSE CARTILAGES IN THE KNEE-JOINT.

By W. J. Square, Esq., Surgeon to the Hospital.

October 1861, I published in the *London Medical*
iew a short paper on Loose Cartilages in the Knee-
t, and their safe removal by subcutaneous incision.
mong the cases reported was that of William Davy.
ce that time I have operated upon him again, and
oved two loose cartilages from the same joint. I
e now practised subcutaneous incision of the capsule
ıis right knee-joint five times, and inflammatory
on has not followed either operation.

t the risk of exciting the remark that I am riding
hobby too hard, I am still anxious to bring this
able case again before the profession, and in a more
iled and explicit form. That I do not overvalue the
ortance and safety of this operation may be inferred
some clinical remarks made upon it by Mr. Syme
o. 60 of the British Medical Journal. Speaking
e mode which I advise, he says: "When the safety
facility of this procedure are contrasted with the
er of excision, and the irksome confinement to bed
everal weeks duration which is requisite for accom-
ing the process of fixture, I think there can be no
t that the profession are greatly indebted to Mr.
re for perfecting the subcutaneous operation, and
ering it available for all cases of the disease."

m. Davy, aged 24, a healthy farm-labourer, was
tted into the hospital on the 11th of May, 1860.
right knee-joint had been weaker than the left for
al years. Fourteen weeks previously, while running
a wheelbarrow, he stepped on a stone, and wrenched
oint severely. He discovered the presence of a
body in it nine weeks before admission. It caused
pain when he walked, and he was thereby com-
d to give up his work. The cartilage was readily
when pressed, it glided with wonderful rapidity
one part of the joint to another. It was flat, and
out the size of a shelled almond.

eration, May 11th, 1860. Subcutaneous incision
erformed in the following way. The cartilage was
ixed by the fingers of an assistant at the lower and
part of the joint, just above the edge of the arti-
cartilage of the tibia. I then introduced a strong narrow tenotomy-knife, two inches and three-quarters long in the blade, through the skin, two inches below the cartilage, passed it subcutaneously as far as that body, directed the cutting edge vertically upon it, and freely divided the joint-capsule. I next swept the knife semicircularly in the subcutaneous cellular tissue, and thus made a tract for the reception of the cartilage, which I pressed out of the joint into it. I then slid the cartilage to the lower end of the subcutaneous tract, four inches from the joint, on the inner side of the tibia. A pad, being placed upon the puncture and subcutaneous tract, was bandaged firmly; and a long straight splint was secured behind the thigh and leg, to keep the knee extended and fixed. The limb was raised, and retained at an angle of 45°.

May 18th. The cartilage was excised.

May 25th. He was discharged cured. Neither pain, swelling, nor inflammatory action had occurred. He walked well.

Feb. 4th, 1861. Wm. Davy was again admitted into the hospital. For some weeks he had felt another and very small body in the same knee-joint.

Feb. 8th. I endeavoured to accomplish the usual subcutaneous operation; but failed to do so, in consequence of the small size and extreme mobility of the cartilage. He was treated in the usual manner, and no bad results ensued.

Feb. 22nd. The operation was repeated, and again without success; still, with the same treatment, there was perfect freedom from inflammation.

April 24th. He was readmitted. On the 26th, I again operated subcutaneously, but unsuccessfully. Treatment was applied as before.

May 2nd. He was allowed to walk about the ward. He had had no pain nor swelling since the operation.

March 26th, 1862. Wm. Davy was again received into the hospital. He had now two loose cartilages in the knee-joint, having discovered the presence of the second and larger one about a fortnight ago.

March 28th. I operated in the ordinary manner, and lodged both cartilages in the cellular tissue, about three inches from the joint, on the inner side of the tibia. The usual treatment was observed.

April 4th. No pain or sign of inflammatory action had occurred, and to-day I removed both cartilages.

April 10th. He was discharged cured. No swelling of the joint existed, and he walked well.

It is not my intention to offer many remarks upon this case, as it illustrates so forcibly and unmistakeably the importance and safety of the operation. As far as I have yet seen of the method, it appears to be void of danger; and I have either operated myself or assisted at the operation fifteen times.

It is true that failure has thrice occurred in the present instance; but this arose out of unusual circumstances—viz., the small size and extreme mobility of the foreign body; and these very failures have strikingly illustrated the safety of the subcutaneous method of opening a large and important joint.

A Novel Marriage Licence. M. Giordano, professor of midwifery at the University at Turin, gave this year the lecture introductory to the business of the session, and alluded principally to deformities of the pelvis in relation to marriage. So impressed is the professor with the importance of a capacious pelvis in a married woman that he proposes the following regulation: "Every woman shall be required, before signing the marriage register, to produce a certificate respecting the proper conformation of her pelvis." Another summary measure touching pelvic organs has been proposed by M. Larghi, of Vercelli: as a preventive of puerperal fever, the lining membrane of the uterus should be well brushed with a solution of nitrate of silver. (*L'Union Medicale.*)

Original Communications.

REPORT OF AN OBSTINATE CASE OF CHRONIC MYELITIS,

WITH ACCOMPANYING PARALYSIS OF THE LOWER HALF OF THE BODY, SUCCESSFULLY TREATED.

By Charles Taylor, M.D.Edin., late Physician to the Asylum, Walton, Liverpool; formerly President of the Parisian Medical Society; etc.

[*Read before the Nottingham Medico-Chirurgical Society, February 7th,* 1862.]

Robert Makley, a plasterer, aged 35, came under my care in November 1860. At that time, he was suffering from equal paralysis of both lower extremities, with obstinate constipation, and incomplete control of the urinary bladder. He had been in this condition eleven months. He was a steady married man, with two children; and there was no evidence of hereditary taint, gout, syphilis, or lead-poisoning; but he had long suffered from various aches and pains, which he termed rheumatic. He was five feet seven inches in height, moderately strong, and of bilious temperament. The history of the case is briefly as follows. Without any very marked premonitory symptoms, he experienced one day, when at work in a windowless house, and while exposed to a strong draught, a peculiar tingling sensation in both legs, which soon amounted to numbness, and, in the night, to complete paralysis. He was then seen by a medical gentleman, who, after treating him for a fortnight, sent him into the General Hospital. While he was there, the limbs were rigid and motionless; the urine and fæces passed involuntarily; the formation of a bed-sore necessitated the use of a water-pillow; and he was discharged at the end of four months not improved. He was laid upon the sofa for some time after his discharge from the hospital, as he could not be got up stairs to bed. He was then taken to his native parish; and, after remaining a short time in the workhouse hospital there, was declared incurable, and placed upon the usual allowance given to permanent cases.

When I first saw him, some months after his return home, the power of locomotion was impaired to the following extent. During the day he was on a sofa down-stairs, and at night it required two persons to get him up a flight of ten steps; if it were necessary for him to go three yards from his own door, a neighbour habitually carried him. He could, however, if urged, manage on the level house-floor to move a few yards with the help of a pair of crutches; but, to do this, he was obliged to keep leaning against the wall with his eyes fixed on his feet. He complained more particularly of sensations of heat and cold, pins and needles, formication, etc., referred to the lower limbs; of a feeling as though a cord were tightly bound around his body; and of obstinate constipation. He did not know where his legs were as he lay in bed; he could not tell which was touched when one was pricked; they were cold, requiring extra clothing; and he was much annoyed by cramps in the calves, with frequent twitchings. When he attempted to move, he used extraordinary efforts; every muscle being, as it were, brought into action, motion was accomplished with a jerk, and the feet were deposited some distance from the spot where he wished to place them. Tickling the sole caused painful reflex action, which was otherwise easily excited, and at times, especially at night, would be so violent as to throw off the bed-clothes, and require considerable external force to overcome. Anæsthesia of both legs was marked, and it extended as high as the umbilicus, on a level with the line where he complained of feeling of tightness. He was quite unable to supp himself, even with crutches, in the dark, and swa over if he closed his eyes.

On examining the back by pressure and percuss marked tenderness was elicited on a level with the tl dorsal vertebra. A spongeful of hot water passed de the spine gave a normal sensation of heat, until this s was reached, when the feeling was that of burning; a similar result followed the application of a spong very cold water. A primary interrupted current electricity, from Legendre and Morins' machine, pas in the course of the affected muscles, showed that electro-muscular contractility was slightly diminisl The vascular and respiratory organs were healthy, the abdominal viscera sound. There was no he ache nor vertigo, the intellect was clear, and he free from cerebral disease. The tongue was moist, slig furred, and steadily protruded in the median line; appetite was indifferent; his gastric digestion was pr good; pulse 80, and feeble. The skin was harsh dry; the feet and ankles were œdematous: the u was alkaline when passed.

He was ordered to sleep on a mattress; to a lying on his back; to clothe the arms and legs in f nel, and to let them be habitually placed lower than body. His wife was directed to apply a cold douche, lowed by violent rubbing with mustard, to the sp every morning; to beat the back twice daily alterna with the ends of a towel, one dipped in very hot, the other in very cold water; and pills, each contai one quarter grain of belladonna and four grains of e of rye, were prescribed, one to be taken thrice d Under this treatment he speedily improved; all symptoms were slightly ameliorated, and in six weeks was able to move twenty yards from his door crutches. The pills were continued with the best eff for the space of three months, when the feet bec so icy cold that I was afraid of the supervention of gangrene, and omitted the ergot, continuing the be donna, in conjunction with five grains of iodide potassium, and a dessertspoonful of cod-liver oil, th daily. An occasional aperient was also from tim time administered. At this period he could walk level floor without any assistance or support; and tinuing to improve, soon found himself able to wa couple of miles with the aid of a stout walking-stic

In March, 1861, after four months treatment, he able to resume work, and obtained a light job in paint His employer's place of business was situated a from his residence, and he used crutches to go to fro. The exertion, however, proved too much for h and he suffered from a relapse, which was appare provoked by a chill, and which necessitated his w drawal from work and a resumption of the medi Under this, the ergot being again administered, he more steadily improved; and in June last, after months treatment, he could walk easily, with aid of a stick, from Basford to Nottingham (a tance of two miles) and back again. About time he was enabled, through the kindness c benevolent lady, to visit Buxton for three we His general health and strength were much impr by the change, so that in July—seven months from commencement of the treatment—he was able to ta situation as French polisher, walking from Basfor Nottingham to his work in the morning, and retur at night. At this period he was so well that I consid all medicine and treatment (during the course of w I must not omit to mention, he had, as general to occasionally, small doses of iron and quinine), migh safely discontinued. The event proved that I was rect in this opinion; as since then the improvement been steadily maintained, and he can now, as you will take up one leg and hop on the other, and walk backw

d forwards with his eyes closed. He can walk ten miles
the day, or at the rate of four miles in the hour, with-
t any support, and can dance a few steps of a horn-
e; and on one occasion, during a press of business,
stood at his present employment from six in the
rning to eleven at night, with only short intervals for
als.

In spite of all this improvement, such as indeed is sel-
m seen in persons who have once been the subject of
elitis, there is still to be noted a slight want of power
guiding the legs, and of coordination of muscles;
ich is, however, evidence less of the inefficiency of the
nedies employed, than a proof of the gravity of the
ection from which he suffered.

[The patient, who was then introduced to the notice of
members of the society, stated that he had walked
miles without a stick that evening, in order to be
sent at the meeting, having previously done a good
's work; and that he should return in the same way.
hopped on either leg, etc. He stated that he had
ently done as hard a day's work at his old employ-
nt (wall-plastering), as he had ever done before his
ess, etc. He walked erect, with full confidence,
hout looking at his feet; and a stranger would not
e known that he had had anything the matter with
.]

EMARKS. The foregoing presents an interesting case
araplegia, the result of chronic myelitis. The pheno-
na presented had existed, in spite of careful treatment
hree or four practitioners, for eleven months before I
the case; and he was at last regarded as incurable.
symptoms were clearly due to myelitis; and the
er limit of the inflammation was marked by the ten-
ess on pressure, and by the abnormal sensations oc-
oned by the application of cold and heat on a level
the third dorsal vertebra. That the inflammation was
ed high up in the cord—at all events above the
o-lumbar enlargement, was also demonstrated by
fact that the patient suffered from frequent fits of
nt spasmodic movement in the lower limbs, which,
etimes recurring spontaneously, could always be ex-
l by external irritation. This spasmodic affection
e paralysed members is, as Dr. Brown-Séquard has
d, the result of a morbid increase in the vital pro-
ies of the dorso-lumbar enlargement of the cord,
g partly to congestion of that part, and partly to an
mulation of power in consequence of its having
ed to be subject to the will. Had this portion of the
been the seat of the inflammation, reflex movements
d have been simply impossible; as clinical observa-
and pathological investigation have satisfactorily
ed that, wherever this state of congestion passes on
ue inflammation, the fits of spasms speedily cease,
it becomes impossible to excite reflex action. The
modic condition of the sphincters of the bladder and
m (shown by the patient's inability to pass urine
he wished, and by obstinate constipation), also
ted to the fact that the disease was seated high up
e cord; as these muscles are almost uniformly com-
ly paralysed when the dorso-lumbar enlargement is
ted. The feeling as though a cord were tied round
ody, complained of by my patient, is a very constant
tom in myelitis, and is usually felt at the limits of
nflammation; it is to some extent due to irritation
e sensitive nerve-fibres of the cord, producing a sen-
n referred to the periphery, and probably also in
measure to cramp of some portion of the muscles
e abdomen or chest. The sensations of heat and
pins and needles, formication, etc., which also con-
ted a marked symptom, originated in irritation of
rey matter, and were merely referred to the limbs
e same way that injury of the trunk of a nerve pro-
s sensation at its distribution.

alinity of the urine, a harsh, dry skin, diminished
erature, œdema, and tendency to the formation of bed-sores, are all interesting effects of irritation of the nutritive or vaso-motor nerve-fibres; the first being a most important symptom, almost constant in myelitis, and serving to distinguish inflammation of the cord proper from inflammation of its membranes. The existence of anæsthesia was indicative of disease of the grey matter; and the effects of impaired muscular and tactile sensibility were well shown by the patient's inability to stand with his eyes closed, even with accustomed supports; and his utter loss of confidence in the dark. All these symptoms demonstrated that the grey portion of the cord was affected. Had it been one of those rare cases where the inflammation is limited to the white columns, the symptoms would have been much less decided; had the posterior columns been affected, there would have been marked hyperæsthesia; while, had the paralysis been due to disease of the anterior columns, there would have been no anæsthesia, scarcely any referred sensations, and either marked lesion or entire abolition of the electro-muscular contractility. The symptoms could not be due to inflammation of the membranes of the cord, as I was at first led to suppose by the rheumatic nature of the complications. The signs indicative of that special lesion were wanting; for instance, the pain was not so much increased by movements of the spine backwards, forwards, or laterally, as by pressure; there were no frequent or constant spasms of the muscles of the back, sometimes even tetanic in character, such as are seen in cases of meningitis; there was no severe pain in the nerves issuing below the seat of the affection; the referred sensations were well marked; and the urine was alkaline when passed. The case was not one of simple congestion, for, had such been the case, the symptoms would have been of a much less decided character; the patient would have been worse after a night's rest, and position would have had a more marked effect on the degree of paralysis, which would also have varied much. The gradually increasing severity and persistence of the symptoms distinguished the disease from hæmorrhage; and it presented no analogy to cases of paraplegia due to tumour or white softening, or such as occasionally arises from peripheric irritation.

Myelitis in the acute form is very generally fatal; and the chronic subacute cases have long been regarded as all but incurable. These latter, at first localised in some definite portion of the cord, when neglected or improperly treated, gradually extend, accompanied by more and more complete paralysis. The disease shows no tendency to spontaneous recovery; but it often does not destroy life until after many years of suffering. Cases are recorded where it has existed upwards of twenty years. When judiciously treated, it may sometimes be arrested in its progress, but it is seldom that we can obtain a complete cure; this is owing to the fact that the injuries inflicted by inflammation on the delicate structures of the cord are almost irreparable. In the patient I have just presented to your notice, although he can walk nearly as far and nearly as fast, and do almost as much work as before his illness, you may still note the embers of the extinguished fire in a certain want of that ability to direct movements which is possessed by all healthy persons even of much less muscular power.

As to the treatment; the symptoms of irritation and increased vital properties of the cord indicated the necessity for the adoption of such means as would have the effect of diminishing the amount of blood in that important nervous centre; and, happily, of late years, owing to the distinguished labours of Dr. Brown-Séquard, we are able to do so very effectually. In addition to position, spinal derivatives and counterirritants, we have in belladonna and ergot of rye, two excitants, which acting on the unstriped muscular fibres produce powerful contractions in the blood vessels of the spinal marrow. Dr. Brown-Séquard says, "Not only have I seen the diminution in the calibre of the blood-vessels of the pia mater of the spinal cord taking place in dogs after they had taken large doses of belladonna or ergot of rye, but I have also ascertained that the reflex power of the spinal cord (as a consequence of such contraction), becomes very much diminished under the influence of these two remedies, which, in so doing, act just in the opposite way to strychnine." Bretonneau, Barbier, Trousseau, and other foreign physicans, have for years empirically employed these two remedies in the treatment of paraplegia, sometimes with good, sometimes with ill effect; but it was not until Dr. Brown-Séquard pointed out in what cases they ought to be administered and in what avoided, that the treatment of paraplegia was placed on a rational basis. Thus, it has been clearly ascertained that belladonna and ergot of rye possess the power of diminishing the amount of blood in the spinal cord, the same power being possessed in a less degree by iodide of potassium, mercury, hyoscyamus, stramonium, and Indian hemp. These, therefore, are the remedies which should be administered in all cases where symptoms of irritation of the motor, nutritive, or sensitive nerve-fibres of the cord, together with increased vital properties, indicate a hyperæmic condition of that important nervous centre; while strychnine, which has an opposite effect—a property shared, though to a much less degree, by opium, and perhaps also to some slight extent by phosphorus, cantharides, and sulphur—should be religiously avoided. To quote again from Dr. Brown-Séquard: "Strychnine ought to be avoided as a most dangerous poison in those cases of paraplegia in which there are signs of congestion or inflammation of the spinal cord or its meninges—in those cases strychnine can only increase the cause of the paralysis."* The contractile power possessed by belladonna and ergot of rye—but in a major degree by the ergot—is, in the course of treatment, often carried so far as to affect the capillaries of the extremities, so occasioning icy coldness of the feet. This is an indication for withholding the latter remedy, which, if continued too long, would occasion raphania and dry gangrene, such as is observed in countries where ergotised wheat has been used as food. It may, however, in general be safely given for a space of four months, and resumed after an interval of six weeks. Belladonna may be given almost any length of time; a quarter of a grain thrice daily did not in the preceding case affect vision, and it is not usually necessary to give such a dose as will do so. Dryness of the throat, occasioning difficulty of swallowing, is however often complained of, and may necessitate its intermission for a time. The other remedies were merely administered as general tonics, and I do not doubt that if the patient's condition had been such as to admit of his living well under more favourable hygienic conditions, and with a more strict observance of adjuvant measures, that his recovery would have been more rapid.

In conclusion, permit me to call attention to the value of electricity as a means of diagnosis in cases similar to the one I have just recorded, and as a means of treatment in many presenting like external characters. It will have been observed that I called especial attention to the fact that but slight impairment of the electro-muscular contractility was noted on the passage of a direct interrupted current in the course of the vis nervosa of the affected muscles; I also observed that this was an additional reason why we should conclude that the anterior columns of the medulla spinalis were but slightly affected in the case before me, and also a reason why we should refer the principal seat of the disease to the grey matter of the cord. Indeed, had chronic inflammation which existed terminated in le of the anterior columns, such lesion would have b infallibly indicated by either (according to the exten injury) marked diminution or complete abolition of electro-muscular contractility; a symptom which, w it is marked in all cases of actual disease or injury of anterior columns of the cord or of the individual mi nerves issuing therefrom, exists only in one other f of paralysis, namely, that which is the result of satur impregnation (which latter may always be distinguis by the elective affinity of the poison of lead for cer muscles). This observation is well illustrated by c of paraplegia, the result of injury to the spinal c either from fracture or violent concussion, where (less the injury have been repaired by time, when may hope to restore the patient by Faradisation) electro-muscular contractility is completely abolish as it is also in cases of paralysis from division or in of compound nerves, as is seen in loss of power of tain muscles of the arm from injury of the nerves of brachial plexus, an occasional consequence of disl tion of the humerus, in paralysis of the deltoid from jury to the circumflex nerve, and in paralysis atrophy of muscles, such as we have recently had example of in this town, from division of the ne supplying them by a cutting instrument.* Other fo of paraplegia or paralysis may be at once diagnosed distinguished from the preceding, by the electric ir bility maintaining its normal standard; for exam there are certain cases of progressive general p lysis due to a spinal cause, which may not by other means in an early stage be known from the gressive general paralysis of the insane. These readily distinguished the one from the other by the dition of the electro-muscular contractility; this func being impaired or abolished in the former class of ca while in the latter, which own a cerebral origin, i rather increased than diminished—a fact first shado forth by the researches of our illustrious townsman, M. Hall (*On the Condition of Muscular Irritabilit Paralysed Limbs*), though unfortunately, from imper localisation of the stimulant by him, left to be comple by the distinguished author of *Electrisation Locali* Again, in the fatty atrophy of muscles—miscalled w ing palsy, which is in reality no paralysis at all, simply a degeneration of muscular fibre arising f various causes which I shall not consider at present, certainly from no nervous lesion—we find that the c tractility of the muscles under the stimulus of electri is absolutely perfect so long as a fibre remains free f fatty transformation. The same rule also obtains cases of paralysis of a rheumatic origin; and in case hysteric paralysis, in which we have, in addition, di nution of the electric sensibility; and, lastly, we hav the application of the electric current a valuable me of distinguishing cases of reflex or peripheric parapl from cases dependent on spinal lesion, as the elec irritability is, as a rule, intact in cases of reflex ori and diminished or abolished according to the affect of the anterior columns of the cord in cases of myeli As a mode of treatment, careful localisation of primary or secondary Faradic current, or of both, in affected muscles by means of wet sponges, on the c neous surface by means of the electric brush; *clou électrique*, fustigation, or electric moxa, is often magical efficacy in cases of rheumatic, hysteric, sometimes of peripheric paraplegia; while persever application has a most decided influence in resto rebellious cases due to lead-poisoning, and those aris from accident or injury to the cord, or division or in the nerves arising therefrom. Lastly, Faradisation is eless in the general paralysis of the insane; injurious myelitis until after recovery has taken place; and is only remedy worthy of confidence in the fatty ophy of muscles, and in the *paralysée atrophique isseuse de l'enfance.* As strikingly illustrative of the rming results sometimes obtained by its judicious ployment, I will, in conclusion, quote the following e which I treated when in practice in Liverpool, and ich was subsequently published in Mr. Lobb's work galvanism.

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* As strikingly illustrative of the truth of the preceding remark, see Five Cases of Paraplegia, recorded by Dr. Nash of the Madras Army, in the *Lancet* for February, 1862.

* "La simple contusion d'un nerf peut occasionner une dim tion considérable de la contractilité et de la sensibilité électri dans les muscles qu'il anime." (Duchenne.)

Case. A. B., aged 18, a single gentleman, came under care to be treated for an attack of paraplegia, on gust 27th, 1859. He was a fresh looking well deveed young man of sanguine temperament. The vasar and respiratory organs appeared healthy, and the ctions of the abdominal viscera were well performed. e pulse was 80, regular; the skin was cool; the gue was furred, moist, and steadily protruded; there s no defect of articulation. For some time past, he l been complaining of gradually increasing debility of lower limbs; and latterly they had been utterly less as organs of locomotion. He was quite unable stand, and moved from one apartment to another by aid of a pair of crutches. If he attempted to rise n a sitting posture by grasping a chair or table, he back quite helpless; if supported on one side, the s doubled up, the knees knocking together; and, if prevented, he would sink to the ground. He had pain in the back, and no pain was felt on percussion ng the spine. Sleep was natural, not troubled with ams or involuntary startings; the senses and sensity were normal. There was no evidence of saturnine soning, of worms, nor of rheumatic affection. The ctions of the bladder and rectum were normal; and superior extremities were unaffected. He had been ng eleven grains of sulphate of zinc daily, which was scribed by the late Dr. Bright. Two sisters were cted much in the same way to a greater degree; one ing being confined almost constantly in the recumt posture for eleven years.

ugust 27th, 1859. A gentle to-and-fro galvanic cur was passed from the lumbar region to the feet, and tricity localised in each of the affected muscles for or two minutes.

ugust 30th. He complained of lassitude after the *séance;* but expressed himself now as slightly imed. The localised electricity was again applied.

eptember 1st. He was able to put down his crutches walk across the room to meet me to-day. He ed that since the last operation he had put his foot he stirrup and mounted a horse unassisted. The tricity was repeated.

ept. 3rd. Owing to indisposition, I was unable to nd to-day, according to appointment; but received a from the patient's mother, stating that the crutches e quite discarded, and that he was so well as scarcely eed further help.

ept. 4th. The patient attended church to-day, walk there and back, about a quarter of a mile, and ding during service.

ept. 5th. He could walk steadily at a good pace. expressed himself as quite recovered. The electy was repeated.

ept. 7th. He stated he could run and jump as well ny body; he appeared quite well. The electricity repeated.

he following remarks were appended to this case. e effect of the galvanic current in the foregoing was marvellous; and to witness the delight with h the patient noticed the rapid and decided imement, was truly gratifying. Completely crippled self, and with the melancholy spectacle before his of two paralysed sisters, whose cases had resisted reatment, no wonder that it was with but little faith that he resorted to galvanism as a *dernier espoir.* So slight was his hope of benefit, that had not the improvement been as rapid as it was marked, I feel that he could not have been induced to continue the application. The integrity of the electro-muscular contractility, and the absence of any decided indications of head-affection, excluding the diagnosis of cerebral or spinal lesion, warranted a very sanguine prognosis, and thus enabled me to offer him sufficient inducement to commence the treatment.

"The current passed from the lumbar region to the feet was merely a *placebo;* and I attributed the cure entirely to the localisation of the electricity in each of the affected muscles."

I met the patient some two years afterwards at the seaside quite well, and believe he has since continued in perfect health.

ON MALGAIGNE'S HOOKS FOR FRACTURED PATELLA.

By Campbell De Morgan, F.R.S., Surgeon to the Middlesex Hospital.

In a recent number of one of the medical journals, M. Malgaigne's hooks for the treatment of fractured patella are classed amongst the fracture apparatus which "may be regarded as models of what ought not to be used."

At the Middlesex Hospital, a large number of cases have been treated by the application of these hooks—perhaps, in no English hospital have they been more frequently used—and the results have been very satisfactory. My colleague, Mr. Henry, called attention to some cases under his care, in which a very close, and probably a bony, union had taken place under treatment by this apparatus.

The instrument consists of a pair of iron plates, each furnished at one end with two double sharp pointed hooks. One pair of these hooks is thrust through the skin, and is made to catch upon the upper edge of the bone; the other is similarly thrust in till it catches the lower edge. A screw bar then unites the two pieces; and by turning this the separated portions of bone can be readily brought into contact. When once fixed the hooks are allowed to remain until the parts have united; or until it may be thought desirable to replace them by a starched bandage.

Now, this sounds like a painful and somewhat savage proceeding, and one likely to be attended with danger; whether, in ordinary cases of fractured patella, and when cautiously applied, the hooks can give rise to mischievous consequences, I do not know. I have never seen the least indication of such results; and should not anticipate their occurrence. But as to the extremely small amount of pain which their application produces, and to its almost entire, and often entire, absence during the time they are worn, I can speak very positively; so far as the cases which I have seen or treated are concerned.

A case occurred not long since in the hospital, which illustrates this very satisfactorily. A woman slipped in coming down stairs, and fractured both patellæ. There was for three days a good deal of effusion into the joints. When this had subsided, I applied the hooks to the one side, leaving the other without any apparatus at all; both legs were raised in the usual position. Pain was, of course, produced, but only to a slight extent, while the hooks were being thrust through the skin. When I saw her the next day, she had not more pain on the one side than on the other; in fact, she had no pain on either side. The hooks remained on for more than a month without producing the least irritation or uneasiness. The broken portions of bone were pretty closely approximated on the side to which the hooks had been applied; on the opposite side, there was an average amount of separation—from half to three quarters of an inch.

Those who are conversant with the fact of the freedom from irritation which characterises the presence of metallic sutures in the skin, would be prepared to expect a similar immunity from the presence of those hooks, if the parts be kept from motion.

I have a case now in the hospital which shows very markedly the simplicity of this plan of treatment, as well as the little tendency to irritation which it causes. A woman was brought in with a fractured patella. She was far advanced in pregnancy; and the house-surgeon judged very properly that she would be, in her condition, extremely discomforted if the limb were placed in the ordinary elevated position. He left her, therefore, till my visit. I found that there was only a moderate amount of swelling; and that the two fragments of bone were about an inch asunder. The hooks were at once applied, and the two pieces of the patella brought into contact. No splint or roller was used; nor was the limb elevated; she was simply enjoined to remain as quiet as she could. She has been lying perfectly comfortable, with no irritation around the hooks, and no pain unless they be moved about. They have now been on for about a month; and the fracture seems to be nearly united.

There is one inconvenience which sometimes occurs, and which it requires a little management to overcome. The bones have a tendency to meet at an angle; so that while the two lower edges, for example, may be in contact with one another, the two upper edges may be separated by an eighth of an inch. I do not know whether practically there is any great harm in this; probably, the union is not so firm as it would be if the whole surfaces were in contact. The difficulty may generally be overcome by an alteration in the direction of the hooks, especially of the upper ones. They may be made to catch the bone in a different manner, without being altogether withdrawn; so that the pain of a second perforation of the skin is avoided. When once the proper position is obtained, and the screw adjusted, no further interference may be requisite until it is thought proper to remove the instrument.

So far from regarding these hooks as "models of what ought not to be used", my belief is that, if due caution be observed, there is no method of treatment which, with so little trouble to the surgeon, or irksomeness and pain to the patient, will produce such satisfactory results.

HOMŒOPATHIC DISCUSSIONS IN CONGRESS. In the Halls of Congress the important question of life's value in the army, and conversely, the physician's value, as the conservator of life and health, are being earnestly discussed. Homœopathy paraded its pretentious claims, backed by some 35,000 petitioners; but impressed by some proper sense of public responsibility, both houses of Congress declined to recommend the hallucinations of Hahnemann to the army. And for the gratification of our readers, the fact may here be stated that we have just been shown a neatly printed copy of our leading editorial of January 18th, "*Homœopathy in Military Hospitals*," which we are informed was ordered, printed and placed in the hands of every Member of Congress at the expense of a few public-spirited gentlemen, the very day that number of our Journal was received at Washington. Such unanswerable testimony of facts contributed its humble share towards saving the army from the pressure of the host of homœopathic quacks who were just then uttering their bugbear boasts that General McClellan's life had been saved by hourly prescriptions *by telegraph* from the office of the prince of charlatans in New York. (*American Medical Times.*)

Reviews and Notices.

A CLINICAL TREATISE ON DISEASES OF THE LIV
By Dr. FRIED. THEOD. FRERICHS, Professor
Clinical Medicine in the University of Berl
etc. Translated by CHARLES MURCHISON, M.
F.R.C.P., Physician to the London Fever Hos
tal, etc. In Two Volumes. Vol. I, pp. 402. V
II, pp. 584. The New Sydenham Society. Londc
1860 and 1861.

THE Council of the New Sydenham Society ha
done well in issuing an English translation of
FRERICHS's work on the Liver; for it is one
those books which, independently of the charact
impressed on them by the reputation of the auth
are most interesting in the present age of medicin
As we have already observed in a former numb
the author seeks to point out, in relation to t
liver, the bearings of scientific observation on clini
practice.

The first volume contains nine chapters, arrang
under the following heads:—1. Historical Intr
duction; 2. Relative Size and Weight of the Liv
in Health and Disease; 3. Sketch of the Relati
Sizes and Forms of the Liver in its Morbid Con
tions, and of their Diagnostic Value; 4. Jaundic
5. Suppression of the Functions of the Liver-
Acholia and its Consequences; 6. Chronic Atrop
of the Liver; 7. The Fatty Liver; 8. The Pigme
Liver; 9. Hyperæmia of the Liver and its Cons
quences. There is also an Appendix of Observatio
and Experiments, in support of statements made
the body of the work.

It would be impossible for us to give such
analysis of each chapter of the work as its charact
warrants; and this is, perhaps, the less necessar
as many of our readers are members of the Ne
Sydenham Society. We shall, therefore, confine ou
selves to the selection of those portions which a
pear to us to contain what is most noteworthy, an
shall endeavour to describe, in as concise a form
is consistent with clearness, some of the princip
views on hepatic diseases which are held by t
learned author.

Proceeding on this plan, we first take up t
fourth chapter, which is on Jaundice. On the pr
duction of the disease, two principal theories ha
been held: the one being, that jaundice arises in
disturbance of the functions of the liver—of t
secretion or excretion of bile; the other, that, und
certain conditions, substances resembling the ingr
dients of bile are formed in the blood independent
of the liver. Dr. Frerichs holds, in contradistinctio
to a view that has been very commonly entertaine
that bile does not preexist in the blood, but that
and sugar are formed in the liver as products of cel
growth; and he believes that most, if not all, case
of jaundice are produced by the reabsorption of bil
already secreted. The question then is, to discov
the causes preventing the escape of bile from th
liver, or producing its flow into the blood. It
only when no such causes can be ascertained—as
pyæmia, some forms of intoxication, fevers, menta
emotion, etc.—that he would admit, as a provisiona
hypothesis, the origin of the icteric condition in th
blood itself.

The abnormal passage of bile into the blood may, r. Frerichs says, arise in two ways :—

> “1. From obstruction of the bile-ducts, by which the ressure on the side of the cell-contents is increased; ad 2. From obstruction to the flow of blood in the por- l system, and consequent diminution of the pressure n the side of this fluid.” (P. 86).

Obstruction of the bile-ducts is the more common urce of jaundice; its causes are often obvious, ut some are as yet obscure. The hypotheses of pasm or of paralysis of the bile-ducts are represented y Dr. Frerichs as devoid of proof, and opposed to the sult of experiments; and he attaches much more nportance to the influence which the respiratory ovements exercise over the propulsion of bile; al- ough, as he observes, it is difficult to determine e effect of the want of this influence. The occa- onal operation of the other possible cause of ab- rption of bile—diminution of pressure on the side the portal veins—is rendered very probable by the currence of jaundice in cases of obstruction of the anches, or of the main trunk of the portal vein or the interlobular veins, or in young children, when e pressure of the umbilical circulation has been ken off the portal vein.

We come now to the other cause of jaundice— minished consumption or sparing metamorphosis the bile which has been taken up into the blood. he coloration of the tissues and secretions in jaun- ce has generally been attributed either to the ab- rption of bile-pigment already secreted, or to the rmation of bile-pigment in the blood. But Dr. erichs holds that there is another source of louring matter—the transformation of the biliary ids into pigments. He believes that this trans- rmation is one of a series of changes which take ace normally, under the influence of respiration; t that, under certain circumstances modifying the etamorphosis of matter, or interfering with respir- ory action, the further change of the bile-pigment arrested, so that it becomes evident in the urine, d may give rise to coloration of the tissues. In pport of this view, Dr. Frerichs adduces the im- ssibility of finding the biliary acids in blood, en in jaundiced blood, or in the urine, sweat, or liva. Again, in injecting bile deprived of its pig- nt into the blood of animals, he has found, on amination, no trace of the bile-acids, but a deep loration of the urine from bile-pigment. Kühne, the other hand, asserts that the biliary acids are t decomposed in the blood; and that the colouring tter found in the urine, after injection of the ins with colourless solutions of the biliary acids or their salts, arises from a dissolution of the blood- rpuscles, and the consequent formation of bile- gment, in some unexplained way, by the action of e biliary acids or their salts.

On this point, then, we have two opposite views t forward; but it appears that that of Dr. Frerichs eives the greatest amount of support from the emical researches made by himself and others. e question, however, must be regarded as still *sub lice.*

The symptoms of jaundice are then described— t variety being taken as the basis which arises m mechanical impediment to the excretion of e.

In the blood, Dr. Frerichs says, the colouring tter is the only element of the bile that can always be detected; the fluid also contains a considerable quantity of leucine, and an unusual proportion of fat rich in cholesterine. Beyond the tinging of the plasma, however, the blood undergoes no remarkable change. The presence of the bile-pigment, and perhaps the effects of the metamorphosis of the biliary acids on the blood, remain then as the only “essential substratum of the biliary dyscrasia”; and hence Dr. Frerichs denies that the violent and fatal constitutional disturbances sometimes observed are to be attributed to cholæmia; they are secondary, the results of disorganisation of the liver, giving rise to exhaustion, to those symptoms of blood-poisoning which are commonly called cholæmic intoxication, to perforation and peritonitis, or to suppurative hepatitis.

The kidneys in jaundice excrete by far the largest quantities of bile-pigment; so much so, that sometimes their texture is essentially injured thereby. These organs, Dr. Frerichs observes, undergo changes in the more intense forms of jaundice, which have not yet been sufficiently studied.

> “The organs assume an olive-green appearance; a number of coiled-up uriniferous tubes of a dark colour may be seen in the cortical substance, and in the pyramidal portion, in addition to brown or sap-green tubuli, there are others which are filled with a black deposit. Upon closer inspection, the paler uriniferous tubules are found to be of a green or brown colour; and their epithelial lining, which is seldom entire, is of a deep brown tinge, which is particularly marked in the middle. The individual cells appear partly of a blood-red colour, partly green, and partly brown; some of them contain layers of pigment deposited in a concentric manner round the nucleus; but, not unfrequently, we meet with epithelial cells which have undergone fatty degeneration, and are red, brown, or black. Where the deposit of pigment is most intense, uriniferous tubes may be observed distended with a coal-black, hard, brittle mass, which, like the material of black gall-stones, is either dissolved in caustic potash slowly and incompletely, or is quite insoluble. In addition, there may be noticed cylindrical masses, consisting of an amorphous material, brown in the centre, but becoming gradually paler towards the periphery. Caustic potash acts upon them more rapidly, dissolving their pigment, and causing the cylinders themselves to become transparent and swell up like coagulated fibrine which has been retained for a long period in the uriniferous tubes. The deposit of pigment under such circumstances extends throughout the entire tissue of the kidneys; it is even perceptible in the epithelium of the Malpighian bodies; it is still more evident in the convoluted tubuli uriniferi, and is preeminently distinct in the straight tubules of the pyramids, the calibre of which becomes blocked up with hard coal-like masses. It might be imagined, that such a deposit would greatly interfere with the secreting function of the kidneys; and observation proves that it really does so.” (Pp. 101-2.)

Next to the kidneys, but at a great distance, the sweat-glands excrete a considerable portion of bile-pigment; while the remaining secreting organs—as the salivary glands—remove a very insignificant and inconstant quantity. Albuminous and fibrinous exudations always abound in colouring matter; it is found in the sputa of pneumonia. The bile-pigment is deposited in the deeper layers of the epidermis, and the colour is removed very gradually; it is much less apparent in the mucous membrane, but may be observed in almost all the deep-lying parts —in the adipose tissue, in the serous and fibrous membranes, in the areolar tissue, in the bloodvessels and lymphatics, in the bones and teeth, in the areolar sheaths of the muscles, and in the outer membranes and vitreous body of the eye. Cartilage is less affected. In pregnant women, the fœtus may become of a yellow colour, provided the disease has been of long continuance.

Dr. Frerichs then describes a series of symptoms of less constant occurrence, which proceed from abnormal conditions of the nervous system; and then notices the treatment of jaundice. This varies according to the nature of the primary cause of the disease; but, when this cause cannot be influenced, the object is to counteract the injurious influences of the abnormal distribution of bile. There are three principal indications to be kept in view here:

"1. The regulation of the functions of the bowels, which have been deranged by the stoppage to the flow of bile.

"2. The purifying of the blood from the mass of colouring matter which has accumulated in it.

"3. The consideration of the further consequences which may befall the entire system from the operation of the above abnormal conditions, and more especially from the changes in the tissue of the liver resulting from the stoppage of bile; such as anæmia, dropsy, cholæmia, etc."

The first indication is fulfilled by an appropriate diet, consisting of easily digested lean meat and vegetables, fatty articles being avoided; and by the use of vegetable purgatives (rhubarb, aloes, or colocynth).

The second indication is met by stimulating the kidneys by the milder vegetable diuretics and small doses of the neutral salts, or by lemon-juice, which Dr. Frerichs has found to act favourably; and by stimulating the function of the skin by tepid baths and mild diaphoretics.

In following out the third indication, there is more difficulty; but the means recommended are, bitter medicines, an easily assimilated diet, iron in small doses, and mineral waters. If dropsy be present, diuretics and tonics must be combined.

The preceding forms what may be considered as the rational treatment. Dr. Frerichs now notices a series of remedies which have been used empirically in the treatment of jaundice. These are, purgatives; emetics; solvent extracts (such as *extractum gramenis, extractum taraxaci, extractum cardui, extractum chelidonii*); muriate of ammonia; narcotics; acids; alkalies; mineral waters.

The varieties and special etiology of jaundice are next noticed. It may depend on ascertainable constriction or closure of the bile-ducts without or within the liver. But there may be jaundice without any detectable impediment to the flow of urine. Under this head are classed jaundice from mental emotion, from the effects of ether and chloroform, from snake-bites, from pyæmia, from typhus, from bilious fevers (intermittent and remittent marsh-fevers, recurrent fever, and yellow fever); there have also been observed epidemics of jaundice.

In pyæmia, and the various infectious diseases, the changes in the liver are for the most part, according to Frerichs, not sufficient to account for the production of jaundice. He attributes the jaundice rather to the increased secretion of bile overloading the bile-ducts, and so favouring its reabsorption into the blood; and to impediments to the diffusion or consumption of bile, which are brought about pa by the influence of the nervous system on the spiration, circulation, and secretions, but chiefly abnormal conditions of the process of metamorph in the blood. In some instances, as in intermitt remittent, and relapsing fevers, there are indicati of an increased secretion of bile; while in typ fever, the secreting function of the liver is paired, and, in place of bile and sugar, we find cine, and usually also tyrosine, together with a s stance like xanthine and hypoxanthine, a globu yellow matter, cystine (according to Scherer), frequently ammonia.

Regarding the nervous symptoms in fevers acc panied with jaundice—the so-called cholæmic toxication—Dr. Frerichs observes that "we can consider the accumulation of bile in the blood as cause of typhoid symptoms". These symptoms, says, are met with in similar fevers in which ja dice is absent; and hence "we are obliged to at bute these phenomena to the obscure alteration the composition of the blood to which we ascribe origin of malignant intermittents, typhous fev etc." At the same time, where there is persist suppression of urine or purulent infection, the planation of the somnolence and coma is not di cult.

[*To be continued.*]

TRANSACTIONS OF THE OBSTETRICAL SOCIETY LONDON. Vol. III. For the year 1861. With List of Officers, Fellows, etc. Pp. 480. Lond 1862.

THE regular publication, in this JOURNAL, of stracts of the papers read at the meetings of Obstetrical Society of London, renders it unnecess to attempt an analysis of this volume of *Trans tions*. The foretaste which our readers have th had will prepare them for crediting our gene statement, that this volume contains ample evide of work done on the part of the contributors papers. This volume contains thirty-nine articl several of which are highly elaborate papers, th will probably not fail to exert more or less influe on the progress of obstetric science. It also conta ten plates, some of which are coloured; and woodcuts.

THE CONFEDERATE ARMY. General Beauregard issued a series of instructions for the guidance of soldiers in the field of battle, among which are following. "Before the battle, the quartermaster of division will make all necessary arrangements for immediate transportation of the wounded from the fie After consultation with the medical officers, he establish the ambulance depôt in the rear, and give assistants the necessary instructions for efficient servi of the waggons and their means of transportation. T ambulance depôt to which the wounded are to carried direct for immediate treatment, should be esta lished at the most convenient building, nearest the fie of battle. A red flag marks the place and way to The active ambulances follow the troops to succour t wounded and remove them to the depot. Before t engagement about five men, the least effective und arms to the company, will be detailed to assist t ambulance conductors in removing wounded, providi water, and otherwise assisting the wounded. The men will not loiter about the depôts, but must alwa return to the field of battle as soon as practicable."

British Medical Journal.

SATURDAY, MAY 24TH, 1862.

MEDICAL CONSULTATIONS WITH HOMŒOPATHS.

much regret to find that we have again to call
attention of our readers to the subject of me-
l consultations with homœopaths. At another
will be found a correspondence on this topic,
:h has been forwarded to us for publication, be-
:n Mr. Adams of the Orthopædic Hospital and
Helm of Cambridge.

ıere lives, it appears, at Cambridge a homœo-
, with whom, most properly, the medical gentle-
of that town refuse to hold any kind of profes-
ıl intercourse. The homœopath, therefore, has
ast abroad for assistance when he requires it;
in the present case, looking to the metropolis,
es Mr. Adams to his assistance. Mr. Adams
ɔts the invitation, which comprises simply the
ınd that Mr. Adams is solely to examine the
ınt, and to decide whether or not an operation
quisite; if the operation be requisite, then the
ınt is to be delivered over into the entire charge
Ir. Adams. Mr. Adams and the homœopath
tually do meet; and the decision arrived at by
wo, or by Mr. Adams alone, is, that no opera-
is required. Mr. Adams therefore retires, and
omœopath is left in undoubted possession—we
say, complete master of the situation.

w this conference, Mr. Adams says, is not a
ltation with a homœopath. We entirely differ
inion from Mr. Adams in this; and we are cer-
that the profession does likewise. Indeed,
the clear and unmistakable position which
profession has, we may say, unanimously as-
d on this subject, we are surprised to find that any
al man could have doubts as to the right line
duct which he should pursue in such a case. It
clear to us as plain sense can make it, that the
ice assumed and defended by Mr. Adams is a
t encouragement of the deception of homœo-
; and we are satisfied that a due reconsidera-
f the point will force upon Mr. Adams himself
the line of conduct which he has chalked out is
alse direction.

e question to be answered is plainly this: Does
es not the meeting with a homœopath, under
onditions described by Mr. Adams (and it is
trifling with common sense to say that such a
ng is not a consultation), encourage homœo-
and its practitioners? To this question there
e but one answer: It does encourage the thing,
he men who practise it. This is what you thereby do: you publicly—in the face of the public—silently and tacitly admit that homœopathic treatment is what a patient may innocently submit to. It is vain to say that no question of homœopathy comes up at the conference: your silence is eloquence in its favour. If homœopathy be a quackery, you tacitly foster the quackery; you enter no protest against the treatment which the patient had undergone before you visited him; you enter no protest against the treatment which the patient may undergo when you leave him. You quietly look on; and, though urgent medical aid may be required for the patient's cure, though accidents may arise in the progress of his complaint which may demand medical treatment—nay, knowing that contingencies may spring out of his sick condition in which the patient's very life may be positively sacrificed if medical treatment be not, and if homœopathic folly be, adopted—you remain silent. It is no concern of yours, you say, if the man is silly enough to subject himself to such a treatment; let him pay the penalty of his folly.

It is useless to pretend the contrary. Meetings of this kind with homœopaths are, in the eyes of the patient, whatever they may be in the eyes of the surgeon, a distinct recognition both of homœopathy and of the homœopath. We would go further; and we will assert that the surgeon is, under such circumstances, responsible for any injury which may thereafter happen to the patient through want of proper medical treatment. In fact, is it not clear as the day, that the patient suffering under such injury may afterwards, with perfect justice, turn round on the surgeon, and accuse him of having silently looked on, and never warned him against the possible contingency. What would the surgeon answer when thus accused by the patient? "You never told me that my life might be sacrificed; you never said that you knew homœopathy to be a deceit and snare. It is true, I never asked you the question; but what right had you, with your better knowledge, to witness tacitly my blind delusion, to give me no word of warning. Nay, am I to believe that you would have come at the call of the homœopath, when other surgeons had refused to do so, if you really believed the thing was an injury to me; that you would have left me in his hands practising injuriously upon my body."

These are, to our view, the unanswerable objections which must be taken to Mr. Adams's positi in this matter. A medical man has no right, under any circumstances whatever, to attend the call of a homœopath, or knowingly to meet him at the bedside of the sick.

But we may go a step further in the special case of Mr. Adams, and say that, by his proceeding, he has distinctly recognised the claims of homœopathy to be ranked on the same footing with medicine.

This was the compact with the Cambridge homœopath: If an operation, which we presume Mr. Adams was to perform, were proper, the patient was to be placed under Mr. Adams's care; if the operation were not proper or not required, the patient was to continue under the homœopathic treatment. We cannot see how Mr. Adams can say that this agreement does not distinctly mean that—but for the accident of an operation—homœopathic treatment was quite as good for the patient as ordinary medical treatment; or how, under such circumstances, any other inference could be drawn than that the merits of homœopathy and of legitimate medicine are equal, and that these two forms of treating disease may be substituted one for the other according to the judgment of the practitioner or the fancy of the patient.

The surgeons of Cambridge, in the course they have taken, have a right to the support of the profession. They have acted an honourable part—they have refused to do what Mr. Adams has done.

THE MEDICAL COUNCIL.

The General Council of Medical Education and Registration met on the 14th instant, at the Royal College of Physicians; Mr. Green, President, in the Chair. After the minutes of the last meeting had been read and confirmed, a letter was read from the Society of Apothecaries, announcing the death of Mr. Nussey, and the election by the Society of Mr. George Cooper of Brentford, as a member of the Council.

A long report was then read from the *Pharmacopœia* Committee. It called attention especially to difficulties of a legal nature, which had occurred in the course of preparing the work. These related to the right of the *Pharmacopœia* Committee to make contracts with printers, etc., in the name of the Council; to the copyright of the *Pharmacopœia;* and to the absence in the Medical Act of any statutory injunction abolishing the *Pharmacopœias* of the Colleges of Physicians on the publication of the new one. The report was received, and ordered to be entered in the minutes; and Mr. Ouvry, the solicitor to the Committee, attended by request, and read the case submitted by him to counsel, concerning the copyright of the *Pharmacopœia*, and the opinion of counsel thereon.

The "Business Committee" of the last meeting of the General Council was reappointed; so also were the Education Committee (consisting of all the members of the General Council), and the Committee on Amendment of the Medical Acts. A Finance Committee was also appointed. After some discussion and amending, the following resolutions were then carried:—

"That Mr. Ouvry be requested to lay before the General Council a draft of a case proposed for the opinion of counsel, with reference to the Educati Clauses of the Medical Act, sects. 18 (and the Sched [A] therein referred to), 20, 21, 22, and 24.

"That the President and Dr. Christison, as Chair of the *Pharmacopœia* Committee, accompanied by solicitor to the General Council, be requested to wait the Secretary of State for the Home Department point out to him the position of the Council in refere to the publication of the *Pharmacopœia*, and to ask to take such steps as may be necessary to enable General Council to comply with section 54 of the M cal Act.

"That a Committee be appointed to consider mode of the publication of the *Register*, and, if possi to suggest some plan to secure its more general ci lation."

Dr. Andrew Wood then proposed, and Dr. Alex der Wood seconded, "That reporters be admitted the meetings of the General Council"; but the position was negatived. Dr. Andrew Wood requi that the names of the majority and minority sho be entered on the minutes; six voting for, and teen against, the proposition.

At the end of the day's business, the follow most important proposal was moved by Dr. Stor and seconded by Dr. Alexander Wood, and agr to:—

"That it be referred to a Committee to consider report whether any and what steps should be taken remove from the Medical Register the names of pers who may 'have been guilty of infamous conduct in professional respect.'"

May the Committee "see its way" to an effect conclusion!

On the 15th, the time of the Council was occup in considering the draft of a case for the opinio counsel in regard to the Educational Clauses of Medical Act, which they had on the previous desired their solicitor to prepare.

On Friday, May 16th, Mr. Green took the Ch at 2 P.M., but again quitted it, for the purpose waiting on the Secretary of State for the Home partment. The Chair was then taken by Dr. Sto

The Finance Committee made certain recomme ations in reference to the expense of printing General Register.

The Medical Acts' Amendments' Committee rec mended the following amendment to Clause XL:—

"Any person who shall take or use the name or of Physician, Doctor of Medicine, Licentiate in Medic and Surgery, Bachelor of Medicine, Surgeon, Gene Practitioner, or Apothecary, or any name, title, additi or description, implying that he is qualified to pract any branch of Medicine or Surgery, *such name, ti addition, or description not having been granted by of the Licensing Bodies mentioned in Schedule (A) this Act*, shall, upon a summary conviction for any s offence, pay a sum not exceeding Twenty Pounds.

"*N.B.*—The heading of Section XL, so altered, mi be:—Penalty for using Medical or Surgical designati by persons not qualified under Schedule (A)."

The Committee also recommended steps to taken so that a Draft Bill might be ready for bei submitted to the General Medical Council at its n Annual Meeting.

Dr. Storrar presented the following report from e Committee appointed "to consider and report hether any and what steps should be taken to reove from the Medical Register the names of perns who may have been guilty of infamous conduct any professional respect."

" On examining section 29 of the Medical Act, it apars to the Committee that, while the General Medical uncil are authorised, if they see fit, to erase without rther inquiry the name of a medical practitioner from e *Medical Register*, who shall be convicted in England Ireland of any felony or misdemeanour, or in Scotid of any crime or offence: the name of a medical actitioner charged with infamous conduct in any prosional respect, can only be erased when, after due luiry, such medical practitioner shall be judged by the neral Council to have been guilty of the infamous nduct in question.

' The Committee are of opinion that the General uncil, in relation to persons charged with infamous nduct in any professional respect, are intended to ercise judicial functions; and that it would not be isistent for the Council to combine with the duties of ges the functions of public prosecutors, even if the istitution of the General Council and the means at ir disposal were such as to render it practicable for m to initiate proceedings against registered praconers chargeable with infamous conduct.

' The Committee are further of opinion that all such es should be left to be taken up by persons unconted with the Medical Council, who should be rered to produce the evidence necessary to enable the incil to adjudicate upon them, having regard to the nding orders of the Council (section 8)—'Removal of ame from the *Register*.' "

'he report was ordered to be received, and printed the minutes.

'he President resumed the Chair, and informed Council that the Secretary of State for the Home partment had listened with great attention to the resentations of the deputation respecting the *rmacopœia*, and that he had desired the solicitor end him the draft of the proposed Bill, with a er explaining the grounds on which the Council ght legislative interference. Mr. Ouvry subted the draft of an explanatory letter to be sent ı the Bill, which was approved by the Council.

. letter was read from Mr. Richard Hughes of ghton (a homœopath, we believe), complaining of eclaration recently adopted by the College of sicians in Ireland as requisite to be taken by all lidates for its license. He objected that it was rary to the letter and spirit of Clause XXIII of Medical Act.

r. A. Smith, the representative of the King and en's College of Physicians in Ireland, explained the declaration complained of was of very old ; that the College has never expressed any ion on any theory of Medicine ; that therefore ever did impose any restraint on the practice of icine by any candidate ; and that the declarareferred to does not exist in the present code of laws. The Council declined to take any steps e matter.

On Saturday, May 17th, the returns of the number and names of candidates who have passed their respective final examinations, and the number of those who have been rejected, were referred to a Committee, for the purpose of being reported on to the General Council.

A Committee was also appointed to report on the returns received in accordance with the following resolution of the Medical Council :—

"That the Registrar be directed to communicate with the several Colleges and Bodies mentioned in Schedule (A) of the Medical Act, with the view of ascertaining whether they have taken any steps to determine how far the certificates given to Students for attendance on Hospitals or Lectures are granted on *bonâ fide* attendance."

THE WEEK.

The Editor of the *London Medical Review*, like every other individual in this country, has a perfect right to the freest exercise of his "freedom of opinion". It is not for us to dictate to him how his journal shall comport itself in reference to Homœopathy. But we have a right to opine that he is encouraging Homœopathy by permitting its discussion in his pages. We have no more doubt of this, than we have that he encourages Homœopathy who meets a Homœopath in consultation. We are surprised that the Editor, if he does not see the danger of the course he is pursuing, should be blind to the folly of it ! He seems to ignore the fact that, in such a case as this, there are no possible grounds for discussion. How can he argue on the truth of a conclusion, every one of whose premises he regards as utterly absurd ? Because the medical press has honourably and honestly refused to open its pages to the discussion of this delusion, mixed up as it is with so much of wickedness and dishonesty, the Editor says "its conduct has been one continued tirade of illiberal persecution"; and he has therefore opened his pages to the Homœopath, in order "to have this question settled in some way honourable to our profession." He has, in our opinion, made a great mistake ; and we have no doubt that he will ere long discover his error.

A statement appeared in last Sunday's *Observer*, to the effect that the governors of St. Thomas's Hospital were about to erect a hospital in the country to contain one thousand beds, and to leave one in London of one hundred beds. In the *Times* of the 20th inst., Mr. Solly quite falls in with this idea. We need hardly inform our readers that this is the very plan which we have all along defended as the right one to be followed in this notorious case.

"Let me be permitted to say one word as to the site of the new hospital, though I regret the length of this communication ; for I do not agree with 'Senex' that the new hospital should be erected in London. If I considered only my personal convenience, I would gladly retain it where it is or in any part of London, as being near to my professional house in the city. But when I consider that our future income will justify the erection of a hospital containing one thousand beds, we ought to take no ground of less extent than fifteen acres, and double the quantity if possible. I am also obliged to admit that my experience as the operating and consulting surgeon to the West Herts Infirmary, at Hemel Hempstead, has taught me practically that in pure air many operations may be avoided, and that those which we are obliged to perform are all more successful. I have, therefore, come to the conclusion, perhaps a little unwillingly, that the best solution of all our difficulties is to use what is left to us of the present hospital, to erect as soon as possible a small hospital in St. Thomas's Street, containing, say, one hundred beds, as a receiving-house for urgent cases and accidents; to connect that receiving-house by mechanical means with one of the adjoining railways, on which the patients might be moved, bed and all, to a hospital erected a short distance in the country, taking care to keep as near to the river and great manufacturing districts as would be compatible with pure fresh air and the necessary extent of unoccupied land. Thus there would be no interruption to that beneficent stream of charity which now flows through our hands."

The Museum Bill, for removal of the Collection of Natural History in the British Museum to South Kensington, has been negatived by the enormous majority of ninety-two against the government. Professor Owen appears to have had the chief credit in recommending the removal; but legislators could not understand or appreciate the expanded ideas of Mr. Owen.

> "Let", said Mr. Osborne, "them not now undertake new and, as he thought, most costly plans of building; and upon whose recommendation? Certainly, upon that of one of the most profound zoologists of the age—Professor Owen. But if honourable gentlemen read Professor Owen's evidence before the committee over which the honourable member for Galway presided, they would have a knowledge to what that professor's plans extended. Were they aware that he called upon the committee to build a hall 850 feet in length for the reception of whales, of which there were no less than fifteen different species? Professor Owen also advocated the preparation of apartments for every variety of elephant. And now he put it to the House whether the sum of £680,000, as proposed by the Chancellor of the Exchequer would cover all the expense?"

Professor Owen's name in public print seems to be invariably the forerunner of Professor Huxley's in the same. And thus we find in the *Times* a letter *per contra* from the latter gentleman, asserting that two acres—not ten, as Professor Owen says—are sufficient for all the purposes of a British Natural History Museum. The good taste of Professor Huxley in thus pursuing Mr. Owen may be questioned, even though his opinion in the case be correct.

We regret that we should be still obliged to receive with the extremest caution whatever is told us of the wonderful effects of the Turkish bath. The bath seems, by some curious property, to produce in the minds of its admirers a *couleur de rose* view of things, which is hardly compatible with the expe ence of the world in general. We sincerely tru that its efficacy as a curative agent in insanity m eventually prove as great as Dr. Power's experien leads him to believe it is. Dr. Power is reside physician to the Cork District Lunatic Asylum, a speaks thus of the effects of the bath in the instit tion over which he presides:

> "I see by my notes that for the year ending Mar '61, the cures were 59 per cent.; but for the nine mont ending 31st December last, during which period t bath had been in use, the per centage of cures was 76 that is, 74 had been cured out of 96 entered. That w more than double the number of cures produced in a asylum in England. The patients, after the first f baths, all seemed to be much pleased with it, and we always longing for the time when it was to be admin tered. Those who had suffered a relapse, after havi been sent out cured, showed no unwillingness to r turn to the asylum; and even asked to be tak there at once, in order that they might get the bath, they considered that nothing else would cure them. have never seen any ill effects from the bath, except little nausea and a slight fainting in a few instance but after a bath or two those effects disappeared. U to that time I have used it on more than nine hundr cases; and since March 1861, thirty idiotic patien have been removed to a higher class, and render capable of enjoyment and of doing work about the est blishment. I would recommend the introduction of t Turkish bath into all public institutions, and I a firmly convinced that it has as beneficial an influence the system as air and exercise."

Dr. Ludger Lallemand, who went to Mexico physician-in chief of the French army, has fallen victim to yellow fever. And he is not the on victim. Three other medical officers of the arm and a *pharmacien* have also been killed by th American pest.

La Presse Méd. Belge has some sensible remar referring to a homœopathic doctor in Brabant wh had endeavoured to obtain the presidency of th medical commission of Brabant:—"His solicitatio and proceedings are quite out of place; for, a though he be perfectly free to profess homœopath he has no kind of pretence to occupy a positi which would place him at the head of a medic body, who condemn the opinions which he professe and who can have no community in opinion wi him. If the homœopath of whom we speak wish seriously to become president of the commission, l him first of all give up homœopathy, or else conve to his views all the medical men over whom wishes to preside. If he cannot realise either these alternatives, we loudly assert that his nomi ation, under such circumstances, would be simply defiance thrown in the teeth of public opinion These remarks seem to us to fit very exactly t case of a military homœopath of whom we ha heard so much in connection with the Guerns Militia.

HE LATE JOHN RICHARD FARRE, M.D.

the 7th of May, at 123, Pentonville Road, this ierable physician expired, being in his eighty-eighth ir. For several years he had retired from practice.

r. Farre was a remarkable man. His talents and inments were highly estimated by the physicians l surgeons of his time, with the most distinguished of om he was on terms of friendship. His labours ded directly to advance medical knowledge, and refore a record of him is demanded, in honour of his mory.

r. Farre was born in 1775, in Barbadoes, where his ier was in extensive practice as a physician. His liminary education was received there; and in 1792 ame to England, and entered as a pupil at the Guy's St. Thomas's United Hospitals. He soon attracted attention of his teachers by his assiduity and ac- ements, and was made a dresser. Having obtained diploma in surgery, he served for a short time as stant-surgeon on the staff in the expedition under Earl of Moira. Having graduated in Glasgow, he rned to his native place, and was actively engaged he practice of surgery for two years. He then deter- ed to cast his lot in London, and actually com- iced here in 1804. In 1806, he was made a Licen- of the College of Physicians, and Physician to the don Dispensary. No time was lost in commencing orious study of morbid anatomy; his sagacious mind kly discovering that a knowledge of the changes ight by disease is the only true basis of practical icine. As an evidence of his success may be men- d that he ultimately gave lectures on the subject, at iouse, to those members of the profession who liked ttend; that there was no lack of audience, among m were many of the public teachers of the day; and he collected a large private pathological museum, preparation of which was valuable, and nearly all from patients whom he had attended or watched in way. This rare collection he presented a few years to St. Bartholomew's Hospital. Mr. Hodgson, one ie present examiners at the Royal College of Sur- s, then a very young man, assisted him much with nuseum, and even resided with him for more than r.

now helped Mr. Saunders to found the London mary for Diseases of the Eye, from which event be dated the rise of ophthalmology in this country. pt for his exertions, and that of his friends, in all ibility the institution would not have been perma- y established. His appointment as physician led ardent study of the diseases of the eye. Saunders ollecting materials for publication; but he died at rly age, and before anything appeared. From his iscript and rough notes, Dr. Farre undertook to be ditor, and published the well-known *Treatise on Practical Points relating to the Diseases of the Eye.* modesty of the editor was most remarkable. Al- h the greater part of the work is by Dr. Farre, the ie is called *Saunders on the Eye*. It is here that first promulgated those views respecting the treat- of inflammation of the eyeball, then called "iritis", by small doses of mercury; and many other important particulars respecting this drug in certain forms of inflammation. It would be well for the ophthalmic student of this day to study the work. It is in it that the world were first taught how to operate on congenital cataract. Except that Dr. Farre had watched nearly all the cases, public and private, in which Saunders had operated, he could have made but little use of his notes.

Saunders on the Eye was the first English ophthalmic work. Before it, the only book of reference was Scarpa's, translated. Wardrop next produced his essay. But it required time to take diseases of the eye out of the hands of quacks, and to encourage medical men to study them. It was necessary, too, to prove that the mere "oculist" is not a better man because he is ignorant of medicine in general, or that a surgeon is not less qualified for surgery because he understands eye-diseases. Ignorance and prejudice were to be overcome. Strange as it may seem, Mr. Travers would not accept the office of surgeon to the new Eye Infirmary, after the death of Saunders, till he had made a public avowal of his reasons and objects in joining it, lest he might thereby be injured; and the preface of his most excellent *Synopsis of the Diseases of the Eye*, published in 1820, and dedicated to Dr. Farre, is full of apology.

It is not generally known that the principles which Mr. Tyrrell enunciated respecting the treatment of eye-diseases, whereby constitutional influence and constitutional remedies, and also the necessity for maintaining vital influence, are so much insisted on, were an echo of Dr. Farre's teaching, and often so acknowledged by him.

The writer cannot refrain from expressing his gratitude to the subject of this sketch for his advice to him when a student, not to neglect to study the eye, as a part of medical education. When after the admonition, the question was asked, "What book shall I read?" the answer was, "The book of Nature; study, sir, the anatomy and the physiology; and then inspect diseased eyes."

In 1812, appeared the first part of Dr. Farre's *Morbid Anatomy of the Liver;* in 1814, the essay on *Malformations of the Heart;* and in 1819, the second part of the *Morbid Anatomy of the Liver*. In these was much original matter.

Many pathological facts made out by Dr. Farre were never published. He discovered the existence of œdema of the glottis as a cause of death in laryngeal affections. He had no small share in assisting Dr. Jones, his pupil, also a native of Barbadoes, in his researches on hæmorrhage, and which led him to produce the famous *Treatise on the Process Employed by Nature in Suppressing the Hæmorrhage from Divided and Ruptured Arteries*. This book of facts, worked out by direct experiments on animals and careful observations on man, was published in 1810. It was only half of what Dr. Jones intended to do had he lived. His life was destroyed by overwork in practice. It may be said of Dr. Jones's doctrines, that none of them have become obsolete; and that nothing has been added to the subjects he treated. It is to be regretted that the work has never been reprinted.

Dr. Farre was endowed by nature with a fine stature, a handsome countenance with a voluminous head, a very prepossessing appearance, and a fine voice. These physical advantages aided not a little in his making his way in the world, contributing much to his great attainments, in securing the very large practice which he enjoyed for many years.

He never lost an opportunity to impart information. There was no greater characteristic of him than this; and the influence it exercised must have been immense.

Dr. Farre's private life was conspicuous for the most practical Christian piety, tempered with consistency, and maintained by a remarkably well balanced mind. There was neither danger of vagaries from enthusiasm, nor of inaction from despondency.

Dr. Farre was twice married. Among the children of the first wife are Dr. Frederick Farre, physician to St. Bartholomew's Hospital, and Dr. Arthur Farre, physician-accoucheur to King's College Hospital. H. W.

Special Correspondence.

NAPLES.

ON BLOOD-LETTING IN THE TREATMENT OF INFLAMMATION.

[*Letter from* J. V. Ciaccio, M.D.]

[*Concluded from page* 500.]

I have hitherto spoken of the changes that generally characterise inflammation, or rather those disorders which are placed under the name of inflammation. But of the derangement of the vascular and nervous systems, which constitutes the external feature of such a disease, I have said nothing. From this, you might have imagined that I considered their disorder unnecessary in constituting inflammation; but this subject (about which so different opinions have been expressed by some of the leading men of the profession) I have left hitherto untouched, since I considered it to be of great importance, and worthy of particular attention.

You well know that Virchow lately denied the derangement of blood-vessels and nerves being necessary for the production of inflammation. The arguments he adduces in support of his statement are: 1. That the changes which characterise inflammation are found, and also that we can produce them ourselves, in some parts where there are neither blood-vessels nor nerves. 2. That the greatest disorder of the blood-vessels and nerves may exist without there being true inflammation. It is known that the articular cartilages, in the parts furthest from the bone, have neither vessels nor nerves. Neither are there any vessels in the central part of a tendon, nor in the middle of the cornea, because in the latter the blood-vessels are only met with at the border, in a ring of half a line, or, at most, of one line in breadth. Now, although in these parts there are no blood-vessels, nevertheless inflammation takes place in the same way as in those parts in which we find blood-vessels and nerves, and produces the same changes. On the other hand, Bernard's experiments point out that, if we divide the sympathetic in the neck of an a mal, half of its head becomes hot, the blood-vess gorged, the ear, the conjunctiva, and the mucous me brane of the nose, of a dark-red colour. This state n continue for many days and weeks, without any of changes proper to inflammation becoming appare Besides, if a nerve be irritated to the utmost exte there will not appear any signs of inflammation in parts to which it is distributed. Concerning the abo the necessary conclusion, according to Virchow, is t there cannot be inflammation without a previous irri tion; and that it does not reside in the increase flow of blood, nor in the irritation of nerves, but in activity of the elementary parts.

When we consider attentively the facts brought ward by Virchow in support of his views, we f that they demonstrate this one thing; namely, that flammation resides principally in the activity of the mentary parts; and that, in order to produce it, an i tating cause, operating upon them, is always necess But these facts do not demonstrate that inflammat has no relation with the disorder of blood-vessels nerves, so that it may occur without the disorder these parts. On the contrary, I think that, instead confirming what Virchow says, they contradict it. fact, when inflammation takes place in one of the abo mentioned parts, we find the blood-vessels, in th points which they reach, congested; so that, when infla mation occurs in those points of an articular cartil which are furthest from the bone, or in the middle o tendon, the blood-vessels of those parts of artic cartilage nearest to the bone, or those superficial to tendon, are always found to be overloaded with blo The same occurs in the inflammation of the cornea, which the small vessels of its border always app larger, and frequently from the same border we very small vessels proceeding towards the inflan point. Now, if inflammation were, as Virchow thin independent of a disordered state of the blood-vess there would be no reason why the blood-vessels in th parts should be influenced. Besides, in the experime of Bernard, this fact was always observed; namely, t when the parts were irritated, in which, by the preced section of the sympathetic, the capillaries were paraly and thence congested, inflammation always appea soon and with more violence.

If, therefore, on the one hand, I am far from supp ing those who consider inflammation as wholly depend on a disordered state of the blood-vessels or nerves, on an alteration of blood; on the other, I certainly not agree with those who view it as entirely independ of a disorder of those parts. Blood-vessels and ner are so spread over every living part, that to consi vital phenomena which take place within element parts as quite independent of their action, is absurd. few living parts are not supplied with vessels nerves; and those parts, which have not any at growth, are sufficiently supplied with them in the f periods of their growth, when nutrition is in full tivity. Such is observed in the cartilages and corn The diversity of disposition of the capillaries in differ living structures and organs, is probably referrible different vital actions performed in those parts. It lso known, that the more blood-vessels and nerves an an has, the higher and more apparent are the vital nomena. If, therefore, no one doubts the relations ting between the phenomena of nutrition and the ons of blood-vessels and nerves, the conclusion is disorder of the former is more or less quickly eeded by that of the latter, and *vice versâ*. When elementary part is more active, it must be supplied a more than usual amount of blood, in order to ort that activity; and it is also necessary that the ous power be increased. This, as I think, is the on why, in inflammation, the blood-vessels and es are always disordered. It is true that their disr is secondary; and for inflammation to take place. vital power of elementary parts, and probably also chemical composition, must be deranged; but, ever secondary the disorder of blood-vessels and es may be, still it is always present, and for this on it also constitutes a necessary morbid element of mmation.

e old medical adage—*ubi stimulus, ibi affluxus*—esses, I believe, very properly the idea we ought to concerning inflammation. It is based on a general elonging to the pathological as well as to the phygical state. When the action of every elementary is increased, from any cause whatsoever, it must, in r to keep up that state of activity, be supplied with eater amount of blood than usual. Taking the e adage in this light, its truth will appear to any There is not, nor can there be, a disease consisting e increased and disordered activity of the elementary without *afflux* or *hyperæmia*. In inflammation, remy is a stable morbid element. It has been, and ll thought by many, that in the hyperæmia attending nmation, the contractile power of capillaries is ined; but such is incorrect. If such were the case, would be *ischæmia*, not hyperæmia; because, in that hyperæmia may occur, there must be relaxaof the capillaries, such probably depending upon hange which the contractile elements of their walls erves undergo, or upon increased affinity between lementary parts and the blood; so that the latter, hindered from proceeding on its usual course, ins within the capillaries, and distends them. It is, fore, wrong to call the inflammatory hyperæmia e, for capillaries are in a condition quite different that which such a word denotes.

e preceding remarks on inflammation enable us o value the so-called *theory of exudation*. It is t generally considered that there is not, nor can flammation without exudation; and it is thought xudation is nothing else than the normal liquor inis drawn forth from the capillaries by the ind affinity of the elementary parts for the blood, oured out within or over the inflamed parts. In lance with this theory, one of the best and cleverest tioners in England defined inflammation as cong in exudation of the normal liquor sanguinis. But neral idea entertained concerning exudation is not t; for, in inflammation, when there is exudation, it the normal liquor sanguinis, but the product of the action of the elementary parts, which have undergone irritation. Nothing more than serum has hitherto been able to be drawn forth from the blood-vessels by only varying the flow and pressure of blood within them; only the coagulable liquor comes out when the living parts are irritated. If, therefore, irritation must always precede exudation, the conclusion is (from what has been said above) that the latter cannot consist of anything, but merely of either an amount of germinated matter, or germinated and germinating matter at the same time. Besides, it must be remembered that, in the common pathological meaning of the term, we do not observe exudation in all inflammation. In inflammations of parenchymatous organs, we do not generally meet with any sort of exudation, all changes being circumscribed within the cellular elements of the structures. On the other hand, in some inflammations of mucous membranes, nothing else is met with, during the inflammatory action, than an increase in the secretion of mucus. In this case, where is exudation?

You observe that all the points discussed in this letter bring forth the following general conclusions; that inflammation does not consist of a single morbid lesion, but of more than one; and that under the name of inflammation are comprised morbid states differing from each other.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

I AM desirous of correcting an erroneous impression which I find has been conveyed by that portion of my letter, last week, which attributed the revival of the "Excision of Joints" at the *Royal Infirmary* to Mr. E. R. Bickersteth.

By particular inquiry, I have since ascertained that before Mr. Bickersteth was attached to the surgical staff of the *Royal Infirmary*, resection of the elbow-joint had been successfully practised in that institution by the present senior surgeon, Mr. Stubbs, who, together with his colleagues, has for several years adopted excision in preference to amputation in all suitable cases.

As your special correspondent, I am most anxious that nothing should emanate from me, calculated to mislead your readers upon any subject that may be brought before them in my letters. I therefore take the earliest opportunity, by this explanation, of placing the matter in its proper position.

HYDROPHOBIA. The other day a decision of the prefect of police informed the Parisians that they must muzzle their dogs, not only during the summer, but during the entire year. A short time back a statistical report was read before the Academy of Sciences concerning hydrophobia, which has become more and more alarming within the last few years. The tax upon dogs was decreed more as a hygienic measure than as a fiscal impost; it was hoped by that means to diminish the number of dogs, and consequently of the cases of biting. This, however, has not taken place, and the danger has become so great that a perpetual muzzling has been proposed as a remedy. There is reason to hope that if the police strictly carry out the decision in question, the same success will be obtained as that attendant upon a similar measure in Prussia.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirtieth Annual Meeting of the British Medical Association will be holden at the Royal College of Physicians, in London, on Tuesday, Wednesday, Thursday, and Friday, the 5th, 6th, 7th, and 8th days of August.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, May 14th, 1862.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Annual.]	Clarke's Hotel, Taunton.	Wednesday, June 4, 2 P.M.
SOUTH MIDLAND. [Annual.]	Bedford.	Wednesday, June 25th, 12.30 P.M.
LANCASH. & CHESHIRE. [Annual.]	Royal Institution, Manchester.	Wednesday, June 25th, 12 noon.

EAST KENT DISTRICT MEDICAL MEETINGS.

THE fourth meeting took place at the Rose Inn, Canterbury, on May 4th. A. B. ANDREWS, Esq., in the chair. Eighteen members were present. Letters were received from the President of the South-Eastern Branch, and several members, expressing regret at their unavoidable absence.

The minutes of the last meeting were read and confirmed, and the accounts of the year examined and passed.

Secretary. Mr. W. SANKEY proposed "That the thanks of the meeting be given to Dr. Boycott for his past kind services, and that he be requested to act as secretary for the next year." This was seconded by Dr. LOCHÉE, and carried unanimously.

Next Meeting. Dr. LOCHÉE proposed, and Mr. WM. SANKEY seconded—"That the next meeting be held at Faversham on the 11th of September, and that Mr. Giraud be requested to act as president."

Papers. The following papers were read:—

1. Mr. A. B. ANDREWS read a paper on Abortion connected with Syphilis. He mentioned that so many cases of abortion had occurred amongst his patients without his being able to assign a cause for them, that he began to inquire into the habits and peculiarities of the women; and in almost every instance he could trace syphilis connected with them as the cause of the repeated abortions. He read notes of many cases, proving this connection of abortion with syphilis, and also of many unhealthy children born and dying early from the same cause. From this he concluded that in many cases when no cause could be assigned for abortion, it probably arose from syphilis. He also explained the fact of prostitutes not having children by their constantly being subject to syphilis, which caused the early death of the ovum, and produced those frequent "coloured discharges" which they imagine to be excessive menstruation.

A long discussion followed. Many of the members, whilst admitting syphilis as a cause of abortion, objected to the author's opinion that when no ordinary cause of abortion appears, it should be assigned to syphilis. The author mentioned that syphilis on the male side alone might endanger the growth of the ovum. In discussion regarding the transmission of syphilis, and how long a period it might be dormant, Mr. SLADDEN related a case to which he had been called. A young woman, aged 17, had sore throat, and a copper-coloured scaly erupti The father had had syphilis eighteen years ago. Su cions induced the parents to call in Mr. Sladden; he c fully examined the girl, and could find no proof of prim syphilis, and decided evidence of virginity. The q tion was whether this was secondary syphilitic erupt transmitted from the father. Mr. Sladden decide was not so; and Mr. Ottaway, Dr. Lochée, and Sankey, agreed to that opinion.

2. Mr. DENNE brought forward the subject of Dise of the Wrist-joint; remarking the difficulties he experienced in some cases lately, and showing from slight a cause the most incurable disease may occ from his own cases, and others he had lately seen, putation alone seemed successful.

Mr. SICARD and Mr. BOWLES both mentioned se diseases of the joint arising from very slight cau The former case had been amputated.

Mr. OTTAWAY considered the only course of treatm would be such as that adopted in strumous disea under which class the cases alluded to seem to belo

Mr. SANKEY spoke of Drew's adhesive Bandage a most useful application in such cases.

3. Dr. BOWLES read a most interesting Paper, on sition in the Treatment of Accidents and Diseases. will be forwarded for publication.)

Sixteen of the members dined together, and spe most social evening.

Correspondence.

MEDICAL CONSULTATIONS WITH HOMŒOPATHS.

[The following correspondence has been forwarde us for publication:—]

1.—*Letter from G. F. Helm, Esq.*

2, King's Parade, Cambridge, May 3rd, 18

DEAR SIR,—I wish to call your attention to the foll ing report just now current amongst some member our profession in Cambridge. The report is as follo

A homœopathic practitioner here, being in difficul during the treatment of a surgical case, was compel a few weeks since, in consequence of the repeated r sals of the surgeons in this town to give any coun ance to the homœopathic imposition, to seek the ass ance of a London surgeon; and, according to the w of a near relative of the patient, "Mr. Adams, the g club foot man, came and gave his advice."

I conclude, from your connection with the Orthopa Hospital, and from your numerous writings on club- that this statement applies to yourself. I shall, h ever, be very glad to receive from you a denial of report; for, until some contradiction of it is put fo I fear we must attribute to you a support of hom paths, which the Cambridge surgeons refuse to g particularly as this is not the first occasion on whic Mr. Adams is reported to have come to the assista of the homœopaths here.

I am, dear sir, faithfully yours,

W. Adams, Esq. GEORGE F. HEL

2.—*Letter from William Adams, Esq.*

5, Henrietta St., Cavendish Sq., W., May 5, 186

DEAR SIR,—On the 5th of April, I went down to C bridge, at the request of Dr. Bayes, to see a patient was then under his care, and supposed to require a gical operation. It was not for the purpose of any sultation to decide upon the treatment to be adop but if I considered an operation necessary, the pat would at once be placed under my care, and for

pose removed to town. I found that it was not ne-
sary to perform any operation at the present time;
l, therefore, left the patient without expressing any
nion as to the medical treatment adopted in this case,
ut which I was not asked. There was not the least
essity for any consultation; neither was any consul-
on held. The sole question which Dr. Bayes wished
to determine was, whether at that time the perform-
e of an operation would afford relief to his patient;
if so, whether I would take the case under my care
this purpose.

n reference to the general question of consultations
h homœopathic practitioners, I may state that I hold
tterly impossible that any such consultations can be
l; as our practice can never be based upon the same
nciples, and there can be nothing in common between
but, in my opinion, to have a case placed wholly and
irely under your care by a homœopathic practitioner,
very different thing to meeting him in consultation,
letermine the treatment to be adopted; and in such
s, the patients readily submit to take the ordinary
licines and doses of our recognised practice whilst
er surgical treatment; though, perhaps, afterwards
may return to their homœopathic ideas. I may
safely say that neither in London nor elsewhere
I ever held a consultation, or treated a case in con-
tion with any homœopathic practitioner.

ith regard to Dr. Bayes, who, I believe, is now con-
red to be a homœopathic practitioner, I may add
I have been intimately acquainted with him as a
onal friend for about fifteen years, and with his wife's
ly for a much longer period. I knew him first when
as an allopathic practitioner in good general prac-
in the neighbourhood of London, and afterwards at
hton, where he practised as a physician, and was
ched for some years to the Brighton Dispensary.
health obliged him to travel; and I believe, after his
rn from the continent, his views in medicine had a
œopathic tendency, and he afterwards settled in
bridge, where I have occasionally visited him as a
d; and on the occasion alluded to, Mrs. Adams
mpanied me on a visit to Mrs. Bayes for a few days.
f course, a change of medical opinions ought not to
llowed to interfere with private and family friend-
; and Dr. Bayes would have too much good sense
gentlemanly feeling to place any friend in a false
ion with regard to consultations.

Very faithfully yours,

F. Helm, Esq. Wm. Adams.

3.—*Letter from G. F. Helm, Esq.*

2, King's Parade, Cambridge, May 9th, 1862.

EAR Sir,—I must thank you for your very candid
r of May 5th; but as I am in danger of misunder-
ling some of its contents, I shall be much obliged
ou if you will inform me whether you examined the
nt referred to in our letter in company with Dr.
s; *i.e.*, was Dr. Bayes in the room at the time that
surgical examination was made?

n answer to this question will enable me to under-
d your explanation more thoroughly.

I am, dear sir, faithfully yours,

. Adams, Esq. George F. Helm.

4.—*Letter from Wm. Adams, Esq.*

5, Henrietta St., Cavendish Sq., W., May 12, 1862.

EAR Sir,—I should have replied to your note earlier,
was absent from town, and returned from St. Leon-
only this morning.

ith regard to the question, whether Dr. Bayes was
e room at the time I made the surgical examina-
of the patient at Cambridge, I have no hesitation
ying that he was in the room at the time. Although,
ference to extreme opinions on this point, it might
been as well to have avoided his presence on the occasion, to which my friend Dr. Bayes would very readily have consented; yet, conscientiously, I could not feel that any objection ought to be taken to it, as the object was merely to hand the case wholly and entirely over to my care, if I thought an operation would be of any service to the patient. The medical treatment of the case was never touched upon; neither do I know what medicines had been given.

The distinction between receiving a patient from a homœopath—all homœopathic attendance and treatment ceasing from that moment—and continuing to attend a patient conjointly with a homœopath, is so broad, and the circumstances so dissimilar, that they cannot be confounded when any spirit of justice prevails.

I do not believe that any surgeon in London would refuse to receive a patient from a homœopath, either sent by letter, or by personal introduction; nor do I believe, whatever may have been done in past times, that any surgeon of repute would attend a patient conjointly with a homœopathic practitioner; indeed, I have never been asked to attend a patient conjointly with a homœopath; but, as I remarked in my former letter, when surgery becomes necessary, the patients readily give up homœopathy, and submit to our ordinary allopathic treatment, and afterwards return to homœopathy.

Very truly yours, Wm. Adams.

G. F. Helm, Esq.

5.—*Letter from George F. Helm, Esq.*

2, King's Parade, Cambridge, May 15th, 1862.

Dear Sir,—The distinctions which you try to draw in your two letters now before me, between holding consultations with homœopaths, and examining patients in the presence of such persons, are so extremely minute as to be quite unintelligible to my mind; for, if after going into the country at the request of a homœopath, the surgeon is introduced to the patient's room by him, and examines the patient in *his presence*, then I consider, and I think the majority of the profession will concur with me, that a consultation has been held; and this undoubtedly is the impression which such an interview leaves in the mind of the patient and his friends. I cannot, therefore, consider your explanations as in any way contradicting the reports to which I have drawn your attention: you have done what the Cambridge surgeons have, from a sense of professional honour, repeatedly refused to do; and therefore I cannot but attribute to you a support of homœopathy which they refuse to give.

I have not discussed your letters in detail, as it is my wish, with your permission, to bring them to the notice of the profession at large through the medium of the British Medical Journal, where your conduct in this matter will be discussed and verdicts given—possibly of approval—but most likely in accordance with the very strong opinions which I entertain on the subject.

I am, dear sir, faithfully yours,

George F. Helm.

6.—*Letter from Wm. Adams, Esq.*

5, Henrietta St., Cavendish Sq., W., May 16, 1862.

Dear Sir,—Although my letters were not written with any view to their publication, and matters of a private nature were alluded to, still essentially they contain my own opinions and conviction in relation to the matter discussed, and you are quite at liberty to publish them.

The distinction which I draw between attending patients conjointly with homœopaths, and receiving patients for surgical treatment from homœopaths—homœopathy ceasing from that time—must, I feel assured, be recognised and acted upon in practice by all consulting surgeons.

Very faithfully yours,

G. F. Helm, Esq. Wm. Adams.

POOR-LAW MEDICAL REFORM.

Letter from Richard Griffin, Esq.

Sir,—Through the medium of your Journal I beg to inform the Poor-Law Medical Officers that the Master and Wardens of the Society of Apothecaries have forwarded to me a Petition for presentation to the House of Commons, a copy of which is annexed. The Council of the British Medical Association have also been good enough to draw up a memorial to the Select Committee. I feel assured that I am only uttering the sentiments of my brethren, when I express our best thanks for their efforts in our behalf.

But every medal has its reverse side; and I regret to say that Mr. Cane, poor-law inspector, has given evidence at considerable length against our claims for redress. He says: "I do not think the present system of medical relief admits of any particular recommendation with a view to the increase of its efficiency." Mr. A. Doyle, another poor-law inspector, says: "I think that if a Medical Officer were elected every three years instead of holding his appointment as now permanently, it would be an improvement. I would confine the three years appointment to the medical officers only." Comment is unnecessary. Dr. R. Fowler, of the East London Union, Dr. Moore, of the Bethnal Green Union, have given evidence, which I have not yet seen, and therefore cannot give an opinion of it further than that the former has stated that he is in favour of a payment on pauperism, which I am perfectly satisfied cannot be carried out. I here challenge Dr. Fowler to take the return commonly called Lord Elcho's and extract from it the number of paupers, and the number of patients, and publicly, through the medium of your Journal, show the Poor-Law Medical Officers, by his plan, the average payment per patient, and how near they approximate to uniformity for each medical officers; also the present salary and the salary by his plan in the City of London Union, Epsom Union, Staines Union, Epping Union, and Highworth and Swindon Union, each of which is situate in one of the first five divisions in the kingdom.

As upwards of five hundred medical men have lately sent me subscriptions, amongst whom are twenty metropolitan men, some of whom speak positively against Dr. Fowler's plan, I feel justified in saying the plan of the Association, as laid by me before the Select Committee, has a powerful body of supporters.

About eighty pages of the pamphlet are already printed, I therefore trust in a fortnight from this date it will be in the hands of the Select Committee and subscribers. I am, etc., Richard Griffin.

12, Royal Terrace, Weymouth, May, 1862.

[copy of petition.]

To The Honourable The Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled,

The Petition of the undersigned Master and Wardens of the Society of the Art and Mystery of Apothecaries of the City of London,

Humbly Showeth: That your petitioners are well assured that it would be the wish of the legislature that the poor should receive adequate medical relief in the hour of sickness and suffering, and that your Honourable House would not withhold the necessary means for securing that object.

That your petitioners are painfully convinced of the total inadequacy of the existing arrangements for such medical relief, and of the injury to the sick and suffering poor resulting therefrom.

That if a searching inquiry were directed by your Honourable House into the existing arrangements for the Medical relief of the Poor, it would not fail to result in the adoption of a system of relief more in
cordance with the necessities of the poor, and more
harmony with the humane and enlightened Legislat
of modern times.

That one very great evil of the existing system is
wretched pittance offered in the majority of instance
the Poor-Law Medical Officers, who are permitted
discharge their anxious and responsible duties o
scale of remuneration (so called) which in many ca
leaves them actually out of pocket for the medici
which they administer, leaving skill and labour wh
unrequited, and that such a state of things, apart f
the injustice to the medical officers, is calculated
affect very prejudicially the welfare of the suffering p

Your Petitioners therefore humbly pray t
your Honourable House will grant a full
searching inquiry into the present system
Poor-Law Medical Relief with a view to the
dress of the grievances which are the resul
the present system.

W. Buchanan, *Master.*
Richd. Clewin Griffith, } *Wardens*
Henry Combe, }

THE COLLEGE OF SURGEONS OF ENGLAN

Sir,—I have, in common with many of your read
read with much pleasure your able and most tempe
article on the College of Surgeons of England. It g
much information, which I am sure few out of
Council were in possession of. I trust you will conti
your observations. But there is one subject that
mands instant attention; and that is the bye-law un
which the mode of electing members of Council is
ducted. Surely, if it is as absurd as you state it to
it must also be *illegal.* Means should be taken at o
to get the first legal opinion on this subject. The c
mon sense view of the case would be, that it should
imperative on every elector to vote for as many ca
dates as there are vacancies, as is the case in ot
elections carried on by means of a printed list of ca
dates. I am, etc.,

Honesty is the Best Polic

CHLORODYNE.

Letter from A. Prichard, Esq.

Sir,—I read with much pleasure the remarks of y
Liverpool correspondent about chlorodyne. Dr. Bro
probably has given over the publication of his medi
to an agent, and may not be responsible for it.

In a penny "sporting" paper (of no very good rep
I should imagine), I to-day saw the following advert
ment: "Consumption in all its stages, Coughs, Who
ing-cough, Asthma, Bronchitis, Fever, Ague, Diphthe
Hysteria, Rheumatism, Diarrhœa, Spasms, Cholic,
nal and Uterine Diseases, are immediately relieved b
dose of Chlorodyne (trade mark)," etc.; and this is
lowed by the testimony of seven medical men—
Pettigrew, McMillman, Hawyard, Croft, Baker, Gibb
and Ridout, who certify that it is the best medic
known, or something to that effect; and on the oppo
side of the page is a series of other pseudo-medical ad
tisements, also addressed to the public, but of a m
more objectionable nature, such as "Private Rules
Self-cure," "Man and Woman," "Manhood," "Dr.
Mert," "Confessions of an Invalid," and such like.

I therefore fully agree with your correspondent tha
is a cause for regret that this advertisement is allo
to appear in our Journal; and I have often expres
my opinion to my friends here, that the use of t
medicine by the profession is most discreditable to u

For these reasons, I have long ceased to presc
chlorodyne; and, from some trials which I made of i

I came to the conclusion that it has no single ad-
age over other opiates, if suitably combined with
known preparations, and modified according to the
cular case; and that it owes its fame entirely to
tant and unprofessional advertising.

I am, etc., AUGUSTIN PRICHARD.

lifton, May 17th, 1862.

THE LONDON MEDICAL REVIEW" AND HOMŒOPATHY.

R,—I have to thank you for directing the attention
e profession generally through the medium of your
y circulating journal to the fact that the subject of
œopathy has lately found its way into the pages of
London Medical Review; and though I am quite
you would not willingly be guilty of misrepresenta-
there is a degree of unfairness about your remarks,
I feel certain you will allow me to correct.
m not, sir, at all inclined to enter upon any con-
rsy on this subject of homœopathy; still less am
posed to "encourage the delusion," or to take part
y "proceeding which has been so unmistakably
emned by the voice of the profession." I would
ield even to yourself in zeal and affection for the
r of my profession; and it is because I have this
ch at heart, that I have officially sanctioned the
edings of which you complain.
s idle for us to contend that homœopathy is a sub-
e ought all to ignore; right or wrong, it has some-
or other got a hold upon the public mind which it
n to dispute, as it is constantly obtruded upon us
ctice in a way which is singularly unpleasant. I
re to say, there is scarcely a medical man in the
om who has not felt the influence of this "delu-
on his professional income; and it, therefore, be-
us all to look at this question in some way dif-
to that in which it has hitherto been regarded;
fear there is little room to doubt that the "delu-
is rather increasing than otherwise.
w, sir, what has been the conduct of the medical
on this question for years past? Has it not been
ontinued tirade of illiberal persecution? And
has been the result? Why, as ever happens in all
utions, the persecuted excite the greatest amount
ention and sympathy; and, in the end, are gainers
reater extent than they would have been had their
sion" remained unnoticed. The homœopaths are
ntly throwing it in our teeth that we are afraid to
to their arguments; that they are refused admis-
o our journals; and, as an almost certain result,
blic investigate the question for themselves, and
t they (the homœopaths) are the losers.
ally anxious, therefore, with yourself to have this
on settled in some way honourable to our pro-
n, I consented to allow the publication, in the
of the *London Medical Review,* of one or two
s from the pen of a gentleman who has made
lf somewhat conspicuous on the homœopathic
In this, it appears, I have, unhappily, incurred
ispleasure; but, inasmuch as we are both aiming
same object, the advancement of medical science,
you cannot blame me merely because I differ from
to the way in which that may be brought about.
ave tried your plan; let us now, who think dif-
ly try ours; and let me point out what you, as it
d, unfairly omitted in your remarks; namely, that
ides of the question are being discussed in the
n Medical Review; and I venture to think that I
ot committed any very grievous fault if an Exa-
and Member of Council of the Royal College of
ians thinks the subject not unworthy of his at-
and his pen (*vide* June number of the *Review*);
nothing of the numerous letters which I have received from all parts of the country from men of undoubted orthodoxy, and to whom I am unknown even by name, thanking me for the course which has been adopted. If I required any further proof of the good which may result to the public from a temperate investigation and discussion of these medical "delusions," I should find it in the writings of Drs. Chambers and Cotton in the last number of your JOURNAL. Whether a discussion of homœopathy may be productive of the same result, I don't pretend to say; but this result it certainly would have, that the homœopaths could no longer taunt us with being afraid of considering the question; and the public would, I believe, be far better satisfied than they are now. I, and those who think with me, may be wrong; but I trust to your own sense of justice to allow to those who differ from you in opinion that freedom of action which is the pride and boast of every Englishman.

I am, etc.,

THE EDITOR OF THE "LONDON MEDICAL REVIEW."

London, May 20th, 1862.

CHLOROFORM ACCIDENTS.

LETTER FROM CHARLES KIDD, M.D.

SIR,—Will you permit me (as your journal is the only one that will allow any fair analysis of chloroform accidents, or suggestions for its safe administration) to say that the three last cases of deaths, two in London and one at Hobart Town, are exactly the same in several essential particulars as the one hundred and fifty I previously referred to in the JOURNAL; the operations trivial, one fistula *in ano*, one on a testis, the third on a fistula? The deaths have occurred suddenly in the stage of excitement, not of deep narcotism. The pulse has gone on beating, thus necessitating a new reading of the late Dr. Snow's cardiac syncope. The "Marshall Hall" plan of restoring animation has only aggravated matters. There is also, I think, an additional source of danger in the faintness attending operations of the pelvis, so ably dwelt on by Mr. Syme, not easily explained, but which he and John Hunter instinctively observed and noted as the result of long experience.

I would not trouble you with this note, but I see M. Dieudonné, to whom the last accident occurred, inveighs strongly against the use of chloroform. It is quite clear chloroform is now at that point that ovariotomy, vesico-vaginal fistula operations, etc., were a half-dozen years ago. Everybody in journals is free to condemn it; and, if possible, it would be put down with Lord Derby's "noxious vapours", by Act of Parliament, if it were not also used in France and America. It is no use whatever to bring it before societies, as it is also made a *bête noir* there; though recently, in America, three consecutive meetings of their chief Academy were devoted to a debate on it. Our only chance is that the BRITISH MEDICAL JOURNAL will permit the truth to appear; and shortly the views of Dr. Snow will be shown to be only part of the truth—*e.g.*, that the cardiac syncope is not syncope at all; that the deaths do not occur in deep narcotism, and the heart is not at all affected at first.

I am, etc.,

CHARLES KIDD.

25, Sackville Street, May 17th, 1862.

WILL OF THE LATE EDWARD NORMAN, ESQ. The following institutions share his bounty:—The Essex and Colchester Hospital, a legacy of 100 guineas; Royal Free Hospital, London, £100; Infant Orphan Asylum, Wanstead, £100; Blind Society, London, £100; Deaf and Dumb Asylum, £100; Refuge for the Destitute, £100; Clergy Widow and Orphan Asylum, £52 : 10; Ipswich Hospital, £52 : 10; Idiot Orphan Asylum, Colchester, £52 : 10.

Medical News.

Royal College of Surgeons. The following gentlemen passed their primary examinations in Anatomy and Physiology, at meetings of the Court of Examiners, on May 12th, 13th, and 14th; and, when eligible, will be admitted to the pass examination.

St. Bartholomew's Hospital.

Burnard, Charles Frederick
Cock, John
Corbin, Thomas Wilson
Orton, George Hunt
Simpson, Walter
Spurway, Charles
Vallance, Edmund
Whipple, Connell

Guy's Hospital.

Elphinstone, Robert
Franklin, Charles
Holyoake, Thomas
Meadows, George F. W.
Mudd, Frederick Charles
Puzey, Chauncy
Wood, Francis Henry

St. Thomas's Hospital.

Atkinson, Frederick Page
Bailey, William
Morton, John
Sankey, George Frederick

King's College.

Cross, Arthur John G.
Harris, Gwynne Henry
Smith, Walter Theyre
Thomas, William Hopkins

University College.

Everitt, Herbert
Reynolds, Edward R. B.
Shrapnell, Joseph N. S.
Spooner, William
Trible, John
Walker, George Edward
Williams, David Thomas
Wiltshire, Alfred
Young, Francis

Charing Cross Hospital.

Cope, Walter Henry
Hosking, William Henry
Hughes, David
Simpson, John Henry
Wigg, Thomas Carter

Middlesex Hospital.

Thomas, Oliver Dillon
Tucker, Frederick John
Tudge, Timothy

St. Mary's Hospital.

Burford, Henry H.
Lyle, William Vacy

Westminster Hospital.

Horridge, Albert Cross

Birmingham School of Medicine.

Birt, Joseph
Elkington, George
Francis, Alfred Ollivant
Griffith, Edwin
Kelly, Thomas
Smith, William
Wilby, John Burdett

Newcastle School of Medicine.

Armstrong, Henry Edward
Armstrong, Joseph Foster
Carr, Charles
Douglas, Mordey
Hedley, John
Thompson, George Septimus

Leeds School of Medicine.

Libbey, Henry Cornelius
Peirson, George Brigg
Webster, Richard

Manchester School of Medicine.

Andrew, James Lawton
Holden, John
Paton, Robert

London Hospital.

Cockerton, Alfred John
Heckford, Nathaniel
Taylor, James Hudson
Zinzan, Robert Vaux

Liverpool School of Medicine.

Bigg, John
Rosselloty, John Crampern

Galway School of Medicine.

Gouldsbury, Valesius Skipton

Hull School of Medicine.

Cooper, William Wightman
Milner, James Forman

Admitted Members on May 9th:—

Bennett, James Edward, Plymouth
Castaneda, John, Albany Street, Regent's Park
Cooke, George Richards, Charlwood Street, Pimlico
Cookson, Samuel, Stowmarket, Suffolk
Cooper, William Henry, New Zealand
Deans, John, Melbourne, Derbyshire
Delamotte, George Cotes, Swanage, Dorset
Ellis, Joseph Rhodes, Mirfield, Yorkshire
Forrest, John Phelan, Michelstown, co. Cork
James, John, Cardigan
Jeaffreson, James Russell, Leamington, Warwickshire
Nelson, Samuel, Acomb, near York
Oxley, Martin Gay Black, Southport
Pettifer, Edmund Henry, De Beauvoir Town
Purnell, Richard, Wells, Somerset
Reed, Baynes, Canada West
Rix, Samuel Babût, L.R.C.P.Lond., Tunbridge Wells
Shea, Henry Gordon, Blackfriars Road
Smith, William Johnson, Wisbeach, Cambridgeshire
Teale, John William, B.A.Oxon., Leeds
Waghorn, Frederick, Soho Square
Waghorn, Henry, Soho Square

The following members of the College, having u gone the necessary examinations, were admitted L tiates in Midwifery at a meeting of the Board May 14th:—

Addison, Charles Edward, Doncaster: diploma of memb dated May 7, 1862
Clindening, Wm. Talbot, Adelaide, South Australia: May 6
Elliott, John Robert, St. Saviour's, Jersey: April 25, 1862
James, John, Cardigan: May 9, 1863
Moore, Edward H., Cambridge Heath, Hackney: May 7, 1
Morgan, Edward, Aberystwyth, South Wales: April 22, 18
Morton, Thomas Henry, London: July 30, 1861
Robinson, George, Bedford: January 31, 1861
Taylor, Charles, Shrubland Grove, Dalston: May 6, 1862
Worley, William Charles, Hoxton: April 20, 1860

University of St. Andrew's. List of gentleme whom the degree of Doctor of Medicine was confe on the 10th of May, 1862:—

Ash, John, M.R.C.S., Wandsworth Common, London
Bennett, James, M.R.C.S., Liverpool
Booth, Frederick W., M.R.C.S. & L.A.C., Rochdale
Bowstead, Rowland M., M.R.C.S. & L.A.C., Caistor, Lincol
Brookhouse, Joseph O., M.R.C.S. & L.A.C., Nottingham
Brumwell, Joseph C., M.R.C.S. & L.A.C., Burnley, Lancas
Campbell, William F.R. & L.R.C.S.Edin., Ilkeston, Derbys
Carter, Daniel, M.R.C.S. & L.A.C., R.N., London
Cocks, Cambridge C., M.R.C.S. & L.A.C., Ross, Herefords
Constable, Joseph James, L.R.C.S.I., Dublin
Davey, Alexander G., M.R.C.S. & L.A.C.; L.R.C.P., London
Davey, Richard S., M.R.C.S. & L.A.C., Walmer, Kent
Davis, Joseph B., M.R.C.S. & L.A.C., Shelton, Staffordshire
Davis, William H. P., M.R.C.S. & L.A.C., London
Dean, Thomas, M.R.C.S. & L.A.C., Huddersfield
Dias-Bandarnayke, Abraham W., L.A.C., Colombo, Ceylon
Domville, Henry Jones, M.R.C.S., Royal Navy
Dow, Henry B., M.R.C.S. & L.A.C., Bayswater
Dyer, Samuel S., L.R.C.P.Lond. & M.R.C.S., Ringwood, Ha
Ede, John R., F.R.C.S. & L.A.C., Barnsbury, London
Finegan, James, M.R.C.S. & L.A.C., Liverpool
Goodman, Charles R., M.R.C.S. & L.A.C., Southport
Greenwood, James, M.R.C.S. & L.A.C., Islington, London
Gwynn, Edmund, M.R.C.S. & L.A.C., London Hospital
Harris, Charles, M.R.C.S. & L.A.C., Northiam, Sussex
Hill, Thomas A., L.R.C.S.Edin., St. Andrew's
Hills, George, F.R.C.S. & L.A.C., Keighley, Yorkshire
Hood, Wharton P., M.R.C.S. & L.A.C., London
Jennings, Robert, L.A.C., London
Jones, Richard, M.R.C.S. & L.A.C., Newtown, Montgomer
Jones, Robert, Llanrwst, North Wales
Lambert, Henry Stone, M.R.C.S. & L.A.C., B.A., Amoy, Ch
Lovegrove, Charles, M.R.C.S. & L.A.C., Sevenoaks, Kent
Lyster, Chaworth E., L.R.C.S.I. & L.A.C., Liverpool
Marsden, Alexander E., M.R.C.S., London
Martin, Henry Arthur, M.R.C.S. & L.A.C., St. Austell
Martin, Thomas, L.A.C., Little Hilton, Lancashire
Menzies, William J., L.R.C.S.Edin., Edinburgh
Minns, Pembroke Robert J. B., M.R.C.S., Guy's Hospital
Moore, Daniel, M.R.C.S. & L.A.C., Hastings
Murphy, William, M.R.C.S. & L.A.C., Guy's Hospital
Owen, Owen, M.R.C.S. & L.M., Guy's Hospital
Page, Alexander H., L.R.C.P.I. & M.R.C.S., Devonport
Paine, Henry James, M.R.C.S. & L.A.C., Cardiff
Phipps, George C., L.R.C.P. & L.R.C.S.Edin., co. Cork
Robson, Matthew J., M.R.C.S., North Shields
Roe, Thomas A., M.R.C.S., Royal Navy
Ryan, Edward T., M.R.C.S. & L.R.C.P., R.N., London
Schofield, Frank, M.R.C.S. & L.A.C., Saddleworth, Manche
Smith, William, M.R.C.S. & L.A.C., Preston
Stamper, James F., M.R.C.S. & L.A.C., Guy's Hospital
Stewart, John A., L.R.C.P.Edin., Malta
Swain, Isaac H., M.R.C.S., London
Swallow, James D., M.R.C.S. & L.A.C., Reading
Tatham, John, M.R.C.P.Lond., London
Titley, James, L.R.C.S.Edin., Louth
Totherick, James Y., L.R.C.P. & S.Edin., Berwick-on-Tweed
Trewhella, Henry E., M.R.C.S., Guy's Hospital
Tyley, Richard P., M.R.C.S. & L.A.C., London
Vine, George John, F.R.C.S. & L.A.C., London
Walker, Robert, M.R.C.S. & L.A.C., Kendal
Walling, Michael, M.R.C.S. & L.A.C., Royal Navy
Williams, William J., M.R.C.S. & L.A.C., London
Wyman, William S., M.R.C.S. & L.A.C., St. Thomas's Hospi

Apothecaries' Hall. On May 8th, the follow Licentiates were admitted:—

Anderson, James, Liverpool
Lilly, Hubert Walter, Folkestone
Nesbitt, Francis F. C., Nassau, West Indies
Newton, John Lawrence, Durham
Rowe, Thomas Henry, King Street, Regent Street
Sheppee, William Henry, Bedford
Southey, Albert James, Frognal, Hampstead
Sutcliffe, Henry, Halifax, Yorkshire

ed on May 15th :—
dall, James, Trowbridge, Wilts
bett, Thomas, Stourbridge, Worcestershire
tcher, Joseph Lyon, Manchester
g, Samuel, Upper Stamford Street
ean, Hugh, Jamaica
l, William, Banbury, Oxfordshire
in, Isaac Howard, St. Olave's Rectory, Hart Street
rne, Thomas Henry, St. Bartholomew's Hospital

APPOINTMENTS.

E, John T., M.B., appointed Physician to the North Stafford-
Infirmary.
, Thomas, M.D., appointed Physician to the Exeter Dis-
y.
, Augustus F., Ext. L.R.C.P., appointed Physician to the
Staffordshire Infirmary.
, J. Hughlings, M.D., appointed Assistant-Physician to the
al Hospital for the Paralysed and Epileptic.
LL, John, Esq., F.R.S., appointed Fullerian Professor of
logy in the Royal Institution.
Henry F., M.B., appointed Physician to the Exeter Dis-
y.

ARMY. The following appointments have been
de :—
urgeon P. S., 23rd Foot, to be Surgeon-Major, having com-
20 years full-pay service.
Staff-Assistant-Surgeon A., to be Assistant-Surgeon 67th
ice A. C. Ross, M.D.
sistant-Surgeon A. C., M.D., 67th Foot, to be Staff-Surgeon.
urgeon B., M.D., 96th Foot, to be Surgeon-Major, having
ted 20 years full-pay service.
LL, Surgeon W. G., M.D., 13th Foot, to be Surgeon-Major,
completed 20 years full-pay service.
Staff-Assistant-Surgeon W., to be Assistant-Surgeon 1st
ice A. J. Mackay, M.D.

To be Staff-Assistant-Surgeons :—
E, A. J., Esq., *vice* O'Callaghan.
., Esq.
Assistant-Surgeon A. J., M.D., 1st Foot.
N., Esq., from half-pay, *vice* A. Moffat.
, Esq., *vice* Morphew.

NAVY. The following appointments have been
de :—
Daniel R., Esq., Assistant-Surgeon, to the *Vesuvius*.
IY, Thomas, Esq., Surgeon, to the *Vesuvius*.

IA. The following appointments have been
de :—
D, C. H., Esq., to be Surgeon 2nd Regiment Staffordshire

, J. J., M.D., to be Assistant-Surgeon Brecon Division of
al Cardigan, Brecon, and Radnor Militia.

EER CORPS. The following appointments have
n made (A.V.=Artillery Volunteers; R.V.=Rifle
unteers) :—
H., Esq., to be Surgeon 1st Administrative Battalion
V.
R., Esq., to be Surgeon 3rd Administrative Battalion
vshire R.V.
N, W., M.D., to be Surgeon 1st Lanarkshire A.V.
J., M.D., to be Surgeon 1st Administrative Battalion
shire R.V.
., M.D., to be Surgeon 5th Lancashire A.V.
J., M.D., to be Surgeon 1st Lanarkshire A.V.

To be Honorary Assistant-Surgeon :—
ICK, C. D., Esq., 5th Lancashire R.V.
SON, T. S., Esq., 8th Surrey R.V.
., Esq., 57th Lanarkshire R.V.
R., M.D., 29th Lanarkshire R.V.
R., Esq., 4th Banffshire R.V.
, D. W., M.D., 3rd Anglesey A.V.

BIRTH.

On April 16th, the wife of *R. Innes Nisbett, Esq., Sur-
ilton Road, Gravesend, of a daughter.

DEATHS.

On May 17th, at Stoke Newington, aged 45, Catherine
ly surviving daughter of William Cooke, M.D., of Trinity

On May 17th, at Edinburgh, Henrietta, widow of the late
Cullen, M.D.
E, Richard D., Esq., Surgeon, at 26, Shaftesbury Crescent,
on May 16.
Thomas, Esq., Surgeon, at 10, Everett Street, Russell
aged 59, on May 9.

SEDDON, Joshua, M.D., at Longdon, Staffordshire, aged 64, on May 10.

STRAKER. On May 13th, at Clarence Cottage, St. John's Wood, aged 61, Catherine C., widow of the late C. D. Straker, M.D., C.B., Physician-General of the Bombay Army.

WEBSTER, William B., Esq., Surgeon, late H.E.I.C.S., in London, on May 13.

LUNACY LEGISLATION. The Lord Chancellor's Lunacy Regulation Bill has been read a second time in the House of Commons.

EPIDEMIOLOGICAL SOCIETY. Dr. Gavin Milroy and Mr. J. N. Radcliffe, have been appointed Secretaries to the Epidemiological Society, in the place of the late Dr. J. O. M'William.

VACANCIES. The following appointments are vacant:—Apothecary to the Meath Hospital and County Dublin Infirmary; Medical Officer of the Stourbridge Union; Resident Surgeon and Apothecary to the Western General Dispensary, Marylebone Road.

UNIVERSITY OF CAMBRIDGE. A Tancred Studentship in Physic at Gonville and Caius College is open to competition to candidates between the ages of 18 and 21. It is tenable until the degree of Bachelor of Physic and for three years afterwards, with a stipend of £100 a year.

MEDICAL COUNCIL. A deputation from the General Medical Council consisting of Mr. Joseph Henry Green (President), Dr. Christison, and Mr. Frederick Ouvry (Solicitor), have had an interview with Sir George Grey, at the Home Office.

DEAF AND DUMB ASYLUM. The institution in the Kent Road, for the reception and care of the deaf and dumb, has established a branch asylum at Margate, The benevolent purpose of this extension of a useful charity is to give the children the periodical advantage of a healthy sea air. The appointment of medical superintendent has been given to Mr. G. Y. Hunter.

DONATION. Mrs. Thornton, of West Derby, desirous of making special provision and accommodation for the treatment of diseases peculiar to women, has placed at the disposal of the committee of the Liverpool Royal Infirmary, the very handsome sum of £10,000, to be by them appropriated in the erection and endowment of a ward or wards to be devoted to the above purpose.

UNIVERSITY OF ST. ANDREW'S. We may remind our readers that there are only two more occasions (viz., in September and December) on which candidates can present themselves for the degree of M.D. at the University of St. Andrew's, under the present liberal regulations. After the 1st of January, 1863, every candidate will be required to have spent two of his four winter sessions at a University, or at one of the Queen's Colleges in Ireland.

CHEMISTRY AT THE INTERNATIONAL EXHIBITION. The display of chemicals at this year's International Exhibition is the finest that has yet been collected together. Not only are the exhibitors more numerous than in 1851, but there are more first-class names on the list, hardly one manufacturer of eminence being absent. One of the great features in the class is the splendid collection of drugs formed by the Pharmaceutical Society, which fills one of the finest cases in the whole building. This case is really a model in its way in point of convenience and good taste, and does the greatest possible credit to the Society and its architect. Arrangements have been made by which any person can examine, feel, taste, and smell any of the drugs contained in the collection. Hanbury and Co., exhibit some very fine pharmaceutical preparations, which Ransom, Watts, Bastick, Dickinson, Holland. Usher, and a host of others, try their very utmost to beat. The series of cinchona products by Howard and Sons, could hardly have been produced by any other house. A magnificent mass of crystals of codeine, measuring eighteen or twenty inches in diameter, and worth upwards of £200, is exhibited by Macfarlan and Co., who also contribute some splendid specimens of anarcotine, morphia and its salts, sulphate of berberine, narceine, and other opium products. (*Chemical News.*)

Recent Improvements in Lucifer Matches. Of matches prepared with ordinary phosphorus, and which consequently ignite readily upon any friction surface, the "Patent Paraffin Matches" of Messrs. Letchford and Co., are particularly good examples. Instead of the objectionable sulphur coating, melted paraffin is used for impregnating the wood and rendering it more inflammable. Such matches are not likely, therefore, to play havoc with the silver candlesticks and bright metallic surfaces often brought near them in actual service. Their power of remaining uninjured by damp is a special character for which this kind of match is remarkable; in a comparative examination of several different sorts, these only were capable of being ignited after six hours exposure to a moist atmosphere. On this account they would be particularly suitable for export, and little affected by climate.

Fire at the Queen's College, Cork. A fearful conflagration broke out on Thursday week, in the Queen's College, resulting in the destruction of an entire wing of the building, and of a large amount of property. The wing of the building which has been consumed comprised the laboratory, the materia medica department, and the museum; the pharmaceutical department, containing a valuable collection of the late Dr. Todd; the pathological museum, and the whole range of lecture rooms. Owing to the exertions of his porter and the police, Dr. Blyth, professor of chemistry, was enabled to save most of the articles in the laboratory. The students also worked hard to save all they could from the fire. Fortunately the library, the examination hall, the tower, the museum, and the residence of the president and vice-president, are all uninjured. As regards the origin of the conflagration, everything tends to establish that it has been the work of an incendiary. Sir R. Kane discovered matches under all the doors in the lower corridor of the western wing. The door entering to the materia medica department was seen on fire from without, showing that it did not originate in the room, in which there had not been a fire for the last fortnight. The president, Sir R. Kane, has issued a notice that the educational course at the college will not be interrupted,

Case of Poisoning by Mistake. On Saturday last, an inquest was held at 26, Lower Eaton Street, touching the death of Mr. George Corsham. Miss Louisa Harold deposed that on the previous Monday, deceased was attacked with great pains in his knees, and the following day he seemed to be suffering from a severe cold. She went at his request to his medical adviser, Mr. Davies, Lower Belgrave Street, who prescribed. On Wednesday Mr. Davies visited him, and on Thursday two bottles were received from that gentleman, one containing embrocation for external application, and the other a draught to be taken internally. No label was on the embrocation bottle, neither did anyone apprise her that it was poison. On Friday morning at seven she gave deceased the embrocation, under the erroneous impression that it was the draught, and immediately after he had swallowed it he exclaimed "What have you given me?" and called anxiously for castor-oil. Witness, having discovered the terrible mistake, rushed off for castor oil and then for Mr. Davies, who soon after arrived. Mr. Davies deposed that upon his arrival he found Mr. Corsham suffering from the effects of poison, and adopted the usual remedies, but death shortly afterwards ensued. He had not the slightest doubt that it was solely occasioned from the embrocation, which was a deadly poison.
He acknowledged that the bottle was not labelled po
but submitted that it bore a label intimating that it
for external application only. After some delibera
the jury returned a verdict that deceased died
poison contained in an embrocation administere
mistake for medicine, the party not being aware th
contained poison, no indication of that kind being o
bottle.

Death from the Bite of an Adder. The *S*
Express has the following: "As a little boy of Bu
Hill, was returning from school one evening last
he clambered up a bank to examine a bird's nest,
groping with his hand among the moss, he felt,
supposed, a sharp prick from a thorn, but which a
wards turned out to be a bite from an adder. A
real cause of the wound was not suspected, the swe
of the hand and arm was not properly attended to
the virus of the reptile had spread into the system,
he was taken to a surgeon, but it was too late, and
poor little fellow died under it on the second day."
same paper records another case: "On Tuesday
a little boy named Newland, about 9 years of age, r
ing with his parents at Sayers Common, Hurstpierp
on his way home from school about 5 in the aftern
crossed some fields lying between Hurst and S
Common, and amused himself by bird nesting. Upon
covering the nest of a graybird, he thrust his left hand
it, and, though he never saw the adder, was immedi
bitten on the back of the forefinger. The boy's
brought to his assistance a man named Standing,
drew what he believes to be an adder's tooth from
finger, and conveyed the boy to his home, where he
shortly afterwards attended by Dr. Holman. A se
was made the same evening for the adder, but wit
success. On Saturday last, however, a person n
Press succeeded in killing a female adder, about
feet in length, near the spot where the boy was bi
and which is believed to be the reptile that bit the
as it has a tooth missing. Much sympathy is s
for the poor little fellow, and, although he has suf
greatly, we believe his case is not considered hopele

Death of Professor Schroeder van der K
With feelings of the deepest regret we announce
decease of the excellent and distinguished Profess
Medicine in the University of Utrecht, of which
event intelligence has just reached us from Hol
Professor van der Kolk had apparently recovered
the abdominal affection under which we some time
stated he was labouring, when fever, the result of ta
cold, in a few days reproduced the whole train of s
toms, under which he finally sank on the evenin
May 1. The irreparable loss which has thus
sustained cannot be better described than in the w
of the friend who has furnished us with the foreg
particulars: "Utrecht," he observes, "has the
lost one of its most estimable citizens, the Unive
one of her ornaments, society one of her greatest
factors, science one of her most devoted cultivators
numerous household a loving father, their mainstay
their hope. J. L. C. Schroeder van der Kolk, Prof
of Medicine in the University of Utrecht, Inspect
Institutions for the Insane in Holland, Knight o
Order of the Lion of the Netherlands, and of the
dish Order of the Polestar, and Commander of the O
of the Oaken Crown, member of numerous soci
both at home and abroad, esteemed and beloved b
for the endowments of his head and heart, which
employed in the interests of society, succumbed at
age of sixty-five to a protracted illness, which had
undermined his health and confined him to a sick
He lived in the conscientious discharge of duty, and
in calm dependance on God's loving mercy, convi
that he was called to another sphere of action, to w
he believed this life to be but the introduction." H

ır number for March 31, 1860, given a short bio- ıical notice of the highly-gifted man whose decease ow deplore, we have little to add to the foregoing our conviction of the magnitude of the loss which cal science in particular has sustained in his re- l. His memory must ever live as that of one of most distinguished physiologists and pathologists odern times, while the improvement he effected in reatment of the insane in his native country entitles to be classed among the benefactors of the human (*Medical Times and Gazette.*)

TIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL ICE. The programme of the arrangements for the aching meeting of this association is now nearly leted. Lord Brougham is to preside over the whole iation, and the Earl of Shaftesbury over the Congrés national de Bienfaisance. The vice-presidents are Earl Granville, the Lord Mayor, the Bishop of on, the Belgian Minister, Baron van de Weyer, General Sabine, P.R.S. The general meeting is to ld in Exeter Hall, and the several sections will hold meetings in the Guildhall, which, with the adjoin- courts, has been placed at the disposal of the iation by the Lord Mayor and Corporation of the f London, and Her Majesty's judges have consented ange the *nisi prius* sittings during Trinity term, so leave the courts free for the week of the meeting. Royal Society and the University of London have with equal liberality, and placed the west wing of ngton House at the disposal of the association. Congrés de Bienfaisance will hold its morning sit- in the hall, which, with the ante-room, will be used e association for its evening discussions. The e at Westminster has been granted by the First nissioner of Public Works and the Commissioners oods and Forests for a *soirée* on the evening of the une, the arrangements for which have been placed hands of a committee of ladies, who purpose in- the officers of the several metropolitan rifle-corps m a portion of the company. The Royal College ysicians will give the association a *soirée* on the ng of the 9th proximo, in the College rooms, and eformatory and Refuge Union will on the following ng pay the association a similar compliment in ver Square Rooms. Several foreign *savans* have already accredited to the Congrés International de aisance, one from Norway, eight from France, and al others from Amsterdam and Brussels. No paper read before the association is to occupy more than y minutes, and every arrangement has been made ader the proceedings of the meeting interesting to ublic and to our foreign visitors.

NACY IN SCOTLAND. The fourth annual report of eneral Board of Commissioners in Lunacy for and has just been published. The commissioners that there were in public and district asylums in and, on the 1st of January, 1861, 2,712 patients; were supported by private funds, and 1946 by hial rates. The number of patients in private ms or licensed houses amounted to 907, being an ase of 55, in 1860; of these patients 224 were sup- d by private funds, and 683 by parochial rates. nsane in lunatic wards of poor-houses amounted 3, being a decrease of 23 during the year; of these ts all, with the exception of two females, were tained by their parishes. The pauper lunatics d as single patients amounted to 1,787, being a ase of 60 since the returns of the previous year. otal number of the insane in Scotland on the 1st ry, 1861, including the private single patients, was , of whom, as shown by a tabular statement, were supported by private funds, and 5,257 by hial rates. On the 1st Jan., 1860, the correspond- umbers were 2,858 and 5,226, Thus, in 1860, there was an increase of 21 in the number of private patients, and of 31 in that of paupers. The commissioners, in their report, dwell at considerable length on the statutory definition of lunacy, and the inconveniences of which it is productive, which are illustrated by the record of cases of insane patients in asylums who do not appear to fall within such definition; also on the occasional difficulty of determining whether a patient in an asylum is sane or insane; together with the heavy expense caused to parishes by the precedure in the case of dangerous lunatics. In reference to cases of insanity caused by whisky drinking, the commissioners observe that "it is a question of great practical importance, whether the law should not determine that patients who cannot resist the impulse to indulge to excess in intoxicating liquors should be treated as lunatics, for a certain period after their apparent restoration to sanity by compulsory abstemiousness." During the year, ten pauper lunatics have been removed from asylums, and sent to England or Ireland, from having no settlement in Scotland. In concluding their report the commissioners say: "We consider it highly desirable that some cheap and effective procedure should be adopted for securing the proper care of the property of persons becoming insane, especially where the means are small; and we would suggest that it should be the duty of some existing public functionary to act as curator, whenever, from the absence of relatives or other causes, the care of the patient devolved on the inspector of poor." An abstract of the return of expenditure on acoount of pauper lunatics in the different counties in Scotland gives £92,547 : 13 : 2, as the total annual expenditure, of which sum the amount contributed by relatives was £2,083.

USE OF STIMULANTS IN THE AMERICAN ARMY. The following is an official order lately promulgated by Dr. Suckley, Medical Director of the Federal Army. 1. The Medical Director has noticed during his visits at the various hospitals several patients in a dying condition, who seemed to have been allowed to run down with but little attempt on the part of the medical officers to sustain or revive by the judicious and free use of alcoholic stimulus. 2. Among our patients there are many who, although not absolutely suffering from typhoid *fever*, are nevertheless afflicted with disorders upon which the typhoid poison has made a decided impression. 3. It is desired that, in future, patients in a failing condition will be *stimulated and fed* before they get too low; and it is ordered that no case be treated as hopeless until death has takan place. 4. Stimulus and nourishment in many cases are our only wise medicaments. Food is our best tonic, stimulus gives temporary strength for its digestion. Medical officers practising in the general hospitals at this depôt, are recommended to combine fluid food with stimulus whenever practicable. Egg-nog, milk-punch, chicken-broth, mixed with wine or spirits, are all far better than raw spirits and water, except when a rapid and sudden effect is desired. 5. Perhaps there is no better test of a physician's ability than that afforded by his practice in the administration of stimulants. Nauseating, small spoonfuls frequently repeated, very soon become repulsive. Heroic doses at longer intervals are far better. For example: A small wineglass of milk-punch administered every fifteen or twenty minutes, scarcely stimulates and but feebly revives. The patient is incessantly annoyed by the attention and officiousness of his nurse: his rest is broken, and he soon becomes disgusted with the very smell of the mixture. On the contrary, a tumblerful, as near as practicable, given say once in two hours, rouses the whole nervous system; the pulse comes up, a short sleep is gained, the patient is nourished and refreshed. 6. Milk-punch becoming distasteful, egg-nog may be substituted, or any other palatable nourishing stimulus

7. In conclusion, it is not only desired (as in paragraph 3) but strongly advised, that the physicians here employed will stimulate and nourish their patients before they run down too low; and not, as is frequently the case, follow an obvious indication only when the suffering patient is at the last gasp—thus justifying the remark once made by an old hospital patient, that he "never had seen a doctor give a patient brandy unless he was sure to die!" All requisitions for stimulus to a reasonable amount, made on the Medical Director, will be duly honoured.

The Japanese Mission. Last week several of the Japanese suite, in company with Dr. Chambers, visited the writing, drawing, and mathematical classes at King's College School. They then went over the Blind School in St. George's-Fields, and were presented by Mr. Edmund Johnson with specimens of printing for the use of the blind, ciphering types, basketwork, etc. They remarked upon the loss of sight which so frequently follows small-pox, and stated that in Japan compulsory vaccination had been rigidly carried out with excellent effect for the last ten years. They then went to the workshop of Messrs. Whicker and Blaise, the cutlers, and saw the process of making razors, surgical instruments, etc. The swords of the party (each gentleman carries two) were inspected with much interest by the workmen, and pronounced equal, and of similar make, to the best Damascus blades. The steel has the curled grain so much admired in the latter. It may be remarked that these famous blades are only to be found in private hands, being costly heirlooms, often of great antiquity; one of those examined had a Japanese cutler's mark showing it to be more than two hundred years old. During the week, also, the medical men attached to the embassy, with some others of the suite, visited St. Mary's Hospital, introduced by Dr. Chambers, and spent upwards of three hours there and in the medical school attached to it. They were particular in their inquiries about the time spent in learning anatomy, and showed their acquaintance with the details of that science by pointing out the origin of the nerves of the special senses on a brain at which a student was engaged. They took much interest in the pathological museum, and recognised various diseased parts. In looking over the collection of *materia medica*, they recognised as medicines several substances of which we do not know the use in this country, but which were familiar to them. In the chemical laboratory they were shown a few experiments, and set an example to medical students by their industrious note-taking. In the hospital they had practical demonstration of the use of the stethoscope, speculum, etc., and carried off specimens of prescription and diet cards with the names of the medical officers, splints, and some chemical specimens which were presented to them by the lecturer on chemistry, Mr. Field. They afterwards adjourned to Dr. Chambers's house, to refresh themselves with their national drink, tea.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—May 17, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week	Boys .. 938 Girls .. 932	1870	1125
Average of corresponding weeks 1852-61		1836	1195

Barometer:

Highest (Sat.) 29.996; lowest (Mon.) 29.494; mean, 29.714.

Thermometer:

Highest in sun—extremes (Tu.) 106 degs.; (Th.) 56 degs.

In shade—highest (Fri.) 66.8 degrees; lowest (Tu.) 43.1 degs.

Mean—51.9 degrees; difference from mean of 43 yrs. 0.0 deg.

Range—during week, 23.7 degrees; mean daily, 15.2 degrees.

Mean humidity of air (*saturation*=100), 88.

Mean direction of wind, N.E.—Rain in inches, 0.92.

OPERATION DAYS AT THE HOSPITALS

Monday.......Royal Free, 2 p.m.—Metropolitan Free, 2 p St. Mark's for Fistula and other Diseases of Rectum, 1.15 p.m.

Tuesday. .... Guy's, 1½ p.m.—Westminster, 2 p.m.

Wednesday... St. Mary's, 1 p.m.—Middlesex, 1 p.m.—Unive College, 2 p.m.—Royal Orthopædic, 2 p.m.

Thursday.....St. George's, 1 p.m.—Central London Ophtha 1 p.m.—London, 1·30 p.m.—Great Northern, 2 p London Surgical Home, 2 p.m.

Friday....... Westminster Ophthalmic, 1·30 p.m.

Saturday.....St. Thomas's, 1 p.m.—St. Bartholomew's, 1·30 p King's College, 1·30 p.m.—Charing Cross, 2 p.m.

MEETINGS OF SOCIETIES DURING TH NEXT WEEK.

Monday. Geographical (Anniversary), 1 p.m.

Tuesday. Royal Medical and Chirurgical, 8.30 p.m.: Mr. S "On the Cure of Iliac Aneurism"; Mr. Toynbee, "On Nec and Extrusion of the Cochlea"; Mr. Brodhurst, "On Re tion of Old Dislocations."—Civil Engineers, 8 p.m.—Z gical, 9 p.m.

Wednesday. Society of Arts, 8 p.m.—Archæological Associa 8.30 p.m.

Thursday. Antiquaries, 8.30 p.m.

Friday. Royal Institution, 8 p.m.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addre to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C*

Correspondents, who wish notice to be taken of their commur tions, should authenticate them with their names—of course necessarily for publication.

S. O.—If for once gossip tell a true tale, it was the subtle tongu a man of law which suggested the promotion of the onslaugh the press, to which our correspondent refers. This legal man himself swallowed the revivifying excrement, and in his own son felt its excellence. He was evidently not that cruel la whom the Impersonation of Evil caught in the act of killin viper "on a dunghill near his own stable": for he would rather encouraged the reptile for the sake of his therapeut excreta. At all events, as the gossip runs, he took the vip urates, and read the critic's remarks on the head administrato praises of the viper's urates. His legal stomach was invigo with reptile-dung; and, glowing with gratitude to Dr. Hasti he fomented the legal process, which was to have crushed slanderer of so excellent a remedy. His feelings evidently the better of his judgment, as the event has shown.

A. B.—If the person is assuming titles denoting that he is registe under the Medical Act, your best course is to lay an informa before a magistrate. See Sections xl and xli of the Act.

COMMUNICATIONS have been received from:—Dr. Gra Hewitt; Mr. R. I. Nisbett; Dr. Ogle; Mr. W. J. Square; Routh; Mr. T. M. Stone; Mr. A. B. Steele; Mr. Rich Griffin; Dr. Copeman; Dr. Tanner; Editor of the Lon Medical Review; Dr. Boycott; Mr. J. Grantham; Dr. Hu lings Jackson; A.B.; Dr. J. J. D. Burns; Mr. Campbell Morgan; The Hon. Secs. Med. Chir. Soc.; The Regist of the Medical Council; Mr J. T. Davenport; Mr. Jo Shea; Mr. F. W. Cooper; Dr. A. T. H. Waters; Dr. Skinn and Mr. Whitfeld.

BOOKS RECEIVED.

1. On Uterine and Ovarian Inflammation; and on the Physiol and Diseases of Menstruation. By Edward John Tilt, M Third edition, with Coloured Plates. London: 1862.
2. Report of the Lunatic Asylum for the North and East Riding Yorkshire. York: 1862.
3. The Position and Prospects of Therapeutics: a Lecture. T. Grainger Stewart, M.D. Edinburgh: 1862.
4. Medical Testimony in Regard to the Proper Mechanical Tr ment of Joint-Diseases. By Henry G. Davis, M.D. N York: 1862.

General Remarks

ON THE

RACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

XI.—TREATMENT.

atment af almost all Diseases—helped and exlained by the Study of Fever. Speculatively and udimentally Fever pertains to the Vascular and Tervous Systems. Practically and consequentially all Parts and almost all Diseases. Limit of peculative Thought in Practical Medicine.

vas altogether accidentally and by the way, that came to discuss the great subject Fever. We e simply in search of the symptoms which should e us for indicators or guides of *Treatment;* and found them not among those which are *proper* he particular disease, as being nearest akin to it its real or supposed essence; but among those ch are *common* to it, and to many another disease des.

ake the five Diseases which served us for our first plainest illustrations. They were fitly called ll-pox, scarlatina, and measles, and typhus and oid, from their *proper* elements, which differd them one from another, and from every other se in the world. And still were they fitly called rs from their *common* elements, which kept them still related one with another, and with every se in the world of which Fever is predicated.

it I do not presume to tell medical men what mean, or ought to mean, when they talk of r. Some may mean more, and some less, and y may not exactly know what they mean. Only ave strangely misnamed what we have all so d, if this one and the same appellative denote one thing and now another in every different se where Fever is found. The name should l for some pathological reality common to them And so it does, and plainly too and unmistak- in the many diseases of various types through h we have just been tracing this (so-called) r.

t it then be repeated, that Fever, wherever it und, is not the man's Disease but the man's assailed by his disease; Life as embodied in the ions and feelings of the entire vascular and us systems. For my part I can go no deeper this, and can generalise no further. But if, as s we can see, the vascular system and the us system are first and principal in acting or ing wherever disease most tries and imperils t would be well to consider what they are in selves prior to our more practical dealings with

speaking of the vascular system and the us system, I pretend to no greater accuracy the nature of the subject allows. Doubtless, e eye of the anatomist, the vascular system he nervous system are things apart one from her. But to the physiologist, the pathologist, and the practical physician, they are always mixed. One cannot fulfil its natural and healthy functions without the other. One cannot be drawn out of its natural and healthy habitudes, and display the actings and sufferings of disease without the other. Nor can one be subjected to the impressions of medicine without the other being subjected also. While each taken alone is vitally inert, both taken together exercise the great vital forces which move and actuate the whole body.

Nevertheless, the vascular system and the nervous system have each its own proper instruments and power to act with, and each its own proper part to play. Though they cannot work but by mutual help, their offices are not interchangeable. Some little may be learnt of these separate powers and offices by observing their operations in health; but much more by attentively looking on when accident or disease forces them out of their accustomed conditions into others which do not naturally belong to them; and much more still by noting accurately the results of experiments of our own choosing in the treatment of diseases. But for diseases, and the treatment of diseases, we should know but little of the powers and offices of the vascular and nervous systems.

Now, all this is in analogy with the nature of things around us, with the material elements of the world, and their separate existence, and their cooperative agency in accomplishing their great designs.

It is remarkable how few are the elements which nature makes use of in her grandest operations. Yet she never works with them singly, but always in combination. By single elements she does nothing; by two or three together she moves the world.

These elements, inert in themselves and giving no self-notice of a separate existence, have been hard to find out; and hence their discovery has been postponed to a late period in the age of mankind. Yet have they always been chief objects of human curiosity; and it has ever been reckoned among the triumphs of science to win a new element from the jealousy and concealment of nature. But such discoveries have not been made by simple observation of things as they are; but men, by contrivances of art, have forced them out of their natural combinations, and transferred them into others of their own choosing, and then noted their behaviour under new conditions presented to them beyond the first intent and purposes of nature. Thus, injury, or disease, or whatever, either by accident or design, has been brought to bear upon the functions of our bodies, so as to force them out of their natural course, has given the first hint, and become the very test and experiment, and ultimate proof, of new and otherwise unattainable knowledge concerning them.

Further, the vital functions of our bodies are in analogy with the intellectual faculties of our minds. A mixed operation and a separate essence belong to them both. The memory, the imagination, and the reason do not, perhaps cannot, work but in union one with another. Yet, it should seem, they are three separate elements of intelligence. Lord Bacon, at least, regarded them as such; he accepted this ancient truth, and gave it preeminently his sanction by the use he made of it. For, in accordance with it, he made a threefold division of his universe of knowledge, and found for its several parts a store-house (as it were) and natural laboratory, either in the memory, the imagination, or the reason. Thus, the three together go essentially to make up the one mind; and thus the one mind becomes capacious of all knowledge. Where all three are of equal power, and that power is great, and all are harmoniously blended, and all duly cooperative, there is the perfect mind. But the difference between mind and mind is mainly seen in the different measures in which they are conjoined. And thus He who made us "has divided unto every man severally as he willed." But a total defect of any one of the three elements of intelligence can hardly consist with any mental operation at all. The working of any one can scarcely be begun, certainly it cannot be sustained, without some degree of impulse and support derived from the others.

But this utter spoiling of intelligence by one capital defect is (I presume) very rare. And, on the other hand, the perfect mind has been the lot of very few. To come near to possessing it has not been the lot of many. And those who have the greatest repute for intelligence, like those who seem to have the best health, are often so self-conscious of some weak part, that they are glad to resort to remedies from time to time to patch themselves up mentally, as others take physic to patch themselves up bodily.

There are men whose business is thought. They come soon to learn that it is above all things important for them to keep in good working order the several implements which serve to execute the operation of thinking. And these implements are no other than the several faculties of the mind. Follow great thinkers into their studies. In every age there are a few who are inwardly prompted to give a life's labour, that they "may, perhaps, leave something so written to aftertimes as they shall not willingly let it die." All such abide under the burden of a heavy task. But the labour of each is different according as Nature has distributed the strength or the weakness of their mental constitution. The labour of one is to keep his memory in full grasp and possession of all the materials essential to his great design; the labour of a second, to draw upon his imagination for all that is suited for its illustration and adornment; and the labour of a third, while he has memory and imagination ever ready and ancillary to his will, is to reason out his conclusions, and raise it, and build it, and settle it, upon the sure foundation and conviction of truth.

It happens with our body and its life, and health and disease, in like manner. Life is only known as the complex of many functions, and health as the integrity of those functions, each in itself, and their harmony one among another. Every organ has its proper function, which it only can fulfil, and no other organ. Yet can no organ live and move, and be vitally at work upon its own health in perfect singleness and independence. And what knowledge we have of disease (of living disease) runs parallel with our knowledge of life and of health. We see in disease organs or systems of organs acting and suffering against their healthy conditions and uses. But each organ or system of organs then acts and suffers in its own way, and as no other can act and suffer besides itself; yet not one of them can be vitally at work upon its own diseases in perfect singleness and independence.

Now, medicine mediates between health and case, and must needs comply with the condition both. Hence it is chiefly conversant with par aims, and contrives single purposes, well know that these only are fairly within its reach and ha ling. Thus, it seeks to bring this, that, and other organ or system of organs in subjection to remedies. It deals with the vascular system, reduces its plethora by venesection; and with nervous system, and quiets its irritation by opi It deals with the stomach and bowels, the liver the kidneys, and by acids, and alkalis, and aperi and astringents, and by whatever remedies h especial power to reach and modify the function each, it sets them right when they are wrong. S are its aims, and it sees them clearly, and is pre sure of hitting them. But they are partial a after all.

Within the range, however, of such partial ai medicine affects and prosecutes a sort of scient exactness, and claims and reckons some amount certainty in the results. And if all life were the of distinct organs and nothing more, and if hea and disease were nothing more than what disti organs could work out for themselves through th own functions singly and independently; and moreover, nature had supplied the means by wh all organs and their functions could be reached, man had learnt the skill of using such means w perfect safety and success; then, indeed would dicine be a certain art.

But the domain of medicine is wider than its p tive command. What it cannot reach it can rec upon. True, its aims are partial, and their rang narrow. Yet within that range beginnings are m and first impulses given, which are felt and resen far beyond; even further, and wider, and m variously, than we can see, or trace, or follow th But medicine looks to results, and calculates often foretells them, trusting to experience.

Now, the Treatment of all diseases is helped explained by the study of Fever. And well it m if Fever be comprised in the actions and sufferi of the vascular and nervous systems, and they note the measure and manner in which life is assa by the present disease.

The study of Fever! Why, *speculatively*, we h gone as far as it is safe to go in search of a princi and perhaps have found it. But, *practically*, must go much further, if we would show that th is any truth and comprehensiveness in the same p ciple; and that, simple as it looks, it is anyth better than a pathological puzzle.

For all, then, that more concerns Fever we m go and remain at the bedside and study it there. so doing I wish we could fix the limit of specula thought in its bearing upon practical medicine.

It is a delicate and difficult subject, and w dwelling on for a moment. The limit cannot be fined absolutely. If it could, it would mark boundaries of the Art itself. Nevertheless, all sa cious and experienced minds do, in fact, arbitrate settle it for themselves. And in so doing they a pretty near agreement with one another. agreement is not to be put in words; but restin their general conceptions, it is brought out and te by practice.

To understand, then, tolerably well what is limit of *practical* thought in medicine, and to

umspectly within it, is the secret of all the power
have of doing good. And really that power is
y great. But not to understand what it is, and
der heedlessly or rashly beyond it, is the secret
ll that mistaken energy of ours, which makes the
we do weigh so heavily in the scales against
good. Within this limit lie all the realities of
licine, both small and great, which are at present
ilable for its use. And outside it there lie other
ities, which are (as it were) upon trial, and wait-
for proof of their use and bearing on practice,
t they may thereupon claim entrance and a place
hin it. These outside realities, too, are both small
great; many as great as any which are already
ad within, and comprising some of the highest
hological truths. Physicians, therefore, must
be forbidden all interest and inquiry about
gs (and such things!) lying at present beyond
limit of practical thought. For then it would
er be enlarged. Only they must be admonished,
heir daily work of curing and treating diseases,
eep jealously within it for the sake of present
ty and success.

s to the realities themselves, some are solid,
stantial matters of fact, and some have rather
nature of feelings, qualities, powers. These
have, by philosophers, been taken and studied
rately, and used in acknowledged contrast. Not
y physicians. Medicine has not only to do
both; but the practice of medicine is a mix-
of both, bringing them together, and making them
nonious and cooperative to fulfil its ends. Thus
both, in their kind, claim equally the name and
re of realities; and, tested by use, both have
place within the just limit of practical thought.
hat is disease? and what is it not? These in-
gatories have a formidable look. They seem
hreaten deep thoughts about the nature of dis-
s, or doubtful disputes about their names. But
uld keep clear of such hazards, and leave the
re and names of diseases where I find them.
whatever may be the compass of our know-
e, or the limit of our art upon the whole, we
hold with ourselves some sort of questioning
answering in particular cases "what disease is,
what it is not," if we would keep in view such
as are possible in the practice of medicine; if
ould have any fair understanding what it is and
it is not, which day by day we pretend to cure
treat.

ink of the three, four, or five hundred cases in
everal hospitals of London, and of the physicians
have them in charge. Those living embodi-
s of disease teem with realities which crowd
ress upon their minds, and all with some shew
eaning and significance. Of these they try to
sober reckoning. Yet not of them all; but
of such as each physician can fairly bring
n his own limit of practical thought. And
and only these he takes and trusts for guidance
irection in the use of remedies.

t what of all the rest?

w, all strenuous and earnest men, let their
ual work be what it may, if it have but a
s purpose, carry home with them plenty of
r for thought springing out of that work every
of their lives. It is eminently the case with
cians. And the more truly practical they are,
ore things they find suggested by their practice but lying at present beyond it. Let them be sure they have done their best, and that the Art itself has done its best in their hands, yet their success is ever suggestive of a greater possible success beyond it. From things of easy and familiar use they gather intimation of truths which lie too deep for common observation. Thus, besides turning what can be turned to the best practical account according to present duty and necessity, they put by facts and (it may be) thoughts for further inquiry and experiment, and hope thereby to gain new knowledge, or new adaptations of knowledge, and so render that which they have in exercise more sure and trustworthy.

But every much employed physician passes his life in the midst of speculative temptations. It is not, therefore, much to be wondered at that sometimes a plausible faulty theory has stolen into an otherwise sound and simple mind, and got mixed with its practical reckonings, and corrupted them. Without much care this may happen to any of us, and we may become emblems of our profession in this respect. What is too often seen and lamented in individuals is to be more seen and more lamented in the profession at large. A theory of easy comprehension has obtained its ready acceptance, and so has become the common tyrant and impostor of medical practice, dominating over it and throwing it back for half a century.

It would be well for those of our profession who have a touch of intellectual vanity in their composition, to make a modest compromise between it and the satisfaction of doing good. On the question what disease is and what it is not, if they are to answer within the limit of *practical* thought, they must commonly keep below the mark of their knowledge, and be content to speak of it truly indeed, but simply and superficially; while they have much more to tell which is still true, but recondite and beneath the surface. It must be confessed that what is very showy and creditable to possess, and to talk about, and good for many worthy purposes, may not yet be good for the purpose of curing and treating diseases.

Physiology, pathology, and practice, often part company just where an intelligent looker-on would make sure of their becoming sociable and cooperative. The practice of medicine is a perpetual compromise between what we know and what we can do, between our knowledge and our power. There is a portion of the nervous system, a little particle of matter at the top of the spinal cord, which, in a plain, intelligible sense, is the most vital of the whole body. In man, and in any animal like unto man, hurt it substantially and life is gone at once. This part, which is preeminently the cord of life, and which Nature has well protected from mechanical or accidental harm, she would take care (one might think) to put especially within the power of man to influence for good, that remedies would go directly to it, and might be aimed directly at it. Not so. Remedies cannot otherwise reach it than through the whole nervous system and the entire body.

The great discovery has been made within our own times, that the nerves of sensation and motion are different nerves, visibly different in having distinct origins within the spinal marrow, and still visibly different as they emerge from it, until both are included in a common sheath, and distributed together throughout the body. But this great discovery has been no help to us in the choice and application of remedies. True! there is a palsy of motion and a palsy of sensation, when they are distinct diseases. And there is a palsy of motion and sensation combined, and the disease is mixed. But whether the palsy be one or the other or a combination of both, it has not, therefore, its own treatment; and remedies cannot reach either order of nerves except through the entire nervous system and the body at large.

Lectures
ON
DISEASES OF WOMEN AND CHILDREN.
DELIVERED AT THE SAMARITAN HOSPITAL.

BY

CHARLES H. F. ROUTH, M.D.,
PHYSICIAN TO THE HOSPITAL.

Lecture II.
The Consequences of Endometritis.

[*Concluded from page* 539.]

vi. Hypertrophy of the Uterus. This disease may be confined to the cervix, to the body and cervix, or may involve the fundus also. I propose only to refer to the first two varieties to which M. Huguier of Paris has of late called attention; and I shall follow him in these remarks.

Longitudinal hypertrophy of the cervix is of two kinds: 1. The *subvaginal*, or where that portion of the cervix which lies within the vagina is lengthened; 2. The *supravaginal*, or that in which that portion of the cervix which is continuous with the body of the uterus, and lies without the vagina, is elongated.

1. *The Symptoms of Subvaginal Hypertrophy of the Cervix* are general or local. The general may be sometimes entirely absent. In some, even, menstruation goes on normally. But this is the exception. In most cases, the symptoms are well marked. Some women complain of a feeling of weight about the parts; some of a new and peculiar sensation when in the sitting posture, with pressure in the fundament and vulva, or internally within the abdomen. The chief pain, however, is felt during coition. The pain then experienced amounts sometimes to agony; and this it is that often leads patients affected with this disease to seek your assistance. The functions of the bladder are seldom disturbed; that of the rectum often is. Constipation is commonly present. Sometimes defæcation is very difficult; indeed, in one of Huguier's cases, the patient could not defæcate at all unless she threw herself completely backwards.

Local Symptoms. When the finger is passed up within the vagina, the prolonged os can be readily felt projecting from one to three inches. Sometimes it actually projects out of the vagina, resembling the glans penis. The sound penetrates within the uterine cavity from four to five inches. There is always uterine as well as vaginal leucorrhœa, sometimes coloured, occasionally bloody. The prolonged cervix varies in appearance; sometimes one lip, or
part of one lip only, is prolonged. In many
these cases, we have suppression of the menses,
dysmenorrhœa; in others, actual menorrhagia. So
times the disease developes itself very rapidly, i
said, after intense metritis, a laborious labour, o
fall. The erect position is often so painful that
patient is compelled to lie down.

Causes. I believe, with Dr. T. Smith, that
irritating character of the uterine leucorrhœa is
common cause. This leucorrhœa itself is
to endometritis. In incipient cases, you will of
notice a marked redness of the cervical mucous me
brane, and tenderness of the os and lining membra
when the prolonged cervix has been free itself fr
pain. Abuse of the sexual function, combined w
a short vagina, is also a common cause; hence
prevalence among prostitutes. In these cases,
deep arteries of the cervix are larger, and the ve
very full of blood: hence one reason of the tende
to hypertrophy, and, in more severe cases, to act
ulceration. It seems, moreover, to be the tende
of the uterus, as it is of the vulva, to become hy
trophied whenever irritation exists about the pa
We all know how commonly, after syphilis, the la
become a source and seat of irritation—become
durated and hypertrophied. So it is in this af
tion, though unconnected with syphilis.

Treatment. With old women, and in mode
cases, astringent injections, rest of the organ, de
bitus, lunar caustic, and leeches, will often suf
If these fail, the stronger caustics may be used, s
as nitric acid, fluid nitrate of mercury, potassa f
or, as commonly practised by Jobert, the act
cautery. One objection, however, equally app
to all these caustics: they give rise to an imme
amount of local congestion and inflammation be
the slough produced by them can be thrown
Formerly I used to cut up the os with my lan
turning it in several directions, and then ap
ing a strong solution of nitrate of silver to ch
the bleeding. In two remarkable cases in whic
did so, the success was complete, and the prolon
cervix completely disappeared. The practice, I
convinced, is good. The more simple plan, howe
is that of resection. The danger of it is hæmorrh
Huguier, however, says this may be always repre
by plugging and perchloride of iron; and he
ten cases of successful operation by this plan.
this hospital we use the *écraseur*. We have don
lately in three cases most happily. The *écra*
should be used as much as possible *in situ*, wit
drawing down the uterus, lest by so doing you in
and cut through the posterior peritoneal *cul-de*
Care should also be taken not to include the blad
which once occurred to Langenbeck. If the *écra*
be applied about two lines in front of the inser
of the vagina to the cervix, this accident is avoi
By using the curved chain with the *écraseur*,
run less risk of wounding the posterior perito
cul-de-sac, which comes lower down than the a
rior. In cutting through the uterine tissue
the *écraseur*, the resistance of the part and the
required are very great. No hæmorrhage succ
It is well, in a day or two after the operation,
when all risk of hæmorrhage has gone by, to p
sound within the os, to avoid retraction or cons
tion of it. As it is, you have always, after
écraseur, a puckered state of the vagina around
os, which is narrowed circularly, but other

thy. The only internal remedy which I have n in these cases is mercury in small doses, to note absorption.

Supravaginal Longitudinal Cervical Hypertro- is a more important disease than the former, and, e the publication of M. Huguier's memoir, has n rise to much controversy. He believes this tion is often confounded with prolapsus uteri, h last is a rare disease. In fifteen years he has nined sixty-four cases of supposed prolapse. Only however, were so. In one, aged 61, it occurred a violent effort. In another, besides the pro-, there was longitudinal hypertrophy and com- retroversion also. Now, upon this point I t say that I believe the percental proportion of prolapse cases is greater. On the other hand, I ound to add that, in many, longitudinal hyper-hy coexists with the prolapse. Indeed, to use patient's expression, "it goes up when they lie n". To give this subject full justice would oc- not one, but several lectures. In the few ites left me, therefore, I must be content to mise M. Huguier's views.

neral Symptoms. Bearing down pains; back-, increased in the erect, diminished in the re-bent position; a sensation of sinking or of void ie lower part of the abdomen, as patients say, if the bowels were coming away"; leucorrhœa bloody; ardor urinæ; micturition sometimes ssible till after reduction of the parts; defæca- generally not difficult. Sometimes, owing pro- to adhesions, there is a painful drawing down tion at epigastrium, with cardiac oppression intestinal pain to so great a degree that, if the position be long maintained, syncope will re-

In the end, we have general dyspepsia and a ency to menorrhagia.

cal Symptoms. The os feels large, and appears e circularly hypertrophied low down in the ia, or completely without the vulva. There be rectocele; commonly there is cystocele, or less complete. The finger can thus be made ss through the rectum, between the uterus and ia, out of the vulva; and the catheter has to be duced from above downwards and forwards. If supravaginal portion of the cervix be felt gh the prolapsed vagina, it is found enlarged larly at its vaginal end, but thin and length- only from this end towards the uterus. The generally large, circular, or semilunar. The is uteri can be felt within the pelvis, behind pubes, which shows that the hypertrophy is y confined to the supravaginal portion of the . The sound (on which, after all, the diagnosis ds) penetrates from four to five inches. In natomical relation of parts, it is important to the relative positions of the peritoneal *culs-de-* As the body of the uterus usually keeps its ons with the bladder, the vesico-uterine or *ior peritoneal cul-de-sac* has therefore generally tained its normal position. Its depth is from $3\frac{1}{2}$ inches. In every case, the lower border of ituated at least $2\frac{1}{4}$ inches from the border of ; so that, if resection of only $1\frac{1}{8}$ to $1\frac{3}{4}$ of an of the cervix be practised, you run no risk of ding the peritoneum. The vagino-rectal or *ior cul-de-sac* has, on the contrary, followed ngthening of the organ in every part, and also everted bladder. It comes, therefore, much lower down than the anterior. In depth, it varies from $4\frac{1}{2}$ to $7\frac{1}{5}$ inches; and its inferior extremity (owing to the excentric hypertrophy of the vaginal portion of the cervix) is situated at nine-tenths to $1\frac{1}{3}$ of an inch above and behind the posterior border of the uterine orifice. If this excentric hypertrophy do not exist, then the inferior extremity of the posterior *cul-de-sac* is only from one half to two-thirds of an inch, at the most, distant from the os. If we have complete vaginocele superiorly, then the posterior *cul-de-sac* may descend below the aperture of the os.

Causes. I laid stress before on the thin elongated supravaginal cervix. This character alone indicates that it was lengthened in the direction and around the canal; showing, probably, the first connexion with endometritis. Other causes, however, are assigned—a phlegmatic habit, large pelvis and vulva, etc., a fat belly, prolapsed vagina, continued constipation. The most common, however, is childbirth, doubtless combined with more or less endometritis. Out of Huguier's sixty-four cases, four only were childless; eleven had had one child, and forty-four several up to nine or twelve children. Out of Scanzoni's one hundred and fourteen cases, ninety-nine were mothers. Huguier believes they are more common after the use of forceps, and they sometimes appear to be suddenly developed on lifting a heavy weight; yet a careful inquiry into their previous history almost always establishes the existence of uterine disease for years previously. With a large flabby vulva, and endometritis with congestion, the appearance of the uterus externally is more than probable.

Treatment. Nothing but the knife or the *écraseur* offers any prospect of cure; and here I must almost entirely follow M. Huguier, as I have not hitherto performed the operation.

1. *Preparation for the Operation.* Select the period immediately following menstruation. Compel your patient for several days previously to occupy the recumbent position. Purge freely the day previous. Determine to the skin of the thighs and hips by inunction with tartar emetic ointment or croton oil; and then do not operate until the eruption thus produced is at its height. On this point M. Huguier lays great stress. Lastly, keep the extremities warm. The instruments required are, a sound, pair of pincers, vulsellum, bistouries probe-pointed and straight, long ligature-forceps, needle-holder and needles, tenaculum, or, better still, a circular needle with moveable point, to serve as a tenaculum if need be; bent pins (fishhook shape) attached to a piece of thread, ligature-thread, a gum-elastic catheter, and *écraseur*.

M. Huguier divides the operation into four stages. *First Stage.* Placed in front of the woman, he seizes forcibly with the vulsellum the inferior extremity of the cervix or the posterior lip of the os. This is pulled gently upwards and forwards, so as to be brought in front of the pubes. This traction renders the posterior wall of the vagina tense, which is thus more easily cut, and removes the parts from the posterior *cul-de-sac*. Confiding now the vulsellum to an assistant, he passes his finger into the rectum, to note the situation and depth of the posterior *cul-de-sac*. This finger is the *operator's compass* in this stage. Next, by a horizontal and semilunar incision, he cuts through the posterior wall of the vagina, the concavity of which, directed upwards and forwards, embraces the posterior half of the cervix. The incision is made in the insertion itself of the vagina to the parts, and ought to be kept within the limits of this insertion. By making it on another point, you might either open the peritoneum, or leave a portion of the diseased neck. This incision is, therefore, made at a variable distance from the os, according as to whether the vaginal portion of the cervix has kept its normal dimensions, or has become engorged and excentrically hypertrophied. In the former case, the incision is made at a distance from the os of rather more than half an inch, in the latter at a distance of from one inch to one inch and one-fifth of an inch. Directing the knife from below upwards, and from behind forwards, there is less risk of wounding the peritoneum. The first incision should be promptly and boldly made; the other incisions, which are in the same direction as the axis of the uterus, should be executed slowly and with great care. Again, while the operator, with the index of his left hand within the rectum, introduced directly through the posterior *cul-de-sac*, follows and guides the action of the blade, and that with the thumb of the same hand kept outside, he pushes upwards and behind the lips, as well as the posterior plane of the incision; the assistant in the meanwhile gently and gradually draws the cervix upwards and forwards. Soon the resistance of the parts to the action of the knife informs the surgeon that he has reached the uterus. From this period there is no fear of injuring the peritoneum. The finger may now be removed from the rectum. Force and boldness in the last part of this incision are required, as the tissue is resistant, until the uterine cavity is reached, when all resistance ceases. The finger follows the knife. The operation is begun from below, because—1. This is the most difficult and delicate stage; 2. Should you wound the peritoneum, you can suspend the operation; 3. The parts are best seen, and less likely to be concealed by the effused blood inferiorly. The arteries met with are easily tied.

Second Stage. The danger here is the fear of wounding, not the peritoneum, but the bladder. To prevent this accident, you first introduce a catheter, which is the compass in this stage, into the bladder down to the prolongation over the uterus. Then you raise this part so as to see it. Giving this catheter to an assistant to hold, the surgeon now seizes the anterior lip of the os with a vulsellum, and confides it to another assistant, who pulls it downwards and backwards. By this double movement in opposite directions by the two assistants, the prolongation of the bladder is drawn away from the cervix, and the tissues to be removed are well exposed. The surgeon next divides, at a distance of about half an inch or rather less below the distal end of the sound, the anterior wall of the vagina, practising an horizontal and semilunar incision, which embraces the cervix, and meets that of the opposite side. This section is not to be made at first right down to the cervix, lest the bladder be wounded. The sound is now withdrawn, and with the finger the operator forcibly detaches the bladder from the uterus, with occasional assistance of the knife to remove intercellular tissue. This separation may be extended to 1⅓ to 2¼ inches. Transversely, however, it should not extend further t half an inch, lest the ureters be wounded. The a ries met with in so doing are tied.

Third Stage. The surgeon, now directing assistant to hold up the separated bladder bel the vestibule, seizes with the left hand the ante portion of the cervix, stretches it tightly, and t divides it by cutting with a bistoury from bo above, and from before backwards, so as to go within the uterus. Before completely cutting cervix off, he ties the arteries of the uterus, if la enough to require it. This is important, as af wards the uterus may be drawn upwards above reach. This accident occurred once to Hugu It is prudent, therefore, to seize the posterior of the posterior lip of the cervix by a vulsell lest the part last cut of the anterior lip should tain a large artery. The cut portion of the ute left is concave, that removed conical.

Fourth Stage. The cervix so cut, the uteru now reduced to its proper position. The ute concavity made is filled up with cotton, in the cer of which is a gum elastic catheter, and the whol secured by a T-bandage. To keep the bladder em another is placed in it, but not allowed to penet further than from one to one-third of an inch. patient is put to bed with elevated buttocks. extremities are kept warm, and the eruption ma tained. If there be any oozing of blood, you ap some cotton covered with resin powder; or p the exposed uterine surface with perchloride of i avoiding, however, to let this last to flow in vagina, as it is a caustic, and will retard the h ing process. As to *tying the arteries*, this is ea done with those of the vagina and cellular tis and in the usual way. Not so with the ute vessels. They cannot be seized with the force or if you should succeed in doing this the ligature not hold. Hence a bent needle with thread attac should be used. In this way, the artery cannot tract within the uterine tissue. If you use *écraseur*, you cannot do so till you have separa the vagina and bladder, etc., from the cer Huguier, however, prefers the knife, as less pain and because, by enabling you to remove a con piece of it, you take away more of the uterus. the posterior *cul-de-sac* has been wounded, must suspend the operation altogether. If bladder, the consequences are only temporary de and the application of additional ligatures.

The immediate result of the operation is usu slight fever at night with uterine colic, but even th mild symptoms are occasionally absent. One cas Huguier's got up with impunity the night of the op ation. Some patients have had nervous sympt and vomiting, with rigors. Generally there is oozi but to no extent. From the fifteenth to the twenti day, the parts have cicatrised. The vaginal port is then observed to be puckered around a sn projecting cervix in the centre of which is the A relapse after the operation is purely theoreti and could only occur from want of tone in, or a t perinæum with large vulvar opening.

VII. STERILITY. The last result of endometr to which I shall refer is *sterility*; and I shall very brief. In cases of stricture, either of the ternal or internal os, you can readily underst that impregnation is not possible. The same app to stricture of the Fallopian tubes. All these

ts occasionally follow endometritis. Again,
norrhagia, or copious uterine leucorrhea, by
shing down the spermatozoa, and preventing
ir retention within the uterus, or passage into
Fallopian tubes, will also give rise to sterility.
t the secreted fluid may be so changed by the en-
metritis as to produce the death of the sperma-
oa ; the uterine mucus being normally alkaline
the vaginal acid. Donné proved, by experiment,
t the spermatozoa live in these fluids, if healthy,
gle or conjointly, and move actively in them for
eral days. In disease, however, where the vaginal
id is very acid, or during pregnancy, during
ich state this fluid is always unusually acid,
spermatozoa in contact with it perish in a few
onds. It is stated by Dr. Whitehead, that this is
ing to the diseased nature of the uterine mucus,
its absence, as in pregnancy, which does not neu-
lise the excessive acidity of the vaginal mucus.
Tyler Smith states that excessive alkalinity
he uterine mucus may have the same effect ; and
s easy to understand that, if the uterine mucus
so acrid as to excoriate the os or corrode me-
ic instruments, as it often does, it must prove
l to the spermatozoa, and hence impregnation is
ossible. The remedy for the sterility is, therefore,
ure the endometritis present.
ne word of caution, and I have done ; for I can-
now discuss the question at length. Gonor-
a of a very severe kind may be the result of in-
ourse with a woman affected with endometritis.
ave known several bad cases of this kind, the
e painful because occurring in families of dis-
tion, and where it was not possible to assign the
orrhœa to infidelity. The knowledge of this
t is important ; because it often enables us to re-
e harmony in conjugal life. It is another reason
, even if the separation itself was not often a
ns of cure, why the sexes should not be allowed
ome together where the female is affected with
re endometritis.

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r H. Holland's Essays. The book begins with a
r on " the Progress and Spirit of Physical Science,"
h is itself a miniature of the entire work, a survey
cience from the highest point of view. Then we
an essay on " Life and Organisation," which deals
fly with the initial forms of life, and the most
ral understanding of the vital principle. Next
es an article on " Human Longevity"—a title which
ains itself. Passing by the pages devoted to Roman
ry and Julius Cæsar, we reach the next topic, which
e " Physical Geography of the Sea"—a science un-
wn till within the last few years. Akin to this is the
wing paper on " The Mediterranean Sea." In the
y next in succession will be found the most succinct,
most interesting, and the most philosophical account
Meteors and Aerolites"—the information afforded
g always the most recent. When the reader has ex-
sted the subject of falling stars, he will turn with
iminished appetite to the subsequent paper on
dereal Astronomy ;" and when he has exhausted
, he will go for a change to the next subject, which
be classed rather among the amusements than the
us occupations of science—" the Coral-reefs" of
tralia. After this we find ourselves deep in a paper
Dalton and the Atomic Theory," and in an equally
gestive discussion on " Modern Chemistry"—the most
tful branch in modern science. Finally, we are in-
l to complete the round and to consider " the Natural
tory of Man."

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

PRACTICAL REMARKS ON THE PATHOLOGY AND TREATMENT OF SKIN-DISEASES.

By C. Handfield Jones, M.B., F.R.S., Physician to the Hospital.

[*Continued from page* 517.]

Herpes differs notably in appearance from eczema; yet the resemblance between these disorders is so close that the puzzle is to say why they assume different forms. Both develope serous vesicles on an inflamed area; both are wholly surface affections; both are extremely common, and seem rather referrible to some generally acting cause than to any peculiar diathesis or morbid state. It is interesting to remark that one local variety, herpes labialis, has been noticed to have some especial connection with inflammatory catarrhs, bronchitis, or pneumonia. Dr. Salter says that numbers of people never have catarrh unattended by herpes labialis. This is worth noting, with reference to the view that eczema is an affection also allied to catarrh. The chief clinical facts about herpes are that it tends to affect the cutaneous surface near its junction with the several mucous tracts; that it sometimes appears on the mucous surface itself; that it has a tolerably definite course; is never chronic; is not much under the influence of treatment; and has a certain relation to catarrh and to neuralgia.

It seems to me that it is scarcely possible to consider herpes zoster as essentially different from the other forms. The chief dissimilarity appears to be that zona is attended with more neuralgia, and more evidently follows the course of certain nerves. But, when we consider how limited neuralgic affections may be, it does not seem to me unreasonable to suppose that irritation of trophic nerves, such as Von Bärensprung has shown is competent to produce herpetic eruption, may be equally limited. According to this view, all herpetic eruptions would result from irritation of nerves; but in common herpes, the trophic nerves only would be affected, and probably only those of one or two nervous twigs; while in zona, when well marked, a larger trunk would be involved, and not only the trophic, but the sensory nerves. It is well known that the demi-cincture of zona may be very incomplete; perhaps, only one or two groups being present; in this case, as Cazenave remarks, it might be taken for herpes phlyctenodes; though the distinction may often be made by finding other patches at the opposite side of the body, or between the anterior and posterior groups little red points indicating the commencement of intervening patches; besides, the mistake would cause no inconvenience, seeing they are, *au fond*, two similar disorders. The effusion of bloody serosity into the half-filled vesicles seated on livid areas, and ulceration or sloughing of the skin at their bases, are not uncommon occurrences in severe cases of herpes zoster affecting the weakly and aged. It seems to be a necessary inference that these changes result from depressed vitality of the skin; and that, as we must believe the pathological process in all cases of zona to be the same, it is the state of vital energy of the cutaneous tissue which determines what the effect of the nerve-irritation shall be; whether it shall produce patches of bright inflammatory hyperæmia, dotted over with vesicles plumply filled with seropurulent contents, desiccating, and leaving in a few days sound skin beneath; or whether it shall produce the very different effects above mentioned. It is scarcely possible to doubt that similar events occur in other organs, and on a larger scale; and that senile gangrene may originate in this way. The trivial amount of neuralgia in the robust, and its fearful intensity in the weakly, afford a highly significant contrast. It seems impossible to consider the circumstances just mentioned, and not to recognise the vast importance of the state of the tissues, as compared with that of the poison or exciting cause. We know it is just the same with one of our most serious diseases; in the same family, one member may have scarlatina most mildly and favourably, while another may be smitten deathfully, and perish in a few hours; yet both imbibed the same poison and at the same time.

The treatment of herpes in healthy strong subjects is a very small matter. A saline purge, and a lead lotion or ointment to the affected part, are all that may be requisite. But in the weakly, from any cause, the case may be very different.

I shall not soon forget the case of an elderly lady, aged 79, of very calm, well governed mind, and robust frame, who was attended by me through a severe attack of herpes. She had, before the eruption appeared, internal pain through the back and side affected, which disappeared in three or four days; but afterwards, while the sloughing sores left by the eruption were slowly healing, and for many weeks or months afterwards, she suffered most distressing neuralgic pain of the back and side and arms. So severe was it that the gentlest handling of the side was scarce endurable; and her health suffered so grievously that I was almost apprehensive for her life. This pain continued at its full severity when the sores had healed; it was not constant, was of burning character, aggravated at night. Quinine to cinchonism abated it, as well as the local application of chloroform and belladonna liniment. Change from London to Brighton improved her general state; but she never, I believe, quite lost the pain; certainly not for more than a year.

The treatment of herpes zoster which I find usually indicated is to give quinine and iron, or bark and ammonia, to anticipate the depression and neuralgia, and to dry up the eruption speedily with lead lotion or lead and zinc ointment. Cazenave recommends in refractory cases of continuing pain a blister to the painful part. Von Bärensprung applies his blister in the neighbourhood of the spine, but with the endermic use of morphia. I think the subcutaneous injection of narcotics would be preferable.

With regard to herpes generally, I think the conclusions must be: 1. That there is nothing whatever of eliminatory effort in it; 2. That it has a distinct relation to nerve-disorder.

There is a form of eruption with which I am familiar, which corresponds precisely with none of the above. It consists of scattered sero-purulent vesicles, larger than those of herpes, more prominent and superficial than those of impetigo, developed on a slightly inflamed area. It chiefly occurs in cachectic children; and coexists with a tendency to whitlow. Arsenic, iron, and cod-liver oil, and the like, are its efficient remedies. Its chief interest consists in its furnishing one more instance of the great tendency in cachectic states to derangements of nutrition and quasi-inflammatory effusions which cease under a tonic regimen. I subjoin the following illustrative case:—

Case xi. J. P., aged 4½, male, was admitted Dec. 23. He had been ill fourteen days with cachectic vesicular eruption on his head and all about him; even a scratch festered. He had been weak ever since a fever last summer.

The forms of eruption now considered evidently constitute, in some measure a natural group: 1. From their superficial character; 2. From their pouring out more less copious sero-purulent exudation; 3. From their bei (except herpes) so markedly controlled by arsenic.

[*To be continued.*]

SOUTH DEVON AND EAST CORNWALL HOSPITAL.

LOOSE CARTILAGES IN THE KNEE-JOINT.

By W. J. Square, Esq., Surgeon to the Hospital.*

Since I wrote the above case of loose cartilage in t knee-joint, my attention has been directed to an artic in Mr. Chatto's Report on Surgery, in the *British a* *Foreign Medico-Chirurgical Review* for January 18 entitled "On the Extraction of Articular Foreign Bodi from the Knee-joint, by M. H. Larrey (*Gazette* *Hôpitaux*, No. 67)."

This article has such an especial and valuable re tion to the case which I have reported, that I tra scribe it, and shall venture to make two or three remar on its bearings upon the mode of operation which adopt.

"As the result of his bibliographical researches, Larrey has collected references to 167 published cas in which operations have been performed on the kn joint for the extraction of articular foreign bodies. 129 of these cases, the extraction was performed by t old or direct method, and in 38 by the indirect or su cutaneous method. The results are given for 121 the former cases, being successful in 98, doubtful in and fatal in 28; while of the 38 indirect operations, were successful, 15 failed, and 5 were fatal. From the facts, and from others communicated to him orally his colleagues, the author deduces the following conc sions.

"1. The operation of extracting these foreign bodies a serious one when practised by direct incision, and difficult one by the subcutaneous method. Many ac dents have occurred even amongst the somewhat n merous cases in which recovery has taken place.

"2. Extraction is proportionally more dangero than is the affection itself; that is, more redoubtal accidents may be induced by the operation than the presence of the foreign body.

"3. While many cases of recovery may be verifie many instances of failure or of fatal results have doul less never been published.

"4. The operation definitively would seem to be i dicated only under the following circumstances: t certain and complete mobility of the foreign bo within the joint; the persistence of the accidents caus by its presence—viz., pain, arthritis or hydarthrosis, a lameness; the failure of compression and other mea for fixing the condition of the body; and the free co sent of the patient, although made aware of the dange and difficulties of the operation."

The statistics of M. H. Larrey distinctly maintain t truth of his conclusion that the operation of extracti foreign bodies from the knee-joint "is a serious o when practised by direct incision"; but I cannot agr with him in his conclusion that it is a "difficult one the subcutaneous method". If the surgeon perform exactly after the fashion which I have described, a use a long, narrow, strong tenotomy-knife, he will fi that, in the great majority of cases, he will be able execute it with much facility. M. Larrey states th "extraction is proportionally more dangerous than the affection itself". In this conclusion I cannot co cur; and for this obvious reason, that I have mys operated or assisted at operations by the subcutaneo method fifteen times without witnessing any evidence e least inflammatory or other morbid action. This ct also makes me object to the fourth conclusion, that he operation definitively would seem to be indicated ly under the following circumstances: the certain and mplete mobility of the foreign body within the joint; e persistence of the accidents caused by its presence viz., pain, arthritis or hydarthrosis, and lameness; e failure of compression and other means for fixing e condition of the body; and the free consent of the tient."

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* These remarks were intended for addition to Mr. Squa paper in last week's Journal, but arrived too late for insertion.

It is true that it is necessary to be certain of the com- ete mobility of the foreign body within the joint. any years ago I saw an operation attempted on a case the description to which M. Larrey alludes, and death s the result. Again, no discreet surgeon would erate unless the symptoms incident to the presence of oreign body in the knee-joint were frequent or perma- nt. Still I must express my decided opinion that in ery case, unless very exceptional, the foreign body ould be removed by the form of subcutaneous incision ich I advocate.

Original Communications.

MEDICAL PSYCHOLOGY.

By Robert Dunn, F.R.C.S.E.

I. *On the Psychological Phenomena or Symptoms of Disease.*

[*Continued from page* 522.]

oss of Speech or the Power of Utterance. Among abnormal phenomena of the intellectual con- ousness, we may now turn from the noisy ravings delirium, in febrile and other diseases, to the con- eration of an opposite state, depending upon other l varying pathological conditions—that of dumb nce; not, however, of insensibility and coma, in ch the phenomena of life are reduced to a mere ies of automatic movements; but to that which re- ts from the loss of articulate speech—a lack of the er to give utterance to the thoughts, feelings, and otions of the mind. Now, the loss of speech or er of utterance may arise from a variety of causes, may be quite independent of any cerebral lesion, mplication of the intellectual consciousness. For, onia is not unfrequently the consequence of disease he larynx or vocal organs; at other times, the loss voice is occasioned by pressure upon, or change of icture in, the lingual and glosso-pharyngeal nerves; er at their origin or in their course. From the close intimate connection between the corpora olivaria and nuclei of the hypoglossal nerves, Schrœder van der k has been led to infer that the former are auxiliary glia to the latter, in the production of certain com- ations of movements in the acts of articulation and ech. "For," says he, "speech and the articulation words require such a multitude of peculiar motions he tongue, and such an infinite number of varying binations of its muscular movements, that it cannot ear strange that two auxiliary ganglia should be re- red for the performance of these functions." After ing his conviction that all motor nerves take their in from certain groups of multipolar ganglionic cells, goes on to observe, "that he is acquainted with no er part of the extra spinal cord or brain where the ltipolar ganglionic cells are so densely accumulated in the nuclei of the hypoglossal nerves"; and then uces pathological evidence in support of his opinion the corpora olivaria are the organs for the articulation he voice. But he by no means considers the corpora aria as the organs through which the will directly acts; for these he admits to be, chiefly, the corpora striata, any injury to which is invariably followed by paralysis; and he adds that, "when the organs of the will are disturbed, the paralysis of the tongue and of the neighbouring parts renders the utterance of words wholly impossible."

During the past year, an interesting case came under my notice. The patient was an intelligent man, a law-stationer, of temperate, regular, but sedentary habits, aged 61 years when he died in September last. In April 1858, he had an apoplectic seizure, which left him, for some time, hemiplegic on the right side; but from this he gradually, and to all appearance completely, recovered; so that, in the course of five or six months, he was again actively engaged in his business. In May 1859, he had a second attack; but this left permanent effects behind it. He never properly recovered the use of his arm or leg. He could sign his name, and get about the house with assistance. He experienced some difficulty in deglutition, and there was an impediment in his speech. A third seizure in June last year left him utterly helpless as to his arm and leg, unable to articulate a word distinctly, or so as to be understood, and only able to swallow liquids, and these with difficulty, threatening, at times, suffocation. Still to the last he was sensible, and easily moved to tears, and suffered from emotional excitement. No *post mortem* examination was permitted, which I much regretted. As there had been three distinct seizures, it would have been interesting to have noted the records which they had left behind them; and to have seen how far the corpora olivaria were implicated.

In another case, a young lady, of a delicate constitution, who had suffered from repeated rheumatic attacks, and who had, in consequence, disease of the mitral valves, under a severe attack of bronchitis, became suddenly hemiplegic and speechless. She soon recovered consciousness and sensibility, so that she perfectly understood whatever was said to her, and noticed all that was going on about her; but she was hemiplegic and without power of utterance. A few days afterwards, and at the time quite unexpectedly and suddenly, she expired.

Here, too, no examination was permitted. But, from the suddenness of the death, and of the loss of speech, how interesting and instructive it would have been to have seen the actual condition of the cerebral arteries, and the *locale* of the rupture, in reference to the corpora olivaria and striata; and to the observations and researches of Dr. Kirkes. How often, in private practice, I cannot help remarking, does it happen that we are denied the satisfaction of a *post mortem* examination in cases where we have had the opportunity of carefully watching the patients during life, and of noting every appreciable change in their symptoms, so that they have, in consequence, become invested with an interest in our minds, which nothing short of a knowledge of the pathological conditions can fully satisfy. In private practice, we have neither the appliances nor opportunities for pathological investigation, which the physicians and surgeons of our hospitals can command and do possess; but still it is gratifying, and it ought to be encouraging, to reflect what may be done, and what an Abercrombie actually did accomplish single-handed in the walks of private practice.

Now, in all cases of loss of speech or the power of utterance, which are of cerebral origin, there is involved functional derangement or structural change in the nervous apparatus of the intellectual consciousness; for "perfect speech—that is, the power of expressing our thoughts in suitable language—depends upon the due relation between the centres of volition and of intellectual action." (Dr. Todd.) I had a striking illustration of this, in the young woman's case to which I have had occasion so frequently to refer; for she continued speechless so long as her perceptive and intellectual faculties were in abeyance. It was in a moment of strong emotional excitement that her power of utterance was suddenly regained. The sight of her mother in excessive anguish and distress forced open the floodgates of her inner sensibility, volition was aroused, and the barrier was swept away which had so long kept her spell-bound in silence; like a disruptive discharge of the nervous force, she suddenly, though hesitatingly, ejaculated, W-h-at's the matter?

The faculty of speech, as an instrument of thought, is an attribute of, and, in consequence, must necessarily have its seat in "the nervous apparatus of the intellectual consciousness." A special cerebral organ has been assigned to this faculty. Gall was the first to locate it, in the anterior lobes of the brain, and his allocation has found advocates in many distinguished physiologists, Serres, Paul, Grandchamp, Belhomme, Bouillard, and others. My own pathological investigations have led me to espouse it. It may be disputed, whether there is a special cerebral organ for articulate speech; but there can be none about language being, as an instrument of thought, an attribute of the nervous apparatus of the intellectual consciousness; and hence, its connection and close association with the anterior lobes of the brain, and with the transverse series of convolutions.

I brought this subject under the notice of the Royal Medical and Chirurgical Society, in a paper on a Case of Hemiplegia with cerebral softening, and in which loss of speech was a prominent symptom; read June 25th, 1860, and published in the *Lancet* Oct. 22nd and Nov. 2nd of the same year. The case was that of a lady aged 66 years, who had suffered from three attacks of apoplexy. The first, which occurred in Oct. 1844, seemed "congestive" in its character, and passed away without any other permanent consequence than this, that she continually used one word for another, not applying appropriate names to the things or persons she desired to signify. The second attack, in May 1847, left her permanently hemiplegic on the right side, the power of voluntary motion being completely abolished; and but little sensibility being preserved, though reflex movements could be excited in the lower extremity by tickling the sole of the foot. For the rest of her life, she remained altogether incapable of speech, not being able to say yes or no in reply to a simple question, and never getting beyond the utterance of the monysyllable *dat-dat*; and yet all her senses were intact; the motions of the tongue were free, and there was no difficulty of deglutition. She did not seem to have lost any of her intellectual powers; but her emotional sensibility was certainly increased. Her general health continued good up to the time of the last fatal seizure, which occurred in April 1850, without any premonitory symptoms.

At the *post mortem* examination, the upper two-thirds of the anterior lobe of the left hemisphere was found to be in a state of complete destruction, with colourless softening; while the middle and posterior lobes were sound and healthy; but the greatest change was in the ganglionic masses at their base, and in the commissural structure. The upper half of the corpus striatum on the left side was destroyed by softening; the optic thalamus was shrunken to less than half its natural size, its upper surface being greatly wasted; while, on the right side, a small and recent apoplectic clot was seen on the upper and anterior surface of the corpus striatum, the whole of the upper half of which was in a state of *ramollissement*; while on the upper surface of the thalamus also were noticed some indications of white softening. The corpus callosum was destroyed, except at its anterior and inferior reflexion, and the anterior commissure and fornix were gone. Microscopic examination of the softened parts presented an abundance of compound cells and of fatty matter with capillaries. Now, in this case, it was quite evident that, with the disorganisation of the left anterior lobe, its functional power
entirely abolished; and, although the right hemispl
was healthy, and there was every evidence, from the
tory of the case, that it maintained and exercise
functional power, as a centre of intellectual action,
the volitional agency was wanting to give utteranc
the passing thought, for the corpus striatum on the s
side was not in its integrity.

In this paper, I observed, "It is never to be forgo
that the power of giving utterance to our thoughts
ideas, in appropriate language, depends upon the
relation, between the centres of intellectual action,
the encephalic motor centres through which the
tional power is exercised in speech. Thoughts and id
may be moulded for expression in the seat of intel
tual action; but the due agency of the volitional po
to give them utterance, requires the integrity of the c
missural fibres, and of the motor centres, through wh
the volitional impulses operate in speech."

The imperfect power of articulation, to which we h
our attention so constantly called, in hemiplegic patie
there can be little doubt is most generally due to s
structural lesion in the motor centres of volition, th
in the corpora striata, or among their commissural
like fibres which radiate from them to the cere
hemispheres.

There is not, I believe, a single instance upon rec
in which the power of utterance was retained int
however sound and healthy the great hemispher
ganglia may have been found to be, where both the
pora striata were diseased. And thus, the conflic
evidence which has been adduced as to the seat of
faculty of speech admits of a satisfactory explanati
for, as we have seen, the loss of speech, when of cere
origin, may alike result from disease of the ante
lobes; that is, in the nervous apparatus of the intel
tual consciousness; or of the corpora striata; or t
commissural radiating fibres, the motor centres of
tion.

I could give many illustrative instances of the sud
loss or perversion of speech which have come under
notice, as the effects of shock to the nervous syst
from a want of co-ordination in the action of the nerv
centres of intellectual action, and of emotion or voliti
in other words, an interruption to the pre-establis
harmony which should obtain between the subjective
telligence and the organs of speech.

I have lately had under my care, a married woma
the nervous temperament, and great emotional sus
tibility, the mother of a large family; and who, du
the latter months of her last pregnancy, met wit
sudden and painful nervous shock, the effect of wh
was to deprive her of the power of speech, and to
duce giddiness and confusion of mind. When I
saw her, some hours afterwards, she had recovered
power of articulation, and regained the integrity of
reasoning faculties; she knew every one about her,
was perfectly sensible to what was going on around h
but had lost the memory of the names of those ab
her, and of words. She could not recollect or give
name of the commonest article of household furnit
as a chair or table, etc.; and, sensible of her inabil
she frequently burst into tears. This state continued
some time after her *accouchement*. One evening, a
having heard a stirring sermon from Dr. Cummi
which had greatly aroused her emotional sensibil
she was seized, on getting home, with a severe and
marked epileptic fit, of long duration, which pro
salutary; for since this disruptive discharge of
nervous force, there has been a marked improveme
both mental and bodily, in her general health.

To another instance, of which I have given an
count in my *Essay on Physiological Psychology*, I wo
briefly advert, as the lady died afterwards in an apopl
tic seizure; but no *post mortem* examination could

ined. In her case, a day or two after the seizure ie street, the perceptive and thinking powers were ined. She knew where she was, and all the family it her, as well as myself; but the memory of words for some time in abeyance. She could not recol- the name even of her own daughter, who was con- tly with her. She had a perfect recollection of past imstances and events up to the time of her seizure; erstood whatever was said to her; felt deeply con- is of her own inability to recollect names and com- words when talking, and gave expression, in conse- ice, to emotional distress or feeling in tears. As ive elsewhere observed, "in this case, it may be y inferred, that the sudden shock to the nervous em in the first instance deranged the organic actions normal corelations of the emotional and intellectual res. The delirium was of short continuance, rence of mind was soon regained; and the powers iinking and reasoning were gradually though slowly red. But there long remained—indeed, up to the of the death—a manifest dislocation of the memory ords, to use an expressive term of Sir Henry Hol- , on the slightest emotional excitement or mental ition. Such attacks are but too often the precursors poplexy, or of serious disease of the brain. She of an apoplectic seizure.

rogress of Medical Science.

ithma produced by Pressure on the Superior a Cava. A woman, 45 years of age, of moderately st constitution, was admitted into the Hospital La ité on the 2rd February, 1862. The principal symp- which she presented was a considerable difficulty in iration, manifested by the frequent elevation of the The face was of a violet hue, and had a general ession of suffering. When asked to point out the where she felt pain, she referred to the cardiac on. The first point which attracted the attention of physician was a considerable dilatation of the venous iches, which, starting from the subcutaneous thoracic n, proceeded towards the left and even the right lavian. The jugular veins externally (anterior, and nal) and the veins of the head were also distended, did not diminish in volume after repeated expira- , any more than they increased in size when the nt diminished considerably the rapidity of her re- ition—a circumstance which, according to Professor ry, proved that the obstacle to the flow of blood was ited in the circulating organs, and not in the lungs. ication of the hand to the thoracic parietes caused ain, but a purring thrill was perceptible. The ex- of the cardiac dulness, as determined by the plexi- r, and traced with a pencil, was 5.6 inches from to side. The form of the organ was regular. e the heart and aorta, and a little to the left, was a dull space of an oval form, measuring 2.8 inches above downwards, and 2 inches from side to side. arch of the aorta was not dilated. Under the in- ice of repeated deepened expirations, the heart be- somewhat diminished in size, whilst the size of tumour did not alter. No abnormal sound of any was heard in the cardiac region. The liver was of normal size; it diminished somewhat when the irations were accelerated. Percussion showed that hyroid gland was increased in size, and that infe- y it was continuous with the tumour. Questions essed to the patient, and a critical examination of symptoms, led to the following result. The patient from Dijon; she knew many persons in that ity who were the subjects of goître; she herself had red from it in her infancy. Her health was good till three months before admission. Her symptoms increased slowly, but incessantly; and her chief source of suffering was difficulty of breathing. Professor Piorry's diagnosis was, *Asthma, caused by the pressure of an intrathoracic tumour upon the superior vena cava.* Was the tumour an aneurism, or a tuberculous or cancerous mass? or was it a tumour of the thyroid gland? Whatever it was, it compressed the vena cava superior; and hence the dilatation of the veins, the stasis of the blood, the difficulty in breathing, etc. Professor Piorry, however, had several times seen the thyroid body extend beyond the mediastinum, so as to compress the aorta and vena cava. The patient died three days after her admission to the hospital; and the diagnosis of M. Piorry was verified by the results of the *post mortem* examination. The superior vena cava was compressed by a tumour consisting of the hypertrophied and cancerous thyroid gland. (*Gaz. des Hôp.*, and *Ed. Med. Journal.*)

Loss of an Eye from the Bite of a Leech. Professor Von Graefe relates, in the second part of the seventh volume of the *Archiv für Ophthalmologie*, the case of a delicate little girl, of five years of age, who, some days before he saw her, had on account of headache been ordered a leech to the right temple. The eye itself before this application had been quite healthy, and its vision perfect. He found the interior chamber filled with blood; the lower half of the conjunctival sac, including the edge of the cornea, ecchymosed; in the lower half of the cornea, nearly a line from the limbus conjunctivæ, a wound, the edges of which and neighbourhood were somewhat swollen, and presented a greyish opacity. The form of the wound, on close inspection, left no doubt that it was the result of the bite of a leech. It came out that, in making the application ordered, the leech had slipped away, had crept into the eye, and there, under considerable pain to the child, had accomplished its work of destruction. Unfortunately, perception of light was completely lost, apparently in consequence of total separation of the retina by hæmorrhagy. As he had never in such a case of hæmophthalmos, from whatever cause arising, observed a restoration of sight when once quantitative perception of light had for more than some hours been lost, he gave the most unfavourable prognosis. A few times afterwards, the blood in the anterior chamber had partly disappeared, the eyeball was already boggy, and he had no doubt that phthisis oculi had commenced. Dr. Von Graefe observes that the case, while it serves as a warning against the careless application of leeches in the vicinity of the eye, is interesting in another respect, that the bite was not within the extent of the conjunctiva, but nearly a line from it, and in a part which in the normal state is deemed destitute of vessels. How far the leech filled itself with blood, and how long it sucked, he could not determine. The conjunctival ecchymosis terminated abruptly at the limbus conjunctivæ, from whence, in the direction of the wound, there was only a non-vascular infiltration. It is also possible, he observes, that no blood escaped by the wound, but that the strong suction alone caused the intra-ocular and extra-ocular hæmorrhage. (*Glasgow Medical Journal.*)

Poisoning by Application of Strychnia to the Puncta Lacrymalia. In the *American Medical Monthly* for December, Dr. Charles Schuler has an article upon the above subject. In a case of amaurosis he applied strychnia by Langenbeck's method, and the most alarming symptoms of poisoning supervened. He concludes his article by calling attention to the bearing of this case upon medical jurisprudence. 1. From five to fifteen *centigrammes*, either of pure strychnia or one of the salts of strychnia placed on the internal angle of the eye of a sleeping man, would be sufficient to destroy life speedily and silently. 2. The detection of the poison, which could be found only in the lacrymal canals, and on the mucous membrane of the eye, would be extremely difficult, inasmuch as the powder adherent to the corner of the eye might easily be rubbed off by the hand of the murderer, or of the dying man himself. 2. Experiments upon vertebrate animals would probably furnish some method of ascertaining the presence of the poison in the lacrymal canals, or in the blood. Still it is by no means certain that such experiments would have results similar to those observed in the human subject, since the lachrymal apparatus of the lower animals is not so immediately dependant upon the brain and spinal marrow as it is in man. (*Phil. Med. and Sur. Reporter.*)

On the Detection of Bismuth in Presence of Copper. Messrs. Abel and Field have described a very convenient and delicate means of detecting small quantities of bismuth in copper, which is based upon a curious reaction exhibited by iodide of potassium in the joint presence of bismuth and lead. When iodide of potassium is added to a solution of a lead-salt, it is well known that yellow iodide of lead is precipitated, which dissolves on heating the liquid, and is reprecipitated, on cooling, in brilliant golden-coloured scales. (The solution of the amorphous iodide may be greatly facilitated by the addition of a small quantity of hydrochloric acid). If the least trace of bismuth is present in the lead-salt, the re-precipitated scales are no longer yellow, but assume a dark orange or crimson tint, varying in intensity of colour according to the amount of bismuth present. This test is of such extraordinary delicacy, that 0·00025 of a grain of bismuth may be detected in copper with the greatest ease, the iodide of lead becoming dark orange, while 0·001 grain imparts a reddish-brown tinge, and 0·01 grain a bright crimson, the scales resembling chromate of silver in appearance. The mode of operation in applying this test is as follows: About 100 grains of the copper to be examined are dissolved in nitric acid; a solution of nitrate of lead, equal to about 5 grains of the salt, is added, and subsequently ammonia and carbonate of ammonia. The precipitate is washed with ammoniacal water, to free it from copper, and dissolved in warm acetic acid. Considerable excess of iodide of potassium is introduced, and the liquid is warmed until the precipitate disappears. On cooling, the crystaline scales will show by their colour the presence or absence of bismuth. (*Phar. Journal.*)

Arsenic and Sesquicarbonate of Ammonia in Ague. As a substitute for the preparations of cinchona in the treatment of ague, Dr. E. Adamson doubts if there be any remedy more efficacious and trustworthy than the combined use of sesquicarbonate of ammonia and liquor arsenicalis. In ten cases, all adult males, treated solely with this remedy, it proved uniformly successful. Thus: in one case only—a quotidian—was its administration followed by two paroxysms; in seven other cases (one quotidian and six quartan) only one paroxysm subsequently recurred; and not one in the remaining two cases (one tertian and one quartan). The quantity of the sesquicarbonate usually given was five grains dissolved in an ounce of water, with the addition of five minims of liquor arsenicalis; this dose being repeated *every two or every three hours*, according to the frequency of the paroxysms. In no case did any inconvenience result, save some degree of griping in one patient, in whom, as well as in three others, there was slight itching about the eyelids, and this was not spontaneously complained of but in two cases. Doubtless the real anti-periodic power is to be ascribed to the arsenic, which the sesquicarbonate, while exaggerating perhaps its efficacy, renders more easily tolerated by the system. (*Edin. Med. Journal.*)

Vesicating Collodions. Mr. Tichborne gives
following formula in the *Pharmaceutical Journal.* Ta
of cantharides, ℥vi; ether from methylated spiri
f℥xiij, or q. s.; glacial acetic acid, fʒij; gun-cotton, ʒ
methylated spirits of wine, f℥vij, or q. s. The ca
tharides, coarsely powdered, are placed loosely into
displacement apparatus, the flow of which can be reg
lated by a tap; upon this are poured the ether and ace
acid, previously mixed together; after the whole
passed through, it will be found that the *débris* has
tained by absorption seven fluid-ounces, which must
displaced by the gradual addition of an equal bulk
methylated spirits. If properly done, there is not
least danger of the admixture of the spirits with
percolated menstruum, as the animal substance of
flies swells considerably under the prolonged influer
of the spirits of wine, so that the same bulk will be
sufficient to quite displace the ether. The ether
solution should then be made to measure exactly f℥
by the addition of a little spirit; and may then be co
verted into collodion by the addition of the gun-cott
Mylabris cichorii, treated in the same manner, gi
even a more powerful vesicant than the cantharid
The percentage of cantharidin is larger in these fl
than in the cantharides; but they resemble them in
respects excepting their physical appearance.
most effectual method of using the collodion is as f
lows. The part upon which the vesicle is to be rais
should be painted with the vesicant to the desired
tent, bearing in mind that the blister produced alwa
extends to about one-tenth of an inch beyond
margin of the space covered by the collodion. Ca
should also be taken that there is a considerable thi
ness of collodion upon the surface. To ensure this,
brush should be passed over and over again until abo
half a drachm has been used to the square inch, or le
when operating upon a tender epidermis. It is desirab
to place a piece of oiled silk, or, what is still better
piece of sheet gutta-percha, two or three inches larg
than the surface of the intended blister; the gutt
percha is not spoiled, whilst it hastens considerably
action of the collodion. In ten minutes, or a quarter
an hour if the cuticle is hard, the collodion should
wiped off with a little cotton-wool moistened with eth
when the blister will almost instantly rise. The pri
ciples which advocate the use of the collodion may
enumerated as follows: Cleanliness, ease in applying
any wrinkled or jointed part where the ordinary blist
would be likely to be displaced, prompt vesication, a
safety from strangury. Any of these properties wou
be sufficient individually to recommend its employme
in preference to the other preparations. Another ve
cating collodion may be procured from the volatile oil
mustard, which could be obtained cheaply from t
mustard-bran. The following formula seems to wo
well:—Take volatile oil of mustard, fʒi; collodio
fʒvi; acetic acid, gtt. xx. The acid is still retained
this formula with regard to the texture of the fil
But the above collodion is not so good as that ma
from cantharides or the *mylabris*, it being more painfu
and not so certain in its action.

Influence of Concurrent Diseases on Vacci
Virus. A correspondent relates the following case
the *American Medical Times*: In 1849 a gentlema
and his wife, with a little daughter three years old, ha
apartments in a hotel on the Canadian side of the rive
which they left in consequence of the breaking out
small-pox in the same hall on which this family r
sided. The little girl was vaccinated the day after the
came to Detroit, with recent and active virus. The fo
mation of the vesicle progressed naturally, and was a
tended with much fever on the day for its culminatio
Some lymph was inserted taken from this vesicle in
the arm of a person of another family, supposing that th

er attendant upon the vaccine disease was incident to and not a symptom of variola, as it proved to be the ond day after. When this eruption came out, the ends of both the little patients, as well as the surgeon, came anxious to know what would be the product of a cination done with lymph matured amidst the fermen- ion of a genuine variolous fever, just on the eve of oducing its eruption. It proved to be only a benignant se of vaccine disease, running its legitimate course, and oducing a virus which acted with ordinary mildness on other persons. In another case, an inmate of a spital was exposed to the contagion of small-pox. Two ys afterwards, he was vaccinated. The vaccine vesicle ed on the tenth day. On the twelfth, when the small- x eruption was pretty fully out on the face, the vaccine sicle was punctured, and the lymph which flowed trans- red to the arm of a healthy adult. The effects pro- ced by this lymph were such as are ordinarily seen en the matter used is taken from an adult of a good con- tution and in vigorous health. Others were vaccinated h the matter thus produced, in which cases there were symptoms. The conclusion which the writer draws m the observations of forty years' peculiar familiarity th this subject, in epidemic seasons and in seasons of common salubrity, in hospitals and in the private walks professional life, is that *vacine lymph* is *never* the dium by which other constitutional affections are trans- red from one person to another.

Urinary Pigment. The following deductions are awn by Mr. Tichborne, from his experiments: 1. though from want of geometrical formativeness, it is ficult to substantiate whether the pigment is a definite mpound, we are induced to consider it as such, from e circumstance that its properties are marked and de- led when treated with the general solvents, it being, the same time, impossible to isolate any other sub- ance by their means. 2. From experiments detailed see that the idea of the elimination of the colouring atter from worn-out blood corpuscles (as stated by herer and Harvey), and which is not rendered pro- ble from its composition, is in no way carried out by e presence of iron, the appearance of the latter being ite accidental and foreign to the pigment. One objec- n to the theory of the metamorphosis of hippuric acid o the colouring matter is, that we should have a sub- ance inorganic and crystalloidal in its character, and, erefore, peculiarly suited for elimination from the stem, becoming amorphous before its final expulsion. at this amorphism is necessary for the immediate rmation of organism or direct assimilation I have no ubt, and that inorganic or geometrical construction is posed to vital formativeness; but there is nothing to ow why, when out of the pale of secretive operations, e ultimate products should not be highly carbonised orphous compounds, as such like substances so fre- ently accompany and are met with in similar artificial ocesses. As regards the origin of the pigment, hough the hypothesis mooted ought to be taken with ution, unless we could follow out all the changes of cretion and excretion connected with it, and also prac- ally demonstrate the existence of each change, its ing a decomposition-product of hippuric acid must be cepted as a fact, unless further data should render a ange of explanation necessary. (*Chemical News.*)

A Revulsor. M. Gilbert, has presented to the French ademy of Medicine an instrument invented by M. nnoscheidt of Bonn, which the author calls a *revulsor*. is contrivance is constructed on the same principle as e scarifier, formerly imagined by M. Chassaignac, and nsists in forty needles, propelled more or less deeply to the skin by a peculiar mechanism. The action of e instrument may be repeated as often as the operator ay deem necessary, and the strength of the spring can be modified at will. As many as 4000 punctures can thus be easily made, and the wounds are painted over with an oil containing essence of mustard seed, and of black pepper. The capillary bloodvessels become immediately congested under the influence of the stimulus, and a vesicular eruption resembling herpes follows in a few hours. A secondary eruption is often observed after the first has subsided. The advantage of this new mode of counter irritation is to produce active congestion of the capillaries, and an eruption which lasts a week, without causing the scars consequent on the common mode of scarification, or on the application of croton oil, of tartar emetic ointment, or of permanent issues.

British Medical Journal.

SATURDAY, MAY 31st, 1862.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An official circular has been issued to the Fellows of the Royal College of Surgeons of England, stating that, on the 3rd July next, an election will take place of three members of Council, in the room of Sir Benjamin Brodie, Mr. Stanley, and Mr. Cock. The retirement of Sir Benjamin Brodie, and the late sad event of Mr. Stanley's death, have necessarily brought about a change in the number of ordinary periodical retirements. This year, instead of three, one of the present members of Council only (Mr. Cock) retires by rotation.

Two new members of Council must now be elected to fill the vacancies existing in the Council. Consequently, at the approaching election, there can, happily, be no antagonism between retiring members who present themselves for reelection and new aspirants for office. There is thus a clear stage, whereon the Fellows of the College may clearly declare their sentiments, and, as electors, most fairly demand from those for whom they record their votes, a promise that they will carry out faithfully, to the best of their abilities, the purposes and intentions of the late charters granted to the College.

We have shewn in a late article how completely the spirit of the reforming charter had been overridden and neglected; and also how untrue the position in which the College is thereby placed. No men know all these things better than the Council themselves. We know, indeed, that there are members of the Council who deplore the present posture of affairs; who would gladly see uprooted the system which now prevails in the management of that splendid and powerful institution. Every one who is behind the scenes knows well, that the exclusive system which we deprecate depends upon the fact, surprising as it may sound to many of our readers, that the College possesses no distinct and well-defined governing body; that the body, in whom by law and right ought to reside all executive power, viz. the Council, is powerless as an executive; that the actual power is, in fact, wielded by the Court of Examiners. To be a man of authority, a Councillor must be an Examiner. To ascend the President's or Vice-President's Chair, a Councillor must be an Examiner. To become an Examiner, a Councillor must be a very cautious person, and not of a reforming turn of mind, at least in action. To attain to a position of influence, therefore, and to obtain the pecuniary emoluments attaching to an Examiner's office (for emoluments attach to the Examiner's, not to the Councillor's, office), a man must find his way into the examining body. The aspirations, consequently, of those who, on entering the Council, would gladly assist in introducing the spirit of the Charter of 1843, are checked and silenced by hopes and fears—the natural and proper hopes of rising to the President's Chair, and of tasting the sweets and emoluments of an Examiner's office; and the fears that he may awake to his prejudice (by his reforming tendencies) that old powerful spirit of conservatism predominant in the men who hold contented office—*les satisfaits de la vieille.*

We know that there are men in the Council who would gladly see an end of this vicious circle. Let the Fellows by their votes now aid these members of the Council by electing those only who will pledge themselves to the attempt of carrying out the spirit of the Charter. High time it is that the Council were separated from the Court of Examiners; that the Council were made simply and solely the Executive, and the Court of Examiners simply and solely a Court of Examination.

WHAT IS A HOMŒOPATH ?

We have more than once been forced to argue with members of the profession as to what does and what does not constitute a professional consultation with homœopaths; though, at the same time, we have always felt that if men would only listen to common sense as their guide, instead of to their private interests, there never would have been any need for such an argument.

It appears that there are individuals possessing the title of Doctors, who practise homœopathy, and yet do not know what a homœopath is. At another page will be found a letter from Dr. Bayes, the gentleman alluded to (in a correspondence published in last week's Journal) as the homœopath with whom Mr. Adams of the Orthopædic Hospital had held medical consultation. Dr. Bayes, though he practises homœopathy, declares that he is not a homœopath. He feels insulted at the insinuation.

We would call attention to his epistle, because it shows (if anything more were wanted as a proof) clearly the deceptive character, in the face of tl public, of the thing which goes by the name of h mœopathy. Dr. Roberts of Manchester, as ou readers may remember, lately proved to demonstra tion that men under the guise and name of homœo paths are practising medicine after the manner medical men; using the same therapeutical agent giving the same doses of drugs, and putting the patients under similar conditions to those usuall prescribed by medical men. This they do, and boas themselves to be homœopaths; and so induce th public to set down the good results of their practic to the credit of homœopathy.

Are we, then, unjust when we say that the prac tice of homœopathy is, in great part, dishonest a well as delusive ? And ought we not, with suc considerations—such flagrant proofs of dishonest in its practice before us—to be especially careful t eschew all professional tampering with homœopathy That there are men amongst the homœopaths, wh honestly believe the Hahnemannic theory, and honour ably practise what they believe, we doubt not for moment. And all we can fairly do with such me is to pity their simplicity and avoid their profes sional acquaintance. But, as we have already said and know right well, at this present moment th great body of the homœopaths are acting and sailing along under false colours. They pretend to one thing, and practise another; and doubly practise upon the credulity of the public, acting as medica men under the title of homœopaths; practising me dicine, and telling their patients that it is homœo pathically they are being treated.

With regard to Dr. Bayes, we will readily admi what he claims—that he is acting, in all he does i this matter, according to the peremptory dictates o his reason, his knowledge, and his conscience. Bu then we are driven to the conclusion that men wh honestly believe in the doctrine of "similars" possess a logic of their own. There is no arguing wit them according to the ordinary sense of mankind What, for instance, are we to do with Dr. Bayes, a he writes himself down ? He practises homœopathy but is indignant at being called a homœopath. H says that, by acting as he does, he keeps the solemn engagements he entered into with the Colleges t which he belongs; quite ignoring the fact that if he had told the Colleges, when he entered into these engagements, what his conscience now suggests to him as the right line of practice, the Colleges would have entered into no engagements with him. He is bold also in now offering to defend himself before Colleges which have no power over him. He is blind to the fact that the men of Cambridge have just as much right—are just as much bound in conscience—to refuse to meet him, as he is to practise homœopathy. He argues that Dr. Bright, in using Ruspini's styptic, was as much of a quack as the man who practises homœopathy! He thinks the cases similar! Does the fact, he asks, of many physicians and surgeons prescribing aconite and belladonna make them homœopaths? A demi-homœopath, he asserts, may be, but an entire homœopath ceases to be, a physician. He fully goes with us in denunciation of the homœopath *pure et simple*. What will the homœopathic fraternity say to this new confession of modified homœopathic credulity? As a specimen of aberration of logic, and particularly as a proof of the position which homœopathy is now made to assume—its shifting shuffling character—we have called attention to this letter.

THE MEDICAL COUNCIL.

On Monday, May 19, the Council again met at 2 .M.; Mr. Green in the chair.

A motion was made by Dr. Leet, and seconded by Ir. Syme, for the preparation of a draft case for he opinion of counsel regarding the qualification onferred by the Licence of the Apothecaries' Hall in ublin. It was, however, negatived.

The recent regulations of the Royal College of urgeons of England next came under discussion; nd it was moved by Dr. Thomson, and seconded by r. Sharpey,

> "That the regulations lately issued by the College of urgeons of England for the qualification of candidates r their licence, not being in accordance with the re-ommendations of the Medical Council, the College of urgeons be requested to reconsider the grounds on hich they have departed from the recommendations of e Council; and to state to the Council in how far the gulations recently issued are to be regarded as merely mporary, and in how far the Council may expect the ollege at an early period, to bring their regulations to conformity with the standard recommended by the ouncil."

This motion was, however, lost; and the following nendment, moved by Dr. Corrigan, and seconded Dr. Stokes, was carried by a majority of one:—

> "That it be an instruction to the Executive Commit-e to obtain returns of the regulations relative to edu-tion and examination from the several licensing bodies entioned in Schedule A; to ascertain in what parti-lars the regulations of any of those bodies may differ m the recommendations of the General Medical Coun-; to request from those corporate bodies whose regu-tions so differ, such observations or explanations as ey may deem fit to offer; and to submit the corre-ondence, with their report thereon, to the next meet-g of the General Medical Council."

The draft case respecting the educational clauses the Medical Act, as returned from the solicitors, s approved, and ordered to be submitted to the licitor-General and Mr. Selwyn for their opinion ereon.

Last year, there were submitted to the Medical uncil various amendments on the Medical Act, ecially in its penal clauses. The improvement the Act has also been under the consideration of Committees of the Council; and it now appears that it is the intention of the Council to take in hand the introduction of a new Bill at some future period. It was moved, seconded, and agreed to:—

> "That the several Reports of the Medical Acts' Amendments' Committees of 1860, 1861, and the present year, be referred to the Executive Committee, with instructions to consult Parliamentary solicitors, with the view of preparing a draft bill to be transmitted to the respective Branch Councils, for their consideration and observations. That such draft bill, with any amendments proposed, be retransmitted by the respective Branch Councils to the Executive Committee, in time to enable the Executive Committee to have a draft bill ready for being substituted to the General Medical Council at its next meeting.

It was ordered that a month's notice be given to all the bodies in Schedule (A) from which returns were required by the Council.

On Tuesday, May 20th, the Council met at the usual hour. Returns were presented from the Universities of Edinburgh and of Glasgow. It was resolved that the whole Council should meet in Committee at one o'clock on Wednesday, to consider matters connected with the publication of the *Pharmacopœia.*

A resolution was proposed, asserting that, as persons deriving qualifications from the Royal College of Physicians of England are legally entitled to practise surgery, it is the duty of the said College to ascertain that their candidates possess proper attainments in surgery. To this an amendment was proposed, that the Council were fully satisfied, from a statement made by Dr. Burrows, that the College are taking proper steps for ascertaining that their Licentiates are qualified to exercise all powers of practice conferred on them. Both motion and amendment were lost.

A letter was read from the Colonial Office in reference to the case of Mr. McNiece, a registered practitioner in Canada. At a meeting of the Council in 1861, it was stated that Mr. McNiece, though registered, had been required by the Legislature of Canada to pass an examination before receiving a colonial license to practise. The subject was then deferred, on account of the correspondence with the Canadian Government not being completed. The letter now read concluded with stating that the Governor of Canada pointed out that

> "If the imperial statute" (the Medical Act of 1858) "has given Mr. McNiece the power of practice without reference to the Provincial Act, he wants no provincial license to enable him to do so."

A letter was read from Mr. Gower, a member of the Medical Board of Natal, pointing out certain doubts as to the operation of the Medical Act on practice in that colony, and suggesting for consideration whether "registration should not be compulsory in the case of medical men holding civilian government appointments, if not on all colonial practitioners."

Dr. A. F. Anderson of Penang, in a communication received from him, inquired whether the Medical Act extended to the East India settlements, as well as to the Colonies and Great Britain; and called attention to the necessity for the protection of qualified men in the Straits settlements.

> "The want of a protection for qualified medical men" (Dr. Anderson wrote) "has been felt very much in the Straits settlements. There are several parties, both here and in Singapore, who practise medicine, and style themselves 'medical practitioners, physicians, or surgeon-accoucheurs,' though possessing no diploma whatsover. They are half-castes, almost without exception, and are resorted to by the natives and Chinese, who know of no distinction between qualified and unqualified medical men; as here, the only requisite to enable one to practise is the possession of a few bottles of medicine. Such people, by their ignorant and entirely empirical practice, do very much to deprive the natives of any confidence in our medical art, which, as far as I have seen (and that has not been a little), is of great importance in a practical point of view, not to speak of other and perhaps more weighty considerations."

The communications from Mr. Gower and Dr. Anderson were ordered to be referred to a Committee to consider and report.

A motion was made, that as the Council had declined to notice the department from their requirements on the part of the Royal College of Surgeons, it was therefore unnecessary to take any further step for interpreting the educational clauses of the Medical Act; but it was negatived.

THE WEEK.

We have more than once brought the subject of the *pulverisation of liquids* treatment of disease under the notice of our readers. Those of our brethren who visit the Exhibition will probably make themselves acquainted with the instruments by the aid of which this new *methodus* (or probably, as we may be told, this new adaptation of an old *methodus*) *medendi* is effected. The end and object of the machines—for they are now more than one—is to produce a beautiful *breeze* or extremely fine shower of the medicated liquid solution. This shower (somewhat resembling the imaginary puff proceeding from the swollen mouth of Æolus), is projected forth in an horizontal direction with force varying according to the will of the operator; and into the shower the operator inserts his external respiratory apertures, and so (according to the intent of M. Sales-Girons) inhales into his larynx, trachea, bronchi, and bronchial tubes, the medicated and minutely divided liquid. Numerous discussions have taken place in the French Academy as to the action and uses of this method; and the minds of observers have, we believe, at last settled down into something like a certain position in reference to it. First, it seems that these medicated liquids do actually penetrate into the bronchial tubes with the inhaled air. But, secondly, that of which no proof has yet been given is the advantages and benefits of the thing as a therapeutic agent. That the agent is powerful is certain; for, in experiments performed on animals, inflammation of the lungs has resulted from the action of the agents employed. Caution, therefore, is required in its application. Such, therefore, is, we believe, the exact position of the instrument. Its proposed action is admitted—*i. e.*, its power of introducing medicated matters into the air-tubes—of bringing them into contact with the bronchial mucous membrane. But its therapeutic uses have now to be ascertained.

Dr. Markham has been appointed Honorary Secretary to the Health Department of the Social Science Association, in the room of the late Dr. McWilliam.

Professor Hirtz has lately instituted experiments to determine the value of certain extracts obtained from different parts of plants. His reason for doing so was for the sake of ascertaining the cause of the great uncertainty so frequently observed in their therapeutical effects. As regards *aconite*, he found that the cultivated plant contained no active principle; and that, in the wild plant, the root alone contained the active principle. He administered the extract of the leaves in doses of from half a *gramme* to a *gramme* (seven grains and a half to fifteen grains), and in most cases without producing any physiological result. But the action of the extract of the root was very decided. In *hyoscyamus*, the active principle resides in the seeds. The extract of the leaves was found to be very slight and inconstant in its action. Of *belladonna*, the active principle resides both in the roots and the seeds; and the berries of the plant are very poisonous. The extract or powder of the root is, however, the most active part. The active principle of *datura stramonium* resides chiefly in the seeds; and of digitalis chiefly in the leaves—the parts employed for medicinal purposes.

We do not gain a very favourable idea of the patriotism of the New York citizens from the following remarks on the Health Bill, contained in the last number of the *American Medical Times.*

> "We have again to announce the adjournment of the legislature of this State without the enactment of the New York Health Bill. It went into the Senate with the fairest prospects of triumphing over the corruption fund, which was this year swelled to an enormous amount. But at the very threshold of the Senate the Bill met an enemy more powerful for its defeat than even the corruption fund; and that was the person of His Honour Mayor Opdyke, who had joined hands with the bitterest enemies of the measure. Mr. Opdyke had, previously to becoming Mayor of New York, been a warm advocate of the Health Bill, and had personally, in former years, gone before the legislature to urge its

assage. But the report proved to be too true; Mayor pdyke had really joined the 'Ring' that by corruption, alsehood, political intrigues, and every unseemly device, nnually unites in unholy bonds to defeat this most ighteous measure. Thus were crushed in a moment he long deferred hopes of the benevolent and philanhropic of our city; and thus at one ruthless, heartless lash of official power, the fruits of years of self-sacrificing nd disinterested labours were blighted. It is proved to mathematical demonstration that at least nine thouand of our labouring poor die annually that would be aved by the enforcement of the provisions of the Health ill just defeated. Who will not commiserate the man hat in later life will have to reflect that for personal ain and political power, which will doubtless turn to shes in his grasp, he sacrificed the lives, health, happiess, and well-being of tens of thousands of his fellowen?"

HE publication, at the request of the referees, of heir award in a matter of dispute between Dr. P. tewart and Mr. I. B. Brown subjects the document o the criticism of the press. We have no doubt hat the referees have most conscientiously and onourably performed what must always be an unleasant and thankless task; but we regret to add, hat we cannot, from their statement of the case, iew the original point in dispute altogether as they ave viewed it. Thus, they admit that, on the arival of Mr. Brown in the sick chamber, he used ords to the effect stated by Dr. Steward; viz., Your daughter has not twelve hours to live unless ome prompt measures are taken." The referees ay: "It is to our view evident that words were sed to that effect." But, in their judgment thereon, hey add: "We acquit Mr. Brown of any idea of laming Dr. Stewart's previous treatment by the xpressions he used, even if we should admit that uch expressions were indiscreet." Now, let our eaders only consider the peculiar circumstances nder which Mr. Brown first appears as medical dviser in this case; let them remember that the arents' confidence in Dr. Stewart had already gone; hat the parents were already prejudiced against r. Stewart; that Mr. Brown came as adviser, with heir full consent and perfect confidence; let our eaders reflect on this, and then say what would aturally be the inference as regards previous treatent, drawn by parents from such words as the bove. But considering the matter apart from all xtraordinary circumstances, and supposing that the edical man in attendance possessed the fullest condence of the parents whose child he was attending, hat, we ask our professional brethren, would be heir opinion if a medical man called into consultaion in an emergency were to commence operations ith the declaration, before the parents, "your child as not twelve hours to live unless some prompt easures are taken?" What the referees think of he effects of such words in the case in question, e have seen above. They do not find in them anying which conveys an idea of blaming the previous treatment; and they scarcely deem them indiscreet —"even if we should admit that such expressions were indiscreet." We feel candidly bound to state (however much we regret to differ from their opinion), that we do not see how the profession can endorse this conclusion of theirs. The referees have, of course, had before them documents of whose nature we know nothing; and these may have guided their decision; but we can only judge, as we have done, from the facts lying before us. What the effect of the words above referred to actually were upon the minds of the parents in whose presence they were spoken, curiously enough, does not appear. This much, however, was certain, that the attendance of Dr. Stewart upon his patient was broken off after the interview.

EXTRACTS from the Charter and Bye-Laws of the Royal College of Surgeons, in reference to the election of members of Council, have been circulated among the Fellows. They deserve careful attention. The Fellows will see that it is by no means sufficient merely to propose their friends at the annual meeting. One of the bye-laws states expressly that—

> "Every Fellow desirous of a seat in the Council shall, within ten days from the publication of the *London Gazette* in which the day of meeting for the election shall be announced, transmit or deliver to the Secretary of the College, or persons acting for him, a notice and declaration signed by himself in the following terms:—
>
> "I, A. B., of C., Fellow of the Royal College of Surgeons of England, do hereby declare that I am a candidate for a seat in the Council of the said College; that I am in the *bonâ fide* practice of the profession of a surgeon; and that I do not practise as an apothecary.
>
> "Together with a nomination signed by six Fellows of the College in the following terms; viz.—
>
> "We, the undersigned Fellows of the Royal College of Surgeons of England, do hereby certify that A. B., of C., is in our estimation a fit and proper person to be a Member of the Council of the said College; and we do hereby nominate him a candidate for a seat in the said Council.
>
> "And also a certificate signed by three Fellows, in the following terms; viz.—
>
> "We, the undersigned Fellows of the Royal College of Surgeons of England, do hereby certify, on our own personal knowledge, that A. B., of C., is in the *bonâ fide* practice of the profession of a surgeon, and that he does not practise as an apothecary."

Now, as the advertisement appeared in the *London Gazette* of Tuesday last (May 27th), the Fellows must take care not to allow ten days to elapse from that day without sending in their applications or those of their friends.

THE Lord Chancellor has, we have heard, received upwards of three hundred applications from members of the medical profession for the two offices of lunacy commissioners, to be appointed under the Act which is still under the consideration of Parliament. It is understood that the salary attached to the office will be £1,000 *per annum.*

M. Bernardino Gomes, Physician in Ordinary to the King of Portugal, has just published an account of the "Last Illness of the King of Portugal and his Brothers". "It is written", says *L'Union Medicale*, "in a pure and concise style, giving a clear account of the successive phases of this painful drama. After relating separately the clinical history of each case, reported with a proper sobriety as to details, and completed by the autopsies of the three victims, he proceeds to the discussion of the etiology of the disease, and shows its typhoid nature—that it was contracted at Alemtejo, and then communicated by contagion to the young Prince John. In thus relating the development, the cause, and the treatment of the disease, Professor Gomes, less timorous than his English *confrères*, has given a proper satisfaction to the demands of science and public opinion. We offer him our warmest congratulations."

"The English are at present smitten with a veritable *bibliofrancomania*," writes a French journal. "Of ten works analysed and criticised in the last number of the *British and Foreign Medico-Chirurgical Review*, half are French; and, more royalist than the king himself, it occupies itself with some works which are forgotten here (in Paris)."

M. Vleminckx, Sanitary Inspector-General of the Belgian Army, has made an investigation into the actual condition of the army in reference to syphilitic diseases. It is well known that in Belgium great efforts have been made to reduce the prevalence of these diseases among the soldiers; and it appears that these efforts have been so far very successful. M. Vleminckx finds, as the result of his observations—1. That venereal diseases of all kinds are on the decrease in Belgium; 2. That blennorrhagies form 65 per cent. of these affections in Belgium; 3. That the degree of infection existing in different Belgian towns is as follows: first on the list, as most infected of all, stands Louvain; then follow successively Malines, Liege, Antwerp, Namur, Brussels, Tournay, Ghent, Mons, and Bruges. The success of the Belgian system of prophylaxis is, M. Vleminckx considers, proved by the fact that venereal diseases are twice as prevalent in the French army as they are in the Belgian army.

A committee of the French Academy, consisting of MM. Flourens, Rayer, Bernard, and Milne-Edwards, have presented a report on the memoirs of MM. Chauveau and Marey concerning the Movements of the Heart. The experiments of these gentlemen were repeated before the committee, and produced the most satisfactory and unanswerable results. The committee declare that, in their opinion, it is now positively demonstrated that the ventricular systole and the cardiac impulse commence and finish simultaneously, and that the auricular systole commences and finishes before that of the ventricles. On this point, therefore, there ought in future to be no discussion.

THE LATE EDWARD STANLEY, ESQ., F.R.S.,

SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

The medical profession will regret to hear that this gentleman, so long and so intimately connected with St. Bartholomew's Hospital, expired suddenly in one of the wards of that noble institution on Saturday afternoon. As a member of the Court of Examiners of the Royal College of Surgeons, he had been much engaged until a late hour nearly every night in assisting at the examinations of the large number of candidates now undergoing that ordeal. On the evening of Friday, the 23rd instant, he left in excellent spirits. He rose on Saturday morning at his usual hour; and, having received and attended to his patients, repaired to St. Bartholomew's Hospital. In the act of addressing his friend Mr. Arnott on a case before them, he was observed to falter in his speech, and immediately to fall on the bed. Mr. Wormald, one of the surgeons of the hospital, afforded him instant assistance, and to this gentleman he whispered a few words stating he should soon be better, and desiring him not to feel alarmed; but, notwithstanding the kind and unremitting attentions of his colleagues, he soon ceased to exist.

Mr. Stanley was the son of a wealthy citizen; and, having been destined for the medical profession, was apprenticed to Mr. Thomas Ramsden, one of the surgeons of St. Bartholomew's Hospital, on the 19th of August, 1808. Subsequently, on the death of Mr. Ramsden, he was transferred to the illustrious Abernethy, becoming his pupil on the 2nd of April, 1813. He became a Member of the Royal College of Surgeons on the 2nd of September, 1814. He commenced the practice of his profession in Lincoln's Inn Fields, and afterwards removed to Brook Street, Grosvenor Square, where he resided at the time of his death. On the resignation of the late Mr. John Adair Hawkins of his seat in the Council of the College, Mr. Stanley was elected his successor on the 26th of July, 1832; and in 1839 he was appointed to deliver the annual Hunterian oration. On the resignation by the late Mr. Horatius Leigh Thomas of his seat at the Examining Board of the College, Mr. Stanley received another proof of the estimation in which he was held by his colleagues by being elected to the vacant chair on the 24th of October, 1844. Four years later, he was unanimously elected President of the College; this honourable position he again occupied in 1857.

Mr. Stanley had not been a large contributor by his pen to the advancement of chirurgical knowledge; but what he wrote he wrote well, as evidenced in his standard work on the *Diseases of the Bones*. He was also the author of a mode of performing the lateral operation of lithotomy, and also of a *Manual of Practical Anatomy*. Mr. Stanley, in addition to the appointments already mentioned, held that of Surgeon Extraordinary to Her Majesty the Queen. The lamented deceased leaves a widow and three daughters, and one son in the Church.

EMARKS ON CLINICAL CASES OPERATED UPON BY MR. SYME IN THE EDINBURGH INFIRMARY.

Excision of the Upper Jaw, when performed for the emoval of tumours which are confined to that bone, is most satisfactory and successful operation; but if the peration be attempted for the removal of a disease hich has originated in the base of the skull, and grown ownwards, it not only, as is well known, fails in its bject, but speedily ends in a fatal result. In diagnosing etween a tumour of the upper jaw, which admits of emoval and one that does not, Mr. Syme directs special ttention to the appearance of the face. If the eyeball e displaced, and the position of the bones of the nose e altered, the case is one which does not admit of perative measures; but if these signs are absent, and the history of the case shows that the disease began the jaw itself, then the disease will most likely admit f complete cure by the excision of the affected bone. he soft nature of some of these tumours is no hindrance the performance of the operation; for Mr. Syme has cised the upper jaw with a good result in many cases, here the consistence of the tumour was quite as soft as at of a malignant growth.

Cases of Bleeding from the Rectum. These cases form lditional examples of hæmorrhage from the rectum, of ie nature described by Mr. Syme in his *Observations in linical Surgery.* L. G., aged 42, admitted 20th March, 362. For the last twelve months, the patient has assed by the rectum, when at stool, considerable quanties of blood, sometimes clotted, sometimes fluid. He as also pain during evacuation, which lasts for some me after the bowels have been moved. During the st few months, these symptoms have increased very uch, making the patient feel very weak. On admison, the patient had a most anxious expression, and the ppearance of a person suffering from the effects of eat loss of blood; his pulse was small and irregular. n examination, there were some small folds of loose in at the orifice of the anus, and the sphincter muscle as unusually tight, grasping the finger, like a vice, hen introduced into the rectum. No other abnormal ndition could be discovered. 24th. To-day, Mr. Syme vided the external sphincter muscle, and removed the ose folds of skin. 1st April. The patient is now quite ell, and has had no return of the bleeding; he already els much better in health.—G. C., aged 15, admitted th March, 1862. Two years ago, the patient began pass blood by the rectum when at stool. He had in during the evacuation of his bowels, which also ntinued for some time after. On admission, there as no apparent disease of the rectum, except that its ucous membrane was slightly congested. 6th April. r. Syme divided the external portion of the sphincter uscle of the anus, with the hope that it might cure e disease. 12th. The patient has had his bowels freiently opened since the operation, and only a drop or o of blood has passed. We may, therefore, consider at the operation has succeeded in greatly relieving the sease, whatever it might depend on.

Amputations through the Lower Third of the Thigh quire to be carefully performed, and their after-dressg attended to, or they are almost sure to be followed retractation of the flaps, owing to the large and owerful muscles which are connected with the tissues at are to cover the bone. Accordingly, Mr. Syme, hen amputating through this part of the thigh, makes micircular flaps of skin, and divides the muscles gher up the limb, as the flexor muscles on the back of e thigh act more strongly than the extensors on its terior aspect. They are divided still higher; so that the tendency to retractation of the flaps is thus much diminished.

Pedunculated Fatty Tumour. I have related this case in order to show how impossible it is to remove effectually such tumours by the ligature, *écraseur*, or other like means. I have several times assisted Mr. Syme in removing similar growths, and in all of them there was a process or root extending beneath the surrounding skin, which could only be completely taken out by dissection. (*Edinburgh Medical Journal.*)

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

A VALUABLE paper and interesting discussion on Diphtheria occupied the most of the time of one of the last meetings of the Medico-Chirurgical Society. In the course of the paper, which Dr. Begbie, its author, termed "Diphtheria and its Sequels: a Narrative", several very interesting examples were given of that disease as it appeared in Edinburgh more than thirty years ago. He stated that at that time it was very prevalent here, and fatal in a large proportion of cases. The first instances he observed were in the summer of 1826, some of them in districts remarkably salubrious, others in localities still famous as the seat of disease. He showed how for more than a quarter of a century he practised on in this city without meeting another case of the kind, till in 1858 he was called in consultation to see a child dangerously ill of a disease which he at once recognised to be diphtheria. Numerous other cases followed, and afforded opportunity for observing the leading characters of this disease as it has been described by writers on the subject. The contagious character and the special liability of youth were very clearly proved in some family histories which Dr. Begbie related at length. The various modes in which it may prove fatal, and the numerous nervous and other symptoms associated with it or following in its train, were fully brought out. In particular, the remarkable affections of vision were dwelt on with some care, and formed an interesting topic of discussion afterwards. This valuable contribution to our knowledge of diphtheria has been published in full in the *Edinburgh Medical Journal*, and we hope it will soon be given to the world in a more permanent form.

The Lord Advocate's Lunacy Bill for Scotland has been much under discussion. The extraordinary changes with regard to the medical element of the Lunacy Board have naturally excited much dissatisfaction among the members of the profession. The case stands thus. By the Act of 1857, the Lunacy Board was composed of several private gentlemen, and two paid medical Commissioners, with assistants. The duty of the Commissioners was to visit throughout Scotland, examine into the condition of all lunatics, and inspect the arrangements made for their protection and comfort, to report to the Board of Lunacy. But of this Board these Commissioners or Inspectors were necessarily the leading members; and, as differences of opinion constantly arose between these Commissioners and local authorities, the latter felt it very unfair that the former should combine the functions of reporting and judging upon the reports. In this they had evidently the right; but, in their anxiety to get rid of this evil, they sought too much. They proposed that the medical Commissioners should be degraded to the rank of mere inspectors; and that, in the Board proper, no medical element should exist. The Lord Advocate was induced to listen to their proposal, and actually introduced his Bill proposing that a Board without a single medical member, and consisting only of a few lawyers, should have the complete control in lunacy matters in Scotland. Discussions have taken place in the Royal Colleges of Physicians and Surgeons; and representations so powerful have been addressed to the Lord Advocate, that he has resolved to abandon this part of his measure, and continue the existing arrangements. Manifestly, the just and proper course would have been to have continued the present Commissioners, either as inspectors or as members of the Board, but not as both. Probably it would have been more convenient to have continued them in the former capacity, as there might have been some difficulty in arranging otherwise. No doubt some medical men of position and experience might have been found who would willingly have undertaken the duties of medical Commissioners, to have sat in the Board, and decided on questions referred to them by the inspectors or by local authorities. We hope that some such arrangement may yet be come to, as it would most effectually combine efficiency of action and justice to all parties concerned.

One of the changes effected by the University Commissioners is the establishment of an excellent Physiological Institute in the College. A new class-room has been provided, surrounded with apartments for various purposes, one for a chemical laboratory, one for instruments and physical research, and others peculiarly suited for microscopic investigation. This Institute may be expected to give a powerful impulse to physiological investigation in our University; for it contains, or is to contain, numerous means and appliances which recent investigation has rendered so necessary to the advancing physiologist. In it the students may enjoy opportunities which they have not hitherto had of carrying on investigation, and we trust they will largely avail themselves of it. To inaugurate this class-room, the Professor of Physiology has commenced a course of twelve lectures, addressed principally to the members of the profession. Two of these lectures have already been delivered, the one on the molecular theory of organisation, the other on the cell-elements of the tissues. In the first, attention was mainly directed to the nature and microscopic appearances of molecules; to their capacity of forming by their combination all the different structures of the body; and to the fact now demonstrated beyond a doubt, that, under certain circumstances, molecules may be made to aggregate themselves into the exact form and appearance of cells, by suspending minute particles of mineral substances in a viscid fluid. The researches of Mr. Rainey have shown this; and it was pointed out that the same results which he produced by a slow process may be effected in a few hours if galvanic currents be passed through the flu
After the lecture, a number of beautiful preparatio
illustrating the molecular elements, and their formati
into various cells or cell-like bodies, were exhibit
From the facts mentioned and the preparations show
the question must naturally arise, whether it be not p
sible that all the different cells of organised beings m
be formed by mechanical processes, just as those mine
cells in viscid fluids are. In the second lecture, ma
varieties of cells were described and exhibited, t
mode of reproduction to some extent illustrated, a
the importance of the cell-element in organisation fu
considered. The theories of cell-formation propound
by Schleiden and other authors, on to that most r
cently advanced by Dr. Lionel Beale, were freely di
cussed. In the future lectures, the peculiar views
the professor himself will be more fully brought fo
ward, and, as opportunity offers, I shall transmit you
account of them.

Another work from the pen of our late accomplish
professor of technology, Dr. George Wilson, is in t
press. It is entitled *Religio Chemici;* and it is to
hoped that it will prove worthy of the reputation of i
lamented author.

The Medical Council.

REPORT OF THE PHARMACOPŒIA COMMITTEE.

The *Pharmacopœia* Committee, appointed by the Gener
Medical Council, beg to report to the Council, that t
manuscript of the *British Pharmacopœia* is now con
pleted, and most of it ready for press. Until lately t
Committee confidently expected to have on this occasio
laid a copy of the whole *Pharmacopœia* in proof on t
Council table. But difficulties of a legal nature, fro
which the Council alone can relieve them, arose abo
two months ago, and have prevented them in the mea
time from continuing their labours.

The *Pharmacopœia* Committee was appointed by th
Council, in the first session of the Council, towards th
end of November 1858. In conformity with the plan fo
their proceedings approved by the Council, they asso
ciated with themselves members from the three College
of Physicians and the Pharmaceutic Society of Grea
Britain.

Subcommittees having been then established at eac
of the three capitals, they commenced their duties i
February 1859.

It was, in the first instance, resolved that the *Pharma
copœia* should consist of Two Parts and an Appendix
the First Part to consist of the Materia Medica List; th
Second Part, of the Preparations and Compounds; an
the Appendix, of such articles as are not themselves use
in Medical Practice, but which are employed for the chemical processes and tests of the *Pharmacopœia*.

1. The Materia Medica List contains every substance
whether obtainable in ordinary trade, or prepared b
chemical processes in the Second Part, which the Committee have found, on careful inquiry, to be so far approved in practice as to be entitled to a place in a National *Pharmacopœia*. Not a few remedies, contained in the *Pharmacopœias* of the three Colleges of Physicians, have consequently been removed, and many new ones have been adopted. Under each article of the Materia

edica List the Committee have given, 1. A Latin pharaceutic name, by which it will be prescribed; an Engh synonyme for use in describing the processes in Part econd; and its chemical symbol, if it be a substance of finite constitution. 2. Its definition, together with its tanical reference, if it be a plant, or obtained from a ant, and also a reference to a correct figure of the ant; and in all cases, when possible, a statement of e quarter whence the article is derived. 3. The chacters by which it may be distinguished from all other ticles in the establishment of the druggist. 4. The sts by which it may be known to be free of known imrities or adulterations. 5. The officinal preparations which it is an active ingredient.

II. The Second Part, or the Preparations and Comunds, comprises processes for all forms for the adinistration of medicines, for the extempore prescriptions practitioners, or for obtaining articles in the Materia edica List by chemical operations.

The Committee took into consideration the question, ether the transference of the manufacture of many emicals from the hands of the druggist into those of e manufacturing chemist, might not render it pracable to withdraw a great part of the chemical processes om the *Pharmacopœia*. But on mature examination was resolved that they should be retained.

The Appendix needs no explanation.

The *Pharmacopœia*, thus organised, contains 322 ticles of the Materia Medica List, 380 processes, lenical and chemical, and 49 substances belonging to e Appendix.

In order to settle what articles and processes should introduced, as well as various other general or preinary matters, it was soon found necessary to hold a nference of Subcommittees, consisting of three deletes from each.

The Conference met in London in May 1859; and ving settled, as far as could be done at the outset, the ticles and processes to be admitted, they divided each rt into three equal portions, and assigned the charge one portion of each part to the three Subcommittees.

The portions undertaken by each Subcommittee, as ey were brought to maturity, were submitted to both e other Subcommittees, and after this revision were rrected, where necessary, by that which originally dertook them.

It was found indispensable, however, to hold another nference of Subcommittees last year, in order to just many points which could not be settled by corspondence.

This meeting was held in Edinburgh in September t. One important result of the conference on that casion was, that the whole chemical tests in the Maia Medica List, and the chemical processes in the cond Part, were subcommitted to two of the members, o twice met in Dublin in October and December last, make the necessary experimental investigations.

The meetings of all kinds which have thus been held the business of the *Pharmacopœia* have been the lowing:—

The London Subcommittee has met a hundred and ty-nine times; that of Edinburgh a hundred and five nes: that of Dublin a hundred and thirty-one times. e meetings of the two Conferences were ten in numr, and the Chemical Subcommittee in Dublin met hteen times.

The Committee are able to state that the whole cheical and Galenical processes of the *Pharmacopœia*, th the exception of some old-established ones which mit neither of doubt nor improvement, have been subted to experiment, some of them by more than one bcommittee.

Important differences between the existing *Pharmacœias* of the three Colleges of Physicians rendered it perative on the Committee to settle several difficult questions, in order to effect a uniform system for the three divisions of the kingdom.

The first was the system of weights and measures. In all the existing *Pharmacopœias* the apothecaries' measures have been adopted or deduced from the "Imperial Standard" of ordinary trade in this country; and in the last edition of the Dublin *Pharmacopœia*, in 1850, a similar change was effected in the apothecaries' weights. The Committee resolved to carry through the change begun in the Dublin *Pharmacopœia* by assimilating to one another in value the smaller weights and smaller measures. Adopting the imperial pound and ounce, they have divided the ounce weight of 437·5 grains, as all the *Pharmacopœias* had previously divided the corresponding ounce measure, into the convenient subdivisions of pharmacy; so that the drachm is the eighth part, and the grain is the 480th part of the ounce.

The weights and measures thus correspond with one another throughout all denominations under a pound. It will be seen that in this system the drachm and grain are about one-eleventh less than they were; and that the drachm is nearly double, and the grain about an eleventh less than, the drachm and the grain of the imperial standard. The Committee, however, satisfied themselves that no material inconvenience could arise from the latter circumstance, because the imperial drachm and grain are little used in any trade; and as to the alteration of their value in Pharmacy, the inconvenience will be little, and only temporary, because a proportionate change has been made in every process of the *Pharmacopœia* in which it appeared to be important; nor will any inconvenience arise to the physician or surgeon in their prescriptions, as the difference of an eleventh of a dose is a matter of no moment in regard to any remedy.

The Committee did not adopt this system without taking into account the strong recommendations they received, both in and out of the medical profession, to show an example to the country at large, by adopting a decimal system of weights and measures. The Committee were strongly impressed with the great advantages of such a system, both in Pharmacy and Physic; but they were not prepared to say what decimal system should be adopted; and, on the whole, they were of opinion that the Legislature, and not the General Council, should take the lead in this matter.

Another important difference between the existing *Pharmacopœias* occurs in the nomenclature of the articles of the Materia Medica. As numerous changes were thus inevitable, the Committee have not hesitated to add others, whenever they could, by doing so, either consult the convenience of the pharmaceutic chemist and medical practitioner, or put an end to a positively false description.

A third and more serious difference exists among the *Pharmacopœias* of the Colleges, in the strength of preparations bearing the same or similar names. In this branch, too, of their duty, as amalgamation involved numerous changes in one division or another of the country, the Committee did not hesitate to make further changes, when they could thus secure the ultimate convenience of all members of the medical profession, as well as the safety of the public. The trouble to which practitioners will consequently be put for a time, will be partly compensated by greater simplicity and convenience for the future. It occurred to the Committee that all risk to the public would be avoided, and extreme facility to the practitioner attained, by so framing the formulæ for the preparations and compounds that all articles under one Galenical form should admit of being fitly prescribed in the same dose. Difficulties of detail have prevented this convenient system from being carried out to the full extent; but it has been attended to as far as possible; and increased facility in prescription will be found to have been thus attained.

The Committee must here add, that it will be incumbent either on themselves or on the General Medical Council, to publish a warning to all pharmaceutic chemists and druggists, that, on the publication of the *Pharmacopœia*, it will be impossible for them to discharge their duties to the public safely unless they destroy or alter all pharmaceutic preparations they may have in store, which have been made according to present formulæ, and the strength of which is altered in the new *Pharmacopœia*. And a further caution must be given to all medical practitioners, that it will be hazardous for them to exercise their profession without making themselves acquainted with all changes made in the strength of officinal preparations, which changes will be carefully noticed under each article.

If the Council take into account the great extent of inquiry which the Committee have had to undertake, the necessity of consulting the opinions of three separate Subcommittees, far distant from one another, and the prior demands of a professional nature on the time and attention of all their members, no surprise can be felt that a period of three years and a half has been required to complete the work entrusted to them.

The performance of numberless experiments, the expense of Subcommittee meetings, of two conferences of the united Subcommittees, of extensive conjunct investigations in Dublin, the remuneration of Secretaries, and sundry other less important charges, have involved heavy outlay and obligations, which will be much increased presently by the charges for printing and publishing the *Pharmacopœia*. After attentively considering in what manner the probable cost may be defrayed at least charge to the members of the medical profession, the Committee determined that the property of the work should be retained in the possession of the Medical Council.

Here, however, they have encountered a difficulty which has occasioned unforeen delay. A doubt arose both as to the *Pharmacopœia* Committee having the legal right to make contracts with printers and others in the name of the Council, and as to any proceeding on the part of the Committee being sufficient to secure the copyright of the work in the Council.

As instructed by the legal adviser of the Council, the Committee are inclined to think that the *Pharmacopœia* ought to be laid before the Council at a general meeting, and formally sanctioned by them; and contracts must be entered into either by the Council itself, or by parties to be duly authorised to act in the Council's name.

Other legal questions have also arisen as to the copyright of the *Pharmacopœia*, and the power of the Council to prohibit invasion of it either wholly or partially.

On all these doubtful points it was found necessary to take legal advice; this has been done with the sanction of the President of the Medical Council; and the Committee hope to place the result before the Council at one of its early meetings.

Another question has also arisen, which involves essentially the nationality of the *Pharmacopœia*. The Medical Act does not contain any statutory injunction that, after the publication of the *Pharmacopœia*, the *Pharmacopœias* of the Colleges of Physicians shall cease to have effect, and that Pharmacy shall be practised according to the formulæ of the *British Pharmacopœia*.

Now the *London Pharmacopœia* is enjoined as the standard throughout England by an order of Her Majesty's Privy Council; the *Dublin Pharmacopœia* is by statute imperative as the standard in Ireland; and in Scotland the *Edinburgh Pharmacopœia* is by use and wont as exclusively the standard, although it was never made so by statute or charter.

The Council will therefore perceive that there will be nothing to hinder any of the Colleges from republishing its *Pharmacopœia*, and nothing to prevent pharmaceutic chemists, apothecaries, and others, from using either that or the latest edition of the same, except public spirit and private discretion. It will therefore be
the Council to determine whether the *British Pharm*
copœia should issue as a discretionary guide, or shou
be fixed as the national standard by the Legislatu
And should the Council resolve to adopt the latter alt
native, which seems to be the more advisable course, t
Committee have to add that no time should be lost
obtaining a short Act for the purpose during the prese
Session of Parliament.

R. CHRISTISON, *Chairman.*

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirtieth Annual Meeting of the Briti
Medical Association will be holden at the Roy
College of Physicians, in London, on Tuesday, We
nesday, Thursday, and Friday, the 5th, 6th, 7
and 8th days of August.

PHILIP H. WILLIAMS, M.D., *General Secretar*

Worcester, May 14th, 1862.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Annual.]	Clarke's Hotel, Taunton.	Wednesday, June 4, 2 P.M
BIRMINGHAM AND MIDLAND COUNTIES. [Annual.]	Hen and Chickens Hotel, Birmingham.	Friday, June 20th, 3.30 P.M.
LANCASH. & CHESHIRE. [Annual.]	Royal Institution, Manchester.	Wednesday, Ju 25th, 12 noo
SOUTH MIDLAND. [Annual.]	Bedford.	Thursday, Ju 26th, 12.30 P.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 7TH, 1862.

W. TYLER SMITH, M.D., President, in the Chair.

THE titles were read of upwards of two hundred wor
on Obstetric Medicine, presented to the Society by S
Charles Locock, Bart., M.D., etc., the Honorary Pr
sident.

ON THE INTERNAL SURFACE OF THE UTERUS AFTER DELIVERY. BY J. MATTHEWS DUNCAN, M.D.

In this paper it was proposed to show that, as t
modern ascertainment of the true condition of the d
cidua or mucous membrane of the uterus in early pre
nancy was a great acquisition for physiological scien
and for practical medicine, the completion of our kno
ledge of the condition of the same part in the end
pregnancy and after delivery would be equally if n
more valuable. Our understanding it thoroughly wou
contribute greatly to our comprehension of various *po*
partum diseases, and especially of the heterogeneo
aggregation included under the name of puerperal feve
In regard to both of these subjects, the writings of Wi
liam Hunter had been grossly misinterpreted. Erro
which his brother John had introduced had been attr
buted to him; while a careful scrutiny of his writing
showed that he held and taught, though in an impe
fect manner, the modern and undoubtedly correct view
regarding the decidua of early pregnancy, and the stat
of the mucous membrane after delivery.

Cruveilhier was the anatomist on whose authority ost modern authors rested; asserting that after de- ery the whole internal surface of the body of the uterus as left, like an amputation-stump, a bare muscular rface, and that healing was effected after a process of ppuration and granulation. This theory was quite consistent with physiological and pathological laws, d with the known facts regarding the uterus and the chia. Heschl accepted the statement of Cruveilhier garding the denudation of the muscular fibres of the erus, and only suggested a new theory explanatory of e mode of healing of the surface. Dr. Matthews uncan maintained that at no time was the muscular ssue laid bare; that a layer of mucous tissue was left erywhere covering the proper muscular structure; at, as the uterus diminished in size, this mucous tissue creased in thickness; and that healing took place by a ocess analogous to that followed by the skin or any ucous membrane denuded of its superficial portions. e had particularly to point out that this was true of e placental site, in which the persistently open uterine nuses, after a rich mucous membrane was evident, owed that no new membrane was formed over the old acental surface, as Cruveilhier and Heschl imagined, t that the remains of the decidua serotina recon- ucted a new mucous membrane.

The author alluded to the valuable contributions to r knowledge of this subject from Priestley and Robin, d commented on the ignorance or neglect by the latter all but French observations on this subject. He did t agree with the opinion of Robin, adopted by Priest- , that the old uterine mucous membrane is detached out the middle of pregnancy, and a new one then gins to be formed. This notion was quite inapplicable the placental site; it was quite in opposition to the t that at no time was the internal surface of the uterus und denuded of mucous structures, and no suffi- nt observations were adduced on which it could be unded.

The new views regarding the internal surface of the erus after delivery were in accordance with all the ner known facts on the subject, especially the absence inflammation and the nature of the discharges after althy delivery.

Dr. Priestley said that the chief questions at issue re, 1. What is the condition of the interior of the erus after delivery? and 2. By what process does the erior of the uterus regain the condition of the unim- egnated organ? In reference to the first point, Dr. iestley had no hesitation in expressing his conviction at the opinion of William Hunter was the correct one. e plane of muscular fibres lying next the cavity of e uterus was not denuded in the way described by M. uveilhier; and the interior of the uterus was only so analogous to a stump after amputation, that large ided vessels were found open at the placental spot. reference to the second point, he differed from Dr. ncan so far that he believed the chief portion of the ninæ lying next the uterine cavity after delivery not be composed of regularly formed epithelial particles, h as form mucous membranes generally, but to con- t of irregular cells, fibro-cellular structures, and fat- nules, identical with those found in the decidua in later periods of pregnancy.. Shreds of these la- næ floated out when the preparation was placed in ter, and they were gradually shed off as lochia during patient's convalescence. Beneath these, however, microscopic observer found small and regular epi- lial particles, not mature at the time of delivery, but bryonic in character, and probably the progeny of original mucous membrane. The epithelial cells ming the mucous membrane of the uterus at the time conception were no doubt transformed into the fibro- lular structures of the decidua, and hence the repro- tion from the basement membrane, during the latter half of pregnancy, of those cell-particles, which were intended to replace the original mucous membrane.

Case of Unsuspected Pregnancy and Labour. By T. H. Tanner, M.D. Dr. Tanner was sent for on Thursday morning, April 17th, at nine o'clock, to see Mrs. J——, aged 42, who had been suffering great pain in the abdomen since eleven o'clock on the preceding night. The patient had been married rather more than three years, and had never been pregnant. The catamenia were last on some time in June 1861; but, as they had been very scanty for five or six months before, their cessation was attributed to the "change of life". The abdominal pain came on in paroxysms; it had been unrelieved by medicine and a mustard poultice; and the assistant of a surgeon in the neighbourhood had pronounced the suffering to be due to flatulence and inflammation. This opinion coincided with that entertained by the patient, as well as with the views of the husband, mother-in-law, and a married sister, who had been sitting up with her. On examination, it was found that the lady was in labour, the membranes being ruptured, the os uteri dilated to the size of a crown piece, and the head of the fœtus entering the brim of the pelvis, with the vertex presenting. In a few hours Dr. Tanner effected delivery with the forceps, the child (a female, arrived at maturity) being born with animatien suspended; it was, however, restored by the persevering use of artificial respiration, to the gratification of the astonished parents. This case served to establish as a fact, that a woman may conceive, may go to the full term of gestation, and may be in labour for ten hours, without having any suspicion that she is pregnant.

Brief Remarks on Anæsthesia in Midwifery. By Thos. Skinner, M.D. The object of the author was to show the safety with which chloroform could be employed to relieve the pains of parturition, and to exhibit a simple apparatus by which anæsthetic agents might be economically administered.

Dr. Priestley considered Dr. Skinner's apparatus ingenious; and, as it allowed air to pass freely through its texture, it was not open to the same objections as a mask or other instrument. It seemed to him somewhat fragile, and might be easily broken when clutched by partially insensible patients. The bottle arrangement he believed would prove useful, and might effect an important economy in chloroform.

Dr. Graily Hewitt thought it important that the duration of the labour in cases where chloroform was given should be stated. He had found that chloroform sometimes exercised a most decided effect in putting a stop to the progress of labour, and that in cases where anæsthesia was for other reasons most indicated.

A Conversazione will take place at the Royal College of Physicians of London, on June 9th, at 9 p.m.

Violent Deaths. In the year 1860, 14,775 persons in England and Wales died a violent death—one person in every 1,328. Nearly 13,000 of these deaths are ascribed to accident or negligence; among them 5,417 were caused by fractures and contusions, 1,061 by suffocation (763 at not a year old), 2,264 by drowning, and 3,166 by burns and scalds. The exposure of men to fire in coal mines and works causes their deaths from burns during the prime of life to outnumber those of women, notwithstanding the more combustible dress of the latter, but after 55 the deaths of women from this cause are more than dohble those of men, and, says Dr. Farr, the old women who are now burnt to death far exceed in number those who in cruel times were burnt as witches. In 1860 at least 1,365 persons wilfully sought their own destruction, one in 14,286 of the population; but there is no doubt that many suicides by drowning are classed as accidental deaths.

Correspondence.

PROVIDENT MEDICAL ASSOCIATION, THE REMEDY FOR HOSPITAL ABUSES.

LETTER FROM WILLIAM OGLE, M.D.

SIR,—Your article on "Hospital Abuses" is the most searching one that has yet appeared in our own or any other journal. It goes to the root of the matter, to declare that our medical charity is morally defective. This, however, is not all. The following criticism on provident dispensaries has been called for by a correspondent in your able contemporary the *Medical Times and Gazette*. In it, you will find that the moral defects of our charity are inseparably connected with the neglect of other—social and medical—principles. Truth is one. That which is morally wrong cannot be medically right.

It is proper for me to begin with a statement of the ground on which my opinion is based. It is the result of careful examination of what has been written on provident dispensaries by the late Mr. Smith of Southam, by Mr. Jones of Derby, and of letters by various (anonymous and other) correspondents, which have appeared in our own JOURNAL and elsewhere. Besides these, as secretary to an advice-gratis committee, of which you were yourself a member, I compared the reports of the provident dispensaries at Coventry, Northampton, Derby, Barham Downs, Brighton, Boston, St. Pancras, and other such as I could hear of. And further, through the kind cooperation of the different secretaries of those institutions, the results were tabulated and compared; both those of different institutions, and those of the same institution for a number of years. By this means, casual causes of success and failure were sifted out, and were separated from those which are inherent and permanent.

I believe the social principle of "helping a man to help himself," on which these institutions profess to be based, is thoroughly sound. This proposition in the abstract will not be called in question; I must, therefore, be more explicit, and add my belief, that the principle is as applicable to medical as to other forms of charity. But the conclusion which is practically of most importance for us to remember is, that the cause of the failure of these dispensaries is not, as a superficial observer might suppose, due to the opposition that they have met with, but is rather the inevitable result of a partial and timid exhibition of the principles which are involved in them. In all the provident dispensaries, to a certain extent, in some more, in others less, but in all more or less, expediency, under the specious pretext of saving trouble, has been the rule, instead of principle, and *therefore* all have failed.

In support of this sweeping statement, I shall take the dispensary at Coventry as being one of the most flourishing, and being on the whole the best. For those who prefer the blind guidance of a precedent to the intelligent pursuit of a principle, the Coventry dispensary will furnish rules that are least open to objection. Yet even this dispensary is radically wrong, and is only tolerable on the supposition that we are in a transition state. If ever the work of medical charity is done, nay, if it is even attempted, on a system following principle rather than expediency, the result will show that even the Coventry dispensary is wrong—medically, socially, and morally.

In common with all the rest except one (Barham Downs), the members at Coventry are admitted at an uniform, and that of course a minimum rate of payment. This is a social flaw. It is socially absurd to maintain that in any place whatever the pecuniary ability of the large class, who need assistance in matters medical,
man by man the same in all. The circumstances a
not even the same in any two instances. There is n
only a difference in the amount of wages earned by o
man and another, but also a difference in the fami
claims upon the same amount. An uniform scale
payment, be it high or low, ignores this, and is therefo
socially wrong. Besides this, there is a differen
in the amount of attendance that different persons w
require, and a difference (real or imaginary) in the val
of the services of different medical men; and unless
these shades of difference are taken into account, t
scale is *pro tanto* defective in the principle of justice.

But, secondly, these dispensaries sink their profe
sional character to the standard of a club, by restricti
the number of the medical officers. In some cases the
are but three; in others, the number is greater; but
all except one (Barham Downs again), the number
limited, and thereby the institution is medically wron
It ought to be on such a basis as to invite cooperati
from all who are willing to assist, and who are able
do so.

Again, the uniform scale on the one hand, and t
club system on the other, are moral defects in the ch
racter of the institution, whether it be regarded as
charity, or as an agency to protect the benevolent fro
imposition. The charitable flaw is glossed over by r
ducing the payment; but being the same for all, it mus
like the bed of Procrustes, be too long for some and t
short for others. I am fully aware that, in order
lessen the injustice of the minimum rates, there is
vigilance committee, whose duty it is to exclude i
proper cases; and I am willing to believe the repor
which state that the duty is not neglected; but t
numbers on the books are a standing witness that t
invidious task, like all other half-measures where pri
ciple is involved, is beyond the power of any committe
however watchful. Prevention is the only cure for
constitutional disease.

But I gladly leave the ungracious task of criticisi
institutions, which one cannot but respect, and eve
support till we have something better, for at least the
profess to be founded on sound principles. I hav
written even thus far with some hesitation, and wi
restraint upon my pen, as there is danger of seeming
underrate the conduct of some who, in establishing a
watching over these dispensaries, have been conspicuou
for their magnanimity and disinterestedness. I, ther
fore, proceed at once to the more pleasing duty
attempting to sketch how the same object might
attained without sacrifice of social or of any other sou
principle.

First, as to the name. I eschew the term "self-su
porting," for the twofold reason, that these institutio
never are so in fact; and, which is of more importanc
they never ought to be. They are charities. The m
dical men exercise their charity by consenting to recei
a just proportion of what is due, as if it were payme
in full. Let others also, who can give neither time n
skill, give money. Next, the title "dispensary" is qui
beneath the mark. It may be necessary to have a di
pensary, but this is a small and not an essential part
the undertaking. Medical principle would rather su
gest that druggists be employed as much as possible
supply the drugs. Therefore, instead of "self-suppor
ing dispensary," it should be either a "provident me
dical" or a "provident sanitary association." The di
tinctive title "provident" is unexceptionable; and
would be useful as a call to a duty which all are too a
to forget. Secondly, the purpose should be embodie
in the title. Everything that can be included in th
term "medical" is a legitimate part of the undertaking.
the more comprehensive term "sanitary" were adopte
it would be in strict accordance with the advance of moder
medicine. Lastly, the idea of "association" should be pr

ıently put forward. It is only by association, that of ients among themselves, of doctors with each other, other benevolents, both medical and lay, who are workers, and of each with all, that the work can done.

ıs to the rules, the test of each should be simply this s it in strict accordance with the object in view, and h the principle of right? They should be as general possible, so as to give full scope for freedom of ught and action. They should be framed with conıal and primary regard to the wants of the members patients; and they should boldly challenge attention his point as being a fundamental characteristic of the ociation.

ULE I. Members who wish to have the full advane of the association as patients, must enrol themves in time of health.*

. The terms of membership are to be arranged each case separately between the patient and the tor.†

II. The sum agreed upon is to be paid to the associon, not to the doctor.

v. Honorary subscriptions, if any, are to be kept in a d separate from that of the members' payments.‡

. Honorary members are not to receive anything n the Association, but thanks for their subscription.§

I. A member admitted in time of sickness, is to pay the Association, *per mensem*, a sum equal to what ld have been required of him, *per annum*, if he had n admitted in time of health.||

II. A member has, from the time of his admission, rty to consult his own doctor at his house, any day not at any hour. Certain hours mutually convent (and sufficient under all ordinary circumstances) st be arranged at the time when the terms of admis are settled. The patient may also send a message equest his own doctor to visit him at his own home; vided only that the message reach the doctor's house r before a certain hour; and that the doctor be left liberty to attend at the time that shall be (within sonable limits) *most convenient to himself*.¶

III. When a member thinks he ought to be attended nediately, or that his doctor should come at a set e appointed by himself, he must either be prepared pay a fee for that one visit, or he must send to the sident medical officer at the dispensary). This offi may, if he please, call in additional assistance.

x. Midwifery fees to be not less than a guinea.** In case of members who have been on the books (say a r), the association to find a nurse, or pay a portion he fee.

. The return to the medical men who have charge of mbers to be—a certain *proportion* only of the pelical payment, and a certain (the same) proportion of his share of the honorary subscriptions, together with the fees (Rule VIII, IX) in full. Each one to receive his proportion from the sum contributed by his own patients; but his share of the honorary subscriptions to be in proportion to the number of his patients.*

XI. Drugs and all other necessary appliances to be paid for by the association. It would be well if respectable druggists could be employed, so as to leave them no plea in justification of counter-practice.

The above rules will sufficiently indicate the manner in which "hospital abuses" might be remedied by going to the root of the matter. I will refer to but one more point. It is not merely the one with which I am personally most concerned, but it is the one which professionally is, perhaps, most important to decide. The race of physicians, as such, is becoming extinct (witness the letter from a "Country Physician" in the JOURNAL of April 26). This is not as it ought to be. What, then, is the share which physicians and general practitioners ought respectively to take in the work of the abovenamed association?

At one time I thought that physicians should be encouraged, rather than not, to enter into competition with their brethren in this field (certainly, if at all, the competition should not be disguised); and even now I should resist to the utmost, as wrong in principle, as drawing a line between medicine and surgery, which does not exist, any attempt to exclude the physician by law. Nevertheless, I think it would be well to place before physicians, and also before the seniors in general practice, a means whereby they might act as centres of attraction, instead of being, as now, elements of disunion. A physician or general practitioner, who enjoyed the confidence of his brethren, might act as an arbiter and friendly adviser on many occasions, if his office was such that it bore on the face of it that his interest is to act fairly by all. I need hardly remark that, in order to do this, he must be a man of principle, and not of the stamp "*Il faut vivre*." That the association would call for such men in every department, is no slight testimonial in its favour.

To prevent misapprehension, let me add, that this association, though it might with advantage cooperate with existing hospitals, and might assist them in the matter of funds, would not attempt to supersede them.

In conclusion, let me ask for the opinions of others, and especially of my seniors. From the many conversations that I have had with them in private, I have ground for believing that they will not think this comprehensive view of the subject unworthy of their attention. I appeal to the Brodies and the Watsons, to the Shaftesburys, the Chadwicks, the Cowpers, who so nobly cooperate with us in sanitary measures. There are few such minds but whose eyes are open to the evils which we lament, and which such an association would directly cope with. General disregard of sanitary laws, delay in seeking and in obtaining medical aid, unrelieved suffering among the sick who have obtained it (*e. g.* among out-patients at hospitals, club-patients), the evils of "advice gratis", quack advertisements, counter-practice of druggists, are but samples—specimens of the bitter fruit that results from our neglect of principles, and from our want of unity of purpose. I shall receive with respectful attention all remarks (public or private) from those who differ from me. I am ever ready to

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This rule is practically disregarded in every provident dispen, by the easy terms under which patients are admitted in time ickness. For admission of members in time of sickness, see e VI.

No one else has any business to have a say in the matter. All the Association has a right to do is, on the one hand, to warn patient that cheap and bad are apt to be convertible terms in essions as well as in trades; and, on the other hand, it should l the doctor responsible to perform all that he promises.

This is generally thought to be trouble for nothing, but it ines an important principle.

Several of the short-lived provident dispensaries have been mped by giving free letters of recommendation in return for scriptions.

Of course, if any one likes to pay the sum for the sick member, is at liberty to do so; but the Association itself must never it the fine.

Practically speaking, this rule is nothing more than what comes ass in time; but the arrangement ought to be made openly, as aches the important lesson that *consideration* is a necessary and per part of an agreement with a professional man.

* I cannot think that less than a guinea should be offered; naps the proportion principle (Rule X) might be extended to this, I think not; at any rate, special care should be taken not to do ence to that first principle of social and moral economy, the of the mother to care for her offspring.

[*] The Dispensary at Coventry is the only one that attempts to carry out this—the original—way of *proportionate* payment. The common plan is to club all moneys together, and then pay first the drug bill, the rent, the everything that you are obliged to pay, in full; and then let the doctors divide the residue. This places the doctors in the invidious position of persons who, having entered into a bad bargain, must make the best of it; whereas, when an association awards to the profession a proportion, say two-thirds, it rates professional service as equal in value to twice all the rest; and the doctors, in receiving this proportion as payment in full, perform an act of silent and unostentatious charity.

own that I had not been able to see my way, even thus far, out of the wood, had it not been for the light that always, more or less, is elicited from the flint and steel of candid opposition. I am, etc.,

WILLIAM OGLE.

Derby, May 3rd, 1862.

CHLORODYNE.

LETTER FROM E. LANKESTER, M.D., F.R.S.

SIR,—Allow me to join your other correspondents in the expression of regret that the Association should allow a secret remedy to be advertised in the columns of its JOURNAL. I have occasionally met practitioners who have been prescribing this compound; but have invariably refused to sanction its continuance. I should as soon think of prescribing Morison's pills or Holloway's ointment as this compound; and I am at a loss to understand on what principle a departure from professional usage has been allowed to take place in this case. If, as I gather from one of the three advertisements of this substance which appear in the JOURNAL of today, the composition is known, let it be advertised, and let the name of the compound have some reference to its composition. If, as I understand, its basis is chloroform, let it be called a compound tincture or solution of chloroform; and I will then use my judgment as to its value; but I think it as reasonable to administer homœopathic doses, as to give medicines whose composition is concealed. For this reason, I never prescribe *Pulvis Jacobi ver.*, nor Battley's *liquor opii.*

I am, etc., EDWIN LANKESTER.

8, Savile Row, W., May 23rd, 1862.

EXCISIONS OF JOINTS IN THE LIVERPOOL INFIRMARY.

LETTER FROM E. R. BICKERSTETH, ESQ.

SIR,—My attention has been directed to a paragraph in the last letter of your Liverpool correspondent, in which it is stated that I am "entitled to the credit of having been chiefly instrumental of reestablishing the reputation of this achievement of conservative surgery (excision of the elbow-joint) in the practice of this institution" (the Liverpool Royal Infirmary). Whether this is the case or not, I leave to others; for, personally, it is a subject of perfect indifference to me. I certainly should not have felt myself justified to practise amputation, after excision had been proved to be an almost invariable means of preserving a limb otherwise condemned to amputation; and this the writings of Mr. Syme during the last twenty or thirty years have amply shown to be the case.

On reference to the operation-book of the hospital, I find that during the sixteen years that reports were kept before I became one of its surgeons, excision of the elbow-joint was performed three times: once by my father, once by Mr. Cooper, and once in 1853 by Mr. Stubbs. The operation, therefore, though only rarely practised, had not entirely "fallen into disuse."

Now, the rule is reversed; and it is my privilege to be able to say that for the last six years I have not seen a single arm amputated at this hospital for disease of the elbow-joint. In all cases, an useful limb has been preserved by excision of the diseased bones.

In my own practice, first in Erskine Street Hospital, and afterwards in the Royal Infirmary, and in private, I have had occasion to perform this operation upwards of forty times during the last ten years. In only two instances has the operation resulted fatally; and I, therefore, feel confidence in saying that I believe it less dangerous to life than amputation. In all, an useful limb has been preserved; and in the majority, a new joint has formed as moveable, and scarcely less useful its fellow.

Among these cases, I now recall a policeman, a way porter, a dock labourer, and a milliner, all acti employed, and possessing such perfect arms that un stripped and examined, it would be impossible to g they had ever ailed. But such results are not to be tained without considerable care, both in selection in management of the arm after the operation. U this, indeed, almost everything depends.

In a short paper on this subject, published in *Liverpool Medico-Chirurgical Transactions* for J 1857, I endeavoured to describe fully the plan to adopted for securing these results; and although sequent experience has somewhat modified my prac it has not suggested to me any very material impr ments. I am, etc.,

E. R. BICKERSTET

2, Rodney Street, Liverpool, May 21, 1862.

MEDICAL CONSULTATIONS WITH HOMŒOPATHS.

LETTER FROM WILLIAM BAYES, M.D.

SIR,—I appeal to your sense of justice to insert t few lines in reply to an attack upon my professiona putation which appeared in your JOURNAL of May 24

I have also some further claim upon your space, a old member of the British Medical Association; f which I withdrew in consequence of the policy ado by the Association towards those members of the fession who adopted the practice of homœopathy.

It is not to discuss this policy that I now address y but to draw your attention to a very important erro Mr. Helm's note; viz., his having characterised me a *homœopath.*

We all remember the result of the discussion be a certain learned society, as to *why* a glass of water *a fish in it* weighed less than a glass of water contain no fish? and how, after very numerous and long ar ments had been heard on both sides, it was at last termined to weigh both glasses, and ascertain if the sertion were true.

Now, Mr. Helm might have spared himself m trouble had he first ascertained whether I was a hom opath.

In a reply I wrote to Mr. Braithwaite's *Temper Examination of Homœopathy* (*Two Sides to a Questio* I distinctly state that "I object to the title of hom path; its assumption savours of sectarianism." I content with the title of physician and surgeon. I an extra-licentiate of the London College of Physici and a member of the College of Surgeons of Engla and by virtue of these diplomas, I am bound to prac my profession conscientiously, and to prescribe, in ev case which comes under my care, *to the best of my ju ment*, unswayed by prejudice, and undeterred by thre and intimidation.

It may offend you, and some other members of t British Medical Association, that I have examined i and adopted homœopathy into my practice; but duty clearly binds me to use my own judgment and yours. I do not say this offensively.

It may also be an offence to certain homœopaths t I have occasional resort to allopathic means; but I not deterred by this from giving an opiate or an ape ent; nor from using an enema, or applying a musta plaster; nor from using galvanism or cold water co presses; if my judgment tells me that any one of the is best for my patient.

This is the course I conceive it to be my duty to p sue in practice. If I have erred in judgment, I ha at least the satisfaction of feeling that I have kept tho solemn engagements into which I entered when I

ne a licentiate of the College of Physicians, and a
mber of the College of Surgeons. I have striven to
intain a strict eclecticism, to discard sectarian views
d prejudices, and to hold myself ever open to convic-
n. I, therefore, hold that no man has more right to call
a homœopath, than he would have to call me an
opath, a hydropath, or a galvanist. If I have used
y unprofessional license in thus exercising my judg-
nt in the choice of the remedies I have employed, I
ready to answer for it when súmmoned to do so by
above-named Colleges. I have acted, and shall con-
ue to act, openly; and hold myself ready, at any time,
defend my conduct before my professional brethren.

Holding these views, I altogether deny the right of
physicians and surgeons of this town to refuse to
nsult with me. You say, "The surgeons of Cambridge,
the course they have taken, have a right to the sup-
t of the profession."

To this I answer, they have behaved towards me in
unprofessional manner, in refusing to meet me; and
an un-English manner, in condemning me unheard.

he late Dr. Bright, to my personal knowledge, pre-
ibed Ruspini's styptic in a case of hæmatemesis. Was
a quack because he prescribed a quack remedy?
arly all the physicians and surgeons in England pre-
be James's powder, an empirical remedy. Does this
ke them all empirics?

Many physicians and surgeons in London and else-
ere prescribe aconite in inflammations and fevers,
ica in wounds and bruises, belladonna in scarlet
r, and as a prophylactic against scarlet fever. Does
make them homœopaths? Nay, I am told that these
men who refuse to meet me because I prescribe ho-
opathically, do so themselves without reproach. I
rd of a case of purulent ophthalmia, under one of
surgeons, having been cured by the application of
orrhœal matter to the eye; and that another of the
geons had used the third dilution of belladonna in
ther case with good effect.

What, then constitutes a homœopath? If the use of
or three homœopathic remedies does not make a
n a homœopath, how many are required to produce
result? Will the use of fifty do it? or one hun-
l? or three hundred? Or, perhaps, the commuta-
of a physician into a homœopath does not result
n the use of a number of homœopathic remedies;
comes from his confessing to their use. To use
nite, arnica, and belladonna, may be lawful and right;
to acknowledge that they are used homœopathically
be a deadly sin. The medicines may be used; but
r effect must not be ascribed to their homœopathicity.
greatest poet says:

> "The rose by any other name would smell as sweet";

in matters of science, it is usually considered most
lucive to advancement to call things by their right
es. I see no justice in holding a man up to pro-
ional reprobation because he accepts the theory of
nilars" as an explanation for certain facts which
not otherwise be accounted for.

n my opinion, no man deserves the title of homœo-
unless he confines himself solely to homœopathy
is practice. Such a man ceases to be a physician,
e wide sense of the term. On this point, I have
ys spoken as strongly as you would do; but the use
omœopathic treatment, so far as judgment and ex-
ence prove it to be advantageous to a patient, does
appear to me to constitute a man a homœopath, nor
ive the members of the profession any right to stig-
se the physician so using it, nor to withdraw
selves from consultation with him.

nally, let me assure Mr. Helm and the other mem-
of my profession, that I shall not look on it as an
iendly act if he or they cite me before any legally
tituted court-medical, such as before the College of
sicians or the College of Surgeons. I will offer every facility to a full inquiry, and will accept their decision on the matters in dispute; but I must protest against the un-English and unprofessional proceedings by which the members of this town have sought to blacken my reputation.

I am, etc.,

WILLIAM BAYES.

Cambridge, May 25th, 1862.

Medical News.

ROYAL COLLEGE OF SURGEONS. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 20th:—

Antonini, Charles, Surbiton Park, Surrey
Clarke, Julius St. Thomas, Leicester
Connor, James Henthorn Todd, Wandsworth
Cookson, Albert Nesfield, Stowmarket
Cox, Albert George, Chard, Somerset
Fawcus, Henry Robert, South Charlton, Alnwick
Foote, Harry, Conisbrough, Yorkshire
Gouldsbury, Valesius Skipton, Galway
Mackern, Walter, Blackheath
Rouse, Thomas Matyear, Coleshill Street, Eaton Square
Sheppard, Walter George, Dorchester
Smith, John, Edinburgh
Smith, Thomas Littlehales, Victoria Iron Works, Monmouth
Taylor, James Alonzo, Great Barr, near Birmingham
Thelwall, William, Farndon, near Chester
Thomas, George Jenkyn, Haverfordwest
Topham, Herbert, Derby
Wallace, John, M.A., Turriff, Aberdeenshire
Wilson, Thomas, Edenfield, near Bury

Admitted Members on May 21st:—

Baddeley, William, Wellington, Shropshire
Barker, Elijah, Sheffield
Biddle, Charles Henry, Newcastle
Churton, Thomas, Leeds
Comerford, Michael, Galway
Couch, John Quiller, Polperro, Cornwall
Curtis, Thomas Heath, Alton, Hampshire
Duckworth, Dyce, Liverpool
Edwards, John, Birmingham
Harvey, John, Birmingham
Lee, Matthew, Bradford, Yorkshire
Lyman, John, Weston Favell, Northampton
Murgatroyd, Thomas, Shipley, near Bradford
Oglesby, Robert Parr, Gomersal, near Leeds
Paton, Robert, Manchester
Procter, James, Iron Bridge, Shropshire
Sanders, George Bedford Salvator, Williamstown, co. Dublin
Steward, Thomas Theodore, Wolverhampton
Tomlinson, Philip Richard, Wakefield
Turner, John, Stickney, Lincolnshire

Admitted Members on May 22nd:—

Ballard, William Waddell, Tonbridge
Barker, Edward Robert, Beaumaris
Bartlett, Joseph James Henry, Ladbroke Square
Bennett, Charles, Shifnall, Shropshire
Costin, John Quick, Kimbolton
Dawson, Richard, M.B.Lond., Brighton
Downes, James Badger, Handsworth
Gargory, Caleb, Birmingham
Hayward, James, Trowbridge, Wiltshire
Jones, Robert, M.D., Llanrwst, North Wales
Langford, Charles Phineas, Hingham, Norfolk
Martin, Thomas, M.D., Little Hulton, Lancashire
Murdach, William, Rotherhithe
Newbold, Edward Thomas, Macclesfield
Newton, George, Ashton-under-Lyne
Watson, John, Manchester

At the same meeting of the Court—

Forrest, Edward Phelan, H.M.S. *Royal Adelaide*, Devonport, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College: his diploma bearing date October 26, 1855.

Admitted (under old regulations) on May 23rd:—

Adye, William, M.D., Bradford-on-Avon
Davidson, Thomas, B.A., Bayswater
Lait, William, Brookfield Lodge, Victoria Park
Lomax, John Evan, Penybout, Radnorshire
Young, Joseph, Sandwich

APOTHECARIES' HALL. On May 22nd, the following Licentiates were admitted:—

Clindening, William Talbot, Adelaide, Australia
Dry, Thomas, Guy's Hospital

Eagles, Woodfield, Aylesbury
Smart, Bath Charles, Manchester
Trevor, James Ebenezer, St. Mary's Hospital

APPOINTMENTS.

Royal Army. The following appointments have been made:—

Hearn, Surgeon C. B., 1st Foot, to be Surgeon-Major, having completed 27 years full-pay service.
Jee, Surgeon J., C.B., 78th Foot, to be Surgeon-Major, having completed 20 years full-pay service.
Peacocke, Surgeon G., M.D., 27th Foot, to be Staff-Surgeon, *vice* W. A. Thomson, M.B.
Thomson, Staff-Surgeon W. A., M.B., to be Surgeon 27th Foot, *vice* G. Peacocke, M.D.

To be Staff-Assistant-Surgeon:—

Duggan, W. N., M.D.

Royal Navy. The following appointments have been made:—

Burke, Stephen J., Esq., Assistant-Surgeon, to the *Dromedary*.
Dobbin, John W., Esq., Assistant-Surgeon, to the *Dromedary*.
Evans, Edward H., Esq., Surgeon, to the *Cormorant*.
Fawcett, James R., Esq., Surgeon, to the *Racehorse*.
McDonagh, George V., Esq., Surgeon, to the *Trincomalee*.
Robertson, Angus, Esq., Assistant-Surgeon, to Haslar Hospital.

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Corbett, K., Esq., to be Assistant-Surgeon 1st Battalion Inverness-shire R.V.

To be Honorary Assistant-Surgeons:—

Jackson, H., Esq., 10th Argyllshire A.V.
La Fargue, G. F. H., M.D., 45th Kent R.V.

BIRTH.

Bennett. On May 19th, at Worksop, the wife of *Edwin Bennett, Esq., of a son.

DEATHS.

Blake, George A., Esq., Surgeon, at New Terrace, Camberwell, aged 37, on May 25.
Bright, Richard, M.D., at Hobart Town, Tasmania, aged 57, on March 1.
Brown. On May 25th, at 5, Stanley Terrace, Kensington Park Gardens, aged 49, Ann Rusher, wife of *I. Baker Brown, Esq.
Domenichetti. On May 25th, at Glasgow, aged 14 months, Charles W. H., only child of Richard Domenichetti, M.D., Surgeon 75th Regiment.
***Hobbes**, Jonathan L., L.R.C.P.Ed., at Belbroughton, Worcestershire, lately.
Moss, Joseph W., M.D., at Wells, Somerset, aged 59, on May 23.
Paternoster, George, Esq., Surgeon, of Old Kent Road, at Yarmouth, on May 24th.
Ross. On April 13th, at Peshuwur, India, aged 2½ years, William T., eldest son of James T. C. Ross, Esq., Bengal Medical Staff.
Stanley, Edward, Esq., F.R.S., of 23a, Brook Street, suddenly, in St. Bartholomew's Hospital, aged 69, on May 24.
***Whitsed**, John, M.D., at Wisbeach, lately.

Royal Medical Benevolent College. At the election of Pensioners and Foundation Scholars, on the 22nd instant, the following were the successful candidates:—*Pensioners:* George King, 9281 votes; Elizabeth Jenner, 9090; Jane Carter, 5884. *Foundation Scholars:* Theophilus G. Vawdrey, 7508 votes; A. W. Menzies, 7032; D. McPhee Lee, 6786; G. Hatch, 6503; Ernest J. Crouch, 4915.

Births and Deaths of British Subjects at Sea. A return by the Registrar-General of Seamen, just presented to Parliament, shows that there were 3,760 deaths of merchant seamen at sea in 1860. This is a greater number than in any of the eight previous years, 1852-9, although the "strength" was less than it had been since 1855. The rate of mortality was 2·19 per cent.; the mean of 1852-60 was 1·90. The number of deaths of British subjects at sea in 1860 was 397, of which 241 were those of males, 156 those of females. Under this head the deaths of seamen on ship's articles, of soldiers, marines, and invalided seamen from the Royal Navy, are not included. 250 children were returned as born at sea, viz., 136 boys and 114 girls. The number in five years (1856-60) is 1,213.

Marriage Statistics. There were 173,156 marriag celebrated in England during the year 1860, of whi number 137,370 were solemnised according to the ri of the Established Church. The proportion of marriag by banns to those by license was 5·24 to one. Of t bachelors who married 139,440 chose spinsters, and the widowers who married 8,260 selected widows. T number of widowers who entered wedlock was, to that widows, nearly 8 to 5. Among persons who marri the proportion of those who did not marry for the fi time was 11 per cent.

Suicides in France. A curious calculation respe ing suicides in France has just been published. shows that the number of suicides committed in Fran since the beginning of the present century is not le than 300,000. The returns, however, are not comple except from the year 1836. From that year to the ye 1852 there were 52,126 suicides, being an average 3,066 yearly. In 1858 there were 3,903 suicides, which 3,050 were by men and 853 by women. The la return given is for the year 1859, when there were 3,0 suicides committed by men and 842 by women.

A Healthy Year. The year 1860, concerning whi the Registrar-General of England has just issued l detailed report, was a year of low mortality. The deat were but 21·24 in a thousand persons living, the avera of the last ten years being 22·44. This was due to t summer being so unusually cool and wet; the co checked the development of those seeds of disease wi which we are surrounded, particularly in towns, and t abundant showers and high winds swept them away- which we ourselves often do not. Surrey (extra-metr politan) is entitled to the credit of being the healthie county in 1860; it was the only entire county in which t deaths were less than 18 in a thousand persons livin In the last preceding year of low mortality—1856, which the deaths were only 20·50—Westmoreland head the list of counties, and lost less than 16 in a thousar of its population.

Sudden Death of Mr. Stanley, F.R.S. At 3 o'cloc in the afternoon of Saturday, as the senior-surgeon St. Bartholomew's, Mr. E. Stanley, F.R.S., was goin his usual round of duty in the establishment, attende by several of the pupils, he suddenly staggered, an would have fallen had not immediate assistance been hand. He was instantly attended by the most emine medical men in the hospital at the time, and the utmo skill was used to aid him; but he had been seized wit apoplexy, and, though nothing which could be done w omitted, he expired peacefully within an hour of th attack. He was surrounded in the hour of death b several of the medical gentlemen among whom he ha so long laboured (nearly half a century), and by who he was universally beloved and respected. He was conveyed to the house of the treasurer, Mr. Foster Whit where his remains now lie. In his death, the poor wi suffer the loss of a most feeling surgeon, and the hospital authorities will miss the kindly face and the read hand which have for so many years greeted them bot in the surgery, the wards, and the domestic portion the ancient and noble establishment. (*Observer.*)

A Hint from the Antipodes. "Medicus," living i Melbourne, writes as follows to the *Medical Record* I should much wish to see the exclusiveness of th Melbourne Hospital abolished, and instead of its being as it has been for some time a hole-and-corner institution, and a nursery for bad cases, thrown open to th profession. I, therefore, propose that the staff on a our hospitals should be periodically changed. For th Melbourne Hospital, I would suggest that four men— two doctors and two surgeons—should go out ever year, and not have the power of being reelected for tha time, giving them every privilege with regard to pupils

and placing them as consultants. The benefit of
change would be, if not to the patients, at least to
rofession, who would have an opportuning of show-
he public that the hospital staff did not contain all
talent in the town. I would most emphatically
t on this plan being carried out in the Lying-in
pital, bringing it under the same rule, and thus
nilating it to the greatest maternity charity in Great
in, namely, the Lying-in Hospital, Dublin, where it
ong worked with infinite advantage to the public and
e profession. It is certainly an outrage on the pro-
on, that the surgical obstetricity of a large city like
should be committed to two men. This anomaly
s, I am confident, only to be known to the sub-
ers to be at once remedied. For many years, the
ion system has been followed at Geelong, and the
volent Asylum, and has thriven.

IE HUMAN KINGDOM. M. Isidore Geoffroy St.
ire, M. Quatrefages, and other naturalists, have at
ent times expressed themselves for separating man
the animal kingdom, in consequence of his very
rior intellectual faculties, and making him constitute
gdom by himself. Against this creation of a new
dom, Dr. Fée, of Strasbourg, has published a very
sing and instructive letter. He contends that "if
ntellectual faculties were to be taken as a standard
uld be necessary to re-classify the whole of the
al kingdom; insects would have to be placed before
s, birds perhaps before mammiferous animals, the
excepted, and so on." Dr. Fée quotes bees and
as an instance. The bee is far less intellectual than
nt: all the acts of the former are mere routine;
build their honeycombs, suck the flowers, and per-
all their other work with the regularity of ma-
ery. With ants the case is very different indeed:
regulate their actions according to unforeseen
ts, and with evident forethought. They are car-
ers, masons, and clever architects, knowing how to
v a bridge over the ravine, to construct paths and
, raise buttresses, make openings, all kinds of
lings, and, in short, whatever is required in a well-
ised community; and, in default of language, they
signs which are understood by their friends.
ld this authorise naturalists to constitute a *formic*
dom? Evidently not. Another argument is, that a
ion like that which is generally understood as a
dom, requires at least characteristics that will per-
fter death. Now, man, after his death, does not in
vay differ from other mammalia in his general or-
sation, so that he would belong to one kingdom
alive, and to another when dead, which is contrary
l sound classification. It has been objected that
oral and religious sentiments with which man is
wed prove his brain to be of a different texture from
of other animals. This may be, Dr. Fee replies,
t is not yet proven; and even supposing it to be so,
would only constitute a modification of an organ,
h would be far from sufficient to constitute a king-
. Man, his opponents say, is capable of education;
o, our author replies, are animals; while, on the
hand, the Australian man is not, or at least much
so than the dog, the horse, the cat, and even certain
. Dr. Fée asks with reason what privileges the
entots, the Boshmans, or the Esquimaux have over
als, when most of them, though they have five
rs, can hardly count three? On these grounds
ée believes that a human or *hominal* kingdom is
dmissible. (*Galignani's Messenger.*) [M. Quatre-
' views have not been properly represented here.
assertion of the existence of a hominal kingdom
wholly on the fact that man possesses certain qua-
which no animal does, viz.: *moralité* and *religiosité*
moral and religious sentiments. EDITOR.]

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.

FRIDAY....... Westminster Ophthalmic, 1·30 P.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Entomological, 8 P.M.—British Architects, 8 P.M.—Epidemiological, 8 P.M.

TUESDAY. Photographic, 8 P.M.—Ethnological, 8 P.M.

WEDNESDAY. Obstetrical Society of London, 8 P.M.: Dr. Tyler Smith, "Four Additional Cases of Ovariotomy"; Dr. Tilbury Fox, "On the Vessels concerned in the Production of Phlegmasia Dolens." Also, papers by Dr. Hodges, Mr. Grace, Dr. Cooper Rose, and Mr. Langmore.—Geological, 8 P.M.

THURSDAY. Antiquaries, 8.30 P.M.—Linnæan, 8 P.M.—Chemical, 8 P.M.

FRIDAY. Royal Institution, 8 P.M.—Archæological, 4 P.M.

SATURDAY. Army Medical, 7.30 P.M.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

THE CASE OF MR. I. B. BROWN AND DR. STEWART.

SIR,—Sir Charles Locock and myself having made our award on the controversy between Dr. Stewart and Mr. I. B. Brown, which we agreed to investigate on the condition that both parties should be bound by our decision, we accompanied that award by the expression of our opinion that it was undesirable that any further publicity should be given to the unhappy dispute. Finding, however, that in the *Lancet* of May 10, under the head of Notices to Correspondents, there had appeared a very imperfect and unfair version of our judgment, we think it due to ourselves, as well as to the parties to the dispute, that our award should now be published *in extenso*. I beg, therefore, to enclose you a copy of the award, and request the favour of its insertion, together with this note, in the forthcoming number of your Journal.

I am, Sir (on behalf of Sir Charles Locock and myself),
Your obedient servant,
JAS. RISDON BENNETT.

15, Finsbury Square, May 28th, 1862.

We, the undersigned, having consented to investigate and give our joint opinion on a controversy between Dr. Alexander Patrick Stewart and Mr. Isaac Baker Brown, connected with their attendance upon a child of Lord ———, in April 1861, have met twice, and gone through carefully all the correspondence and other documents which have been transmitted to us. We did not find it necessary or desirable to have any personal examination of the respective parties themselves, believing that it would have tended more to embarrass than assist our decision.

We consider that we are not called upon at all to interfere with or comment upon the quarrel between Dr. Stewart and his relations, Lord and Lady ———, but to confine ourselves to the injuries of which the respective parties complain as between themselves.

Mr. Brown declares that he had found in the course of last autumn, that some medical men had declined to meet him, on account of accusations which Dr. Stewart had made of his unprofessional conduct when he had met him at Lord ———'s in April 1861, in attending a child with scarlatina.

On being applied to, Dr. Stewart justified his accusations, by repeating certain words which he affirmed Mr. Brown had used on that occasion, viz., "your daughter has not twelve hours to live unless some prompt measures are taken"; which words, Dr. Stewart maintains, bore the imputation that the child had fallen into danger through his neglect, the consequences of which Mr. Brown would if possible repair. Dr. Stewart also declares that both Lord and Lady ——— understood the words in that or an equivalent sense.

In a correspondence which ensued between Lord ———, Dr. Stewart, and Mr. Brown, the accuracy of these words or expressions was denied by Lord ———, and not admitted by Mr. Brown; and, at the close of the correspondence, Dr. Stewart insists very strongly on the unjust and injurious treatment he himself had experienced, in having been virtually charged by Lord ——— and Mr. Brown with falsehood, calumny, and ungentlemanlike conduct.

The question, then, is divided into two parts. 1. Whether Mr. Brown's professional conduct when attending Lord ———'s child justified Dr. Stewart in giving such a report of it to others as to induce them to decline meeting Mr. Brown in consultation; and 2. Whether Dr. Stewart can be fairly charged with falsehood, calumny, and ungentlemanlike conduct.

Our opinion, however, is more easily formed by considering the two questions together, as they so entirely relate to the same circumstances.

In respect to Dr. Stewart's veracity, we do not for a moment question it. The exact words used on the night of the 27th of April were more likely to have been accurately remembered by him a few *days* afterwards, than by either Lord ——— or Mr. Brown six or seven *months* afterwards; and, in a letter written by Lady ——— on the 3rd of May, only *six days* afterwards, she quotes Mr. Brown's remarks in terms which fully confirm Dr. Stewart's version of the words, "that, unless immediate measures were taken, he (Mr. Brown) did not think she had twelve hours to live". It is to our view evident, then, that words were used to that effect.

Dr. Stewart states that he makes no complaint of Mr. Brown having deprived him of the confidence of Lord and Lady ———, for he considers the very fact of their sending for Mr. Brown at all proved that that confidence had already gone; nor does he complain of Mr. Brown depriving him of the patient, as he himself insisted on giving up the patient, and being relieved from all further responsibility; but he complains that the phrase in question indicated that the child had been brought to such a state of imminent peril by his previous neglect or wrong treatment.

To come to the facts, as related by Dr. Stewart himself. After seeing the patient, Dr. Stewart and Mr. Brown retired to another room to talk over the case. Mr. Brown's first words were, "That child will kick"; showing at once that, whether right or wrong, he considered the child in imminent danger. Dr. Stewart replied, that though the case, of course, was serious, he did not think it so bad as that. That Dr. Stewart must have thought the case very serious was evident from his having ordered half a glass of wine every hour, and having prepared Lady ——— to expect that it was likely that it might be necessary to administer nourishment by the means of enemata, implying that the child might be unable to swallow. Mr. Brown, having his own notions of the best treatment of scarlatina, as published by him several years before, of course proposed his own treatment to be followed, having equally, of course, the most confidence in it. Dr. Stewart also had his own notions, the result of his own extensive experience, and had up to that time carried them out as far as he was concerned, though it appears they had not been sufficiently carried out during his absence. Dr. Stewart, however, did not object to the change of treatment; but he declined to have any further responsibility, on account of his feeling that the very fact of Mr. Brown having been summoned proved that the parents had not sufficient confidence in him.

We are not called upon to give any opinion as to which treatment was the best; both might have been equally good. But it is evident by what conversation took place when the two gentlemen were alone, that Mr. Brown *bonâ fide* thought the child in much greater danger than Dr. Stewart did, and proposed his own peculiar plans as those in which alone he had any hopes of the child's recovery.

If Dr. Stewart objected to the plans, the time for stating his objections would have been when he and Mr. Brown were alone together.

On returning to the room where Lord and Lady ——— were, it would appear that Mr. Brown announced his own impressions strongly, as a reason for the treatment he wished at once to adopt. We must assume that though, after an interval of seven months, Lord ——— and Mr. Brown may have forgotten the exact words, yet words to that effect were really used. But we cannot see that such a phrase, even the identical words stated by Dr. Stewart, necessarily implied that Dr. Stewart had previously neglected the child, or treated her incorrectly. We see no reason to believe that Mr. Brown meant to imply either the one or the other.

Dr. Stewart describes the overwhelming astonishment and dismay which the announcement of Mr. Brown produced in the parents; and explains that the reason why he did not at once protest against Mr. Brown's unfavourable prognosis was "out of regard to the feelings of Lord and Lady ———." It may be inquired whether it would not have been more comforting and cheering to the afflicted parents, if Dr. Stewart had at once stated that he had a more favourable view of the case, and that he had already told Mr. Brown so in the next room.'

We acquit Mr. Brown of an idea of blaming Dr. Stewart's previous treatment by the expressions he used, even if we should admit that such expressions were indiscreet.* If there were any neglect, it was on the part of the parents in not having carried out Stewart's directions. Whether Mr. Brown was right or wron the view he took, we must presume that he acted *bonâ fide*, bec he had stated the same view in a very colloquial phrase in the room. We acquit Dr. Stewart of any want of strict veracity. difference of statements on other matters may fairly have a without any want of truth on either side; for how few person scribe the same event or the same conversation in the same aspe

We think that it is incumbent on Mr. Brown to write an assur that he disclaims any impeachment of Dr. Stewart's veracity.

We also are of opinion that Dr. Stewart is bound to assure of his friends or colleagues to whom he has made any represe tions on the subject, that we, the referees, think that he has no s cient reason to accuse Mr. Brown of unprofessional conduct; that he has no right, after the event, to comment injuriously u any behaviour which he allowed to pass at the time without jection.

We are decidedly of opinion, that it will be far wiser and be that nothing connected with this unhappy misunderstanding sh be made public by forwarding any notice of it to any of the journ At present the knowledge of it is limited to a very small circle, it should not proceed further.

CHARLES LOCOCK.
JAMES RISDON BENNET

London, April 30th, 1862.

COMMUNICATIONS have been received from:—Dr. Ris BENNETT; Dr. E. SMITH; Mr. G. F. HELM; Dr. C. HANDFI JONES; Dr. W. A. F. BROWNE; Dr. W. R. HILL; Dr. GRA HEWITT; Dr. J. G. SWAYNE; Dr. ROUTH; Dr. LATHAM; T REGISTRAR OF THE MEDICAL COUNCIL; Mr. T. M. STONE; A COUNTRY FELLOW.

BOOKS RECEIVED.

1. Pathological and Practical Observations on Diseases of Abdomen. By S. O. Habershon, M.D. Second edition. L don: 1862.
2. Hæmorrhoids and Prolapsus of the Rectum. By Henry Sm F.R.C.S. Third edition. London: 1862.

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Vide "Medical Times and Gazette," December 14, 1861;
"*British Medical Journal,*" February 22, 1862;
"*Dublin Medical Press,*" January 29, 1862.

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* It may probably seem to most persons superfluous to say that by this paragraph we intend decidedly to imply that in our opinion the expressions used by Mr. Brown were indiscreet. The passage, however, has been criticised as equivocal.

C. L.
J. R. B.

Observations

ON THE

TION AND USES OF THE EUSTACHIAN TUBE, AND THE TREATMENT OF ITS DISEASES.

BY

JOSEPH TOYNBEE, F.R.S., F.R.C.S.,
RAL SURGEON TO ST. MARY'S HOSPITAL; CONSULTING AURAL SURGEON TO THE ASYLUM FOR THE DEAF AND DUMB.

I.—Physiological and Anatomical Observations.

is well known that the distinguished anatomist stachius, in the sixteenth century, discovered the e of communication between the cavity of the ces and that of the tympanum ; and since this covery the tube has been named after Eustachius. s, however, remarkable, that Eustachius, when he e an account of his discovery to the world, fell the grave error of describing the Eustachian e as being constantly open ; thus considering t the air in the fauces was always continuous that in the cavity of the tympanum. It is still e remarkable that succeeding physiologists, pting this error of Eustachius, brought forward uments or experiments to prove that, for the pose of efficient hearing, it is absolutely essen- for the faucial air to be always continuous with tympanic air. Thus, Haller writes :—

> Auricula non unica via est, per quam soni ad tym- m veniunt, est et altera, per nares, et os et Eustachii m, semper patula. Certum est hominem, qui na- li instinctu regitur, quoties accuratiùs vult sonos ipere, os latè aperire, indecoro gestu et rustico, sed nem suum non inutili, potissimum in iis qui graviùs unt. Eum sonum videtur in tympano, per re- ones et repetitiones confirmari." (*Elementa Physio- Corporis Humani*. Lausannæ: 1763. P. 285.)

will also quote the opinion of two or three ern physiologists. Thus, Müller considers the t of the Eustachian tube being open is :—

> hat a certain degree of dulness which the sound t acquire from the resonance of the apparatus is ed."

iller gives the result of several experiments an apparatus to represent the open Eustachian and adds that

> he most certain method of ascertaining the func- f the Eustachian tube would, undoubtedly, be to the Eustachian itself artificially ; but in such a hat the pressure of the air in the tympanum should hereby be increased, and greater tension of the rana tympani produced. But this is scarcely pos- " Henle "supposes that the air of the cavity of outh and nose are, in like manner, enabled, through edium of the Eustachian tube, to increase by re- ce the intensity of sounds entering the ear through ternal meatus." (Müller's *Physiology*, translated ly, vol. ii, pp. 1270 and 1272.)

Todd speaks of one object of the Eustachian being "to afford an outlet for the escape of such ous undulations as do not impinge upon the inthine walls of the tympanum." (*Cyclopædia atomy and Physiology*; article Hearing, p. 576.)

s, from the time of Eustachius to that of Dr. Todd, no anatomist or physiologist seems to have entertained any other opinion regarding the Eustachian tube than that it is constantly open. In the year 1841, Mr. Wharton Jones, in speaking of the Eustachian tube, says :

> "In the state of rest, its outer and inner walls lie in contact. By this arrangement the tube is as if provided with a valve opening both ways, but so weak as to be readily forced by the breath and by the action of the surrounding peristaphyline muscles." (*Cyclopædia of Surgery*, part ix, p. 21.)

Further on, Mr. Jones writes :—

> "It is to be remarked that the Eustachian tube is not habitually wide open, so that the air can blow freely in and out; but that, on the contrary, in the state of rest, its walls lie collapsed. By this arrangement, which gives to the Eustachian tube the properties of a sort of weak valve opening either way, the too ready course of the air is opposed." (*Loc. cit.*, p. 23.)

Mr. Wharton Jones here speaking "of the tube as not habitually *wide* open," and of the Eustachian tube being a valve "so weak as to be readily forced by the breath," by no means left it to be inferred that for the purpose of hearing the Eustachian tube is closed. At least, those physiologists who wrote subsequently to the publication of Mr. W. Jones's observations did not draw the inference that for the purposes of hearing the tympanum ought to be a closed cavity. Thus Dr. Carpenter, four years after Mr. Jones's paper was published, writes as follows :—

> "The common idea is, that it (the Eustachian tube) serves the same purpose with the hole in the ordinary drum; the effect of which is generally supposed to be the removal of all impediment to the vibrations of the membrane that would be offered by the complete inclosure of the air within." (*Principles of Human Physiology*, 3rd edit. 1846, p. 427).

It may also be remarked, that Hyrtl, in the year previous to the publication of the third edition of Dr. Carpenter's *Human Physiology*, expressed an opinion somewhat similar to that advocated by Mr. Jones. Thus, he writes :—

> "The walls of the convoluted trumpet are disposed to lie upon each other and form mucous adhesions, so that, as one may easily satisfy himself, a considerable degree of compression of the air in the mouth and nose (by means of the muscles of the cheek, the mouth being shut) is necessary to force air into the cavitas tympani." (*Vergleichende Anatomie über das innere Gehörorgan des Menschen und der Saugthiere*, 1845, p. 51).

From the above statements by Mr. W. Jones and by Hyrtl, the true action of the Eustachian tube was by no means indicated, as will, I think, be apparent from the perusal of the following observations. In the year 1852, I laid a paper before the Royal Society, entitled, "On the Functions of the Membrana Tympani, the Ossicles and Muscles of the Tympanum, and of the Eustachian Tube, in the Human Ear ; with an Account of the Muscles of the Eustachian Tube, and their Action in Different Classes of Animals." The conclusions arrived at in that paper are the following :

1. That the faucial orifices of the Eustachian tubes are closed, and the tympanic cavities do not communicate with the cavity of the fauces, excepting during certain muscular actions.

2. In man, and some other mammalia, the Eustachian tubes are opened momentarily during

the act of swallowing by the muscles of the palate; in other animals they are opened by the superior constrictor of pharynx.

3. In birds there is a membranous tube common to the two osseous Eustachian tubes, and this membranous tube is opened by the action of the internal pterygoid muscles.

4. For the function of hearing to be perfect, it is requisite that the tympanic cavity should be closed from the outer air.

That the faucial orifices of the Eustachian tubes are really closed, and that there is no communication between the air in the cavity of the tympanum and that in the fauces except during certain muscular movements, can be easily proved by very simple experiments.

Thus, if the mouth and nose be closed during the act of swallowing, a sensation of pressure is produced in the ears. This arises from the air being partly withdrawn from the tympanic cavity by the action of the faucial muscles during the act of deglutition; and thus the outer surface of the membrana tympani, pressed upon by the superincumbent atmosphere, and not being duly supported internally, is pressed inwards, and the sense of weight produced. If the mouth and nose be then opened, and the act of respiration be performed, the sensation of pressure in the ears nevertheless remains; and it disappears only when the act of swallowing is practised with open nostrils or mouth; this act of swallowing opening the Eustachian tube, and thus permitting air to enter the tympanic cavity, and to replace that which had been withdrawn during the act of swallowing with closed nostrils and mouth. It may be observed that the act of swallowing can, on no occasion, be performed without the production of a slight sensation in each ear; and this sensation is now recognised to be the result of the act of opening of the Eustachian tubes by the faucial muscles. That the act of deglutition is the one whereby the orifices of the Eustachian tubes are opened, and that, as a rule, they are not opened without the performance of this act, may also be inferred from what takes place in the ears during a descent in the diving-bell. It is well known to persons who have performed this operation, that as the bell descends under water, a sensation of great pressure is felt in the ears, and that this sensation, if not relieved, often advances to one of pain. Those accustomed to descend in the diving-bell, are aware that this unpleasant sensation of pressure can be averted, or, if produced, can be removed by the performance of the act of swallowing; the *rationale* of this proceeding is that, during the descent of the diving-bell, the compressed air in the bell exercises great pressure on the outer surface of the drums of the ears, their inner surface being inefficiently supported by the air in the tympanic cavity, which is much more rarified than that without. On the act of swallowing being performed, the Eustachian tubes open, and the condensed air enters the tympanic cavities, and thus, by supporting the inner surface of the drum by a pressure equal to that on its outer surface the feeling of weight is removed. An experiment of a character analogous to the last is often performed on the rapid descent of a mountain. In the ascent, rarefied air, during the act of swallowing saliva, enters the tympanic cavities; and on the descent, the act of swallowing requires to be
frequently performed, in order that the Eustachi
tubes be opened, denser air introduced, and a co
stantly recurring sense of pressure remove
Another simple experiment may be referred to, t
performance of which also illustrates the closed co
dition of the Eustachian tube except during t
momentary act of swallowing. Let the nostrils
held closed by the finger and thumb, and let air,
a forced attempt at expiration which distends t
nares, be blown into each tympanic cavity. A se
sation of pressure is produced in each ear, whi
remains during repeated acts of respiration; b
which disappears upon the performance of the a
of deglutition, whereby the Eustachian tubes a
opened. In the first place, it is obvious that t
Eustachian tube should permit of being open
and that it should be frequently opened (as it
during the process of swallowing saliva which
always going on), in order that the air, the densi
of which is unceasingly changing, may be of t
same specific gravity on the inside as on the outsi
of the drum; were it not so, the drum would
forcibly pressed inwards or outwards, according
circumstances already alluded to, and its free vib
tions impeded. It is also requisite for the Eustachi
tube to be frequently open, in order that mucus co
stantly secreted in the tympanic cavity may esca
into the fauces.

There are, nevertheless, certain reasons so manif
why the Eustachian tubes should be closed exce
during the act of swallowing, and why the air
the tympanic cavities should not be continuous wi
that in the mouth and nares, that it appears remar
able how contrary opinions should have taken orig
and have been maintained during so many years.

In the first place, it is necessary for the Eustachi
tubes to be ordinarily closed, that is to say, clos
while the function of hearing is being performe
in order that the sound arising from the acts of
spiration, deglutition, mastication, and articulati
may not enter the tympanic cavities through t
Eustachian tubes. This fact was first pointed o
and specially insisted upon by Dr. Jago, who suffe
at times from the effects of a patent tube, and who
words I will quote. He says:—

> "I will detail the sonorous phenomena that
> created by an open Eustachian tube. At each elevati
> and depression of the ribs, particularly in the latter a
> the rippling of the air upon the rim of reflection of t
> lining membrane of the throat into this tube, express
> itself by a *souffle* like that from blowing into a bott
> Also, as air expelled from the chest is split at the s
> palate into its three streams from the commenci
> border of the nearer of the posterior nares, waves r
> into the drum, and give utterance to a harsher *souffle*
> *bruit*. Müller, whilst relating the aural effects t
> arose from the, to him, unknown (the prevalent idea
> a permanently expanded tube precluded him from
> chance of perceiving these things aright) modificati
> produced in his own ears by muscular effort, uses t
> language: The sound of one's own voice by this mea
> acquires the intensity of the tones of an organ. I c
> testify that is not mere flourish; and if there be h
> no exaggeration, what illustration would he have fou
> could he have tried, under such conditions, the utm
> strain of voice, as in the act of shouting; or had
> been seized with violent sneezing or coughing? I w
> do my best further to oharacterise the acoustic phe
> mena consequent upon an open Eustachian tube.
> another person puts his lips close to our ear, and spea

ot to say shouts, right into the external meatus, we all now how great a shock is produced. Such effects are of ie same kind as those from speaking into one's own ear rough its Eustachian tube. .... Let any one meditate pon the foregoing sum of evils, and he will own what a appy correlation it is that the glottis and guttural ex- emity of the Eustachian tube should never be open to- ether; so that when the latter is subservient to the mpanum, we cannot speak, sing, cough, sneeze, nor gh, sob, or whoop." (*Eustachian Tube, why Opened in eglutition.* By James Jago, A.B.Cantab., M.B.Oxon. Churchill. 1856.)

The statement just quoted from Dr. Jago finds onfirmation in the experiments by Müller alluded in the foregoing paragraph; and it is in no small egree remarkable that, in face of all his experi- ents, Müller should never have uttered a suspicion at the commonly received opinion regarding the tent state of the Eustachian tube was incorrect. nd yet the single fact cited by him from Schell- mmer ought to have shown him that the Eusta- ian tube, under ordinary circumstances, cannot be en. Thus, Schellhammer

> "Introduced a vibrating tuning fork into the interior the mouth, and found that its sound was, in that uation, scarcely heard. Held in front of the mouth oderately open, it sounds very loudly.....The ticking a watch also held in the mouth in such a manner at it does not touch the teeth or tongue is scarcely ard."

Müller having arrived at the conclusion that as e sound of a speaking voice, etc., is not heard from thin, *i.e.*, through the agency of the Eustachian bes, also arrived at the singular conclusion that e drum of the ear could not be made to vibrate undulations impinging upon its inner surface; d it never occurred to him to conceive that unds do not travel from the mouth, nares, and ices, to the tympanic cavities through the Eusta- an tubes, because the Eustachian tubes are ordi- ily closed.

But as I have stated there is a second reason why Eustachian tubes should be closed in addition to necessity of the exclusion of the sounds from mouth and fauces. It is full well known that re are two pathways for the passage of sound from membrana tympani to the nervous apparatus; being the chain of ossicles from the membrana npani to the vestibule; the other being the air m the membrana tympani to the membrana fe- træ rotundæ. Now, if the sonorous undulations he tympanic cavity destined to impress the mem- na fenestræ rotundæ be allowed to escape from tympanic cavity through the Eustachian tube the fauces, it necessarily follows that the mem- na fenestræ rotundæ will receive fewer of these rations than if they had been confined to the npanum. Dr. Jago doubts if any deterioration hearing results from the patent state of the stachian tube; but after repeated observations, I e been confirmed in the conclusion that any se interfering with the impingement of the vi- tions upon the membrane of the fenestra rotunda, ether it be a patent condition of the Eustachian e, or a thickened state of the mucous membrane ng the tympanum, sensibly deteriorates the func- of hearing, and such deterioration is made ifest by the use of some well recognised test.

t may, however, be observed that, whether the n object of the Eustachian tube being closed, except during the momentary act of deglutition, is to prevent the passage of sounds from the mouth and fauces to the tympanic cavity, or whether it is to confine the sonorous undulations to the tympanic cavity, the fact of the tube being so closed, except during the action above indicated, is now undoubted, and generally accepted by physiologists; and it is manifest that the two functions of the Eustachian tube—the allowance of an egress of mucus from the tympanic cavity, and the ingress or egress of air so as to insure an equal degree of density for the air inside, and for that outside the drum—can be adequately performed by the Eustachian tube being opened at intervals, and only for a moment.

The means by which the Eustachian tube is opened are two muscles of the palate, the tensor and levator palati.

The *tensor*, also called the *circumflexus palati* muscle, arises by means of tendinous fibres in the scaphoid fossa of the sphenoid bone, from the *anterior* and *external surface of the fibro-cartilage of the Eustachian tube*, and from the adjacent surface of the great wing of the sphenoid. Hence it descends along the posterior border of the internal ring of the sphenoid bone, winds round the hamular process, assumes an horizontal direction, and is inserted into the velum of the palate. One action of this muscle, doubtless, is to draw tense the soft palate; but a second action is to open the Eustachian tube. This action is effected by the contraction of the muscle when the veil of the palate is fixed; if this action of this muscle be imitated by drawing the fibres towards the palate, the outer wall of the Eustachian tube will be found to be drawn in an anterior and external direction apart from the inner wall. Haller was of opinion that the action of this muscle was to dilate the Eustachian tube; and had he been aware that the tube is not naturally open, he would, doubtless, have described it as opening the tube. Haller's words are:—

> "Mihi, cui cartilago inferiorem partem tubæ tenet, eam a musculo secundum hamulum pterygoideum circumflexo probabile fit dilatari." (*Opus cit.*, p. 226.)

The *levator palati* muscle arises by short fibres from the inferior surface of the petrous bone, in front of the outer opening of the canalis caroticus, and from the adjacent portion of the fibro-cartilage of the Eustachian tube. It descends obliquely, posteriorly, and internally, and expands in the soft palate.

[*To be continued.*]

CHLORIDE OF LIME AS AN INSECTICIDE. In scattering chloride of lime on a plank in a stable, all kinds of flies, but more especially biting flies, were quickly got rid of. Sprinkling beds of vegetables with even a weak solution of this salt, effectually preserves them from the attacks of caterpillars, butterflies, mordella, slugs, etc. It has the same effect when sprinkled on the foliage of fruit trees. A paste of one part of powdered chloride of lime and one-half part of some fatty matter, placed in a narrow band round the trunk of the tree, prevents insects from creeping up it. It has even been noticed that rats and mice quit places in which a certain quantity of chloride of lime has been spread. This salt, dried and finely powdered, can, no doubt, be employed for the same purposes as flour of sulphur, and be spread by the same means. (*Dingler's Polytechnisches Journal*, clxi, 240.)

General Remarks

ON THE

PRACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

XII.—Treatment.

Experience. Much Insight into its Nature to be gained from a single Disease and its Treatment, on a Retrospect of Years. Let the Disease be Erysipelas.

Upon the whole, men agree better about what is subjected to the senses than about anything else; and they agree best of all about what they see with their eyes. Certainly physicians do so. Show us a redness of the skin, with some degree of swelling, and a margin irregularly circumscribed and gradually enlarging itself; and at once, without doubt or disagreement, we call it Erysipelas. But there are plenty of things in the world which, while they are seen by all in the same light, and because they are so seen, are rightly enough called by the same name, have moreover a great deal belonging to them beside their visible or any other sensible properties, and consequently a great deal not admitting of the best agreement among men. Such are preeminently the subjects with which physicians have to do. Physicians know Erysipelas at the first glance, and agree forthwith that such it is and so it shall be called. But Erysipelas includes much that lies within reach neither of the sight nor any other sense; and upon all this physicians are found in no constant accord.

Wrapt up in that visible thing which we call Erysipelas, there is a living thing which does not tell itself to the eye; and yet a real thing nevertheless, preeminently real. For, more than all that meets the eye, it denotes the character, course, tendency, and probable end of every case of Erysipelas that occurs, and suggests and regulates its treatment withal. This living and invisible thing is a compound of action and suffering; and this action and suffering have qualities and degrees which vary in different cases, and vary in the same case from time to time.

Now, to know Erysipelas as a living disease—*i. e.*, as a compound of action and suffering—and to test their qualities and degrees, and to catch their variations as they occur in several cases or in any single case, not all the observation, thought, and experiment which can be brought to bear upon the mere part will help us in the least. To know the living disease, we must search the whole living body. We must look for signs in the Vascular system, and take note of cold, and heat, and perspiration; for signs in the Nervous system, and have regard to excitement and depression, to conscious strength and conscious weakness, and to pains; for signs in the Pulse, and count its number, and reckon from day to day its varying qualities.

These are the vital ingredients of the disease, its vital histology, so to speak—the living web upon which it is spun, woven, and held together.

Taking these elements, and reckoning the sum of them, you will find that in one case they amount t strength, and in another to weakness; and tha strength or weakness is the characteristic of the dis ease from first to last. In one case you will fin the disease implicating the Vascular system princi pally, and in another principally the Nervous, an in another equally implicating both. And (what i remarkable of Erysipelas beyond all other disease that can be named) you will often find in one an the same case the strength of yesterday become th weakness of today—nay, the strength of midday be come weakness at midnight; and also, more than i any other disease, rapidly and in a few hours th stress of the symptoms transferred from the Vascula system to the Nervous, and then as rapidly trans ferred back again from the Nervous to the Vascular The more predominantly the disease is of the Vas cular system, the more of strength does it contain and the more it is of the Nervous, the more of weak ness; and the more equally it is shared between th two, the more manifestly is it a disease of moderat force, needing moderate treatment, and involvin small hazard.

As to Treatment, the bare announcement of th remedies severally recommended by the experienc of the best physicians must astonish any thoughtfu mind not yet let into the secret of all that is in volved in practical indications. The surprise will b that remedies of such power and such opposit effects should ever be brought to bear successfull upon a disease of one and the same name. But, i the treatment of Erysipelas, it is the *living* diseas with which we have to do; not with the mer mechanism of the thing in the part from which i takes its name, but with the actions and suffering of the entire Vascular system and Nervous system and all their possible contrarieties in different cases and all their possible shiftings and inconstancies i the same case.

Now bleeding has a right to be put down as a remedy for Erysipelas, even bleeding in all the way in which it is practised—venesection, cupping leeches. And so has wine, and so has ammonia, an so has any diffusible stimulant nearest at han which you choose to name. And so has tarta emetic, acting according to one or other of its severa modes of operation, whether upon the skin as a diaphoretic, or upon the stomach as an emetic, or independent of any notable effect upon the skin especially or the stomach especially, controlling the force and modifying the character of the pulse by its gradually augmented doses. Opium, too, claims justly to have a place among the remedies of Erysipelas, both in large doses and in small, and by the several ways it has of exercising its impression fo good through the Nervous system; by abating pain or by procuring sleep, or by (what can hardly b described in words, and is intelligible only to practical experience) doing the double office of a sedative and a tonic, and at the same time quieting irritation and sustaining strength.

Oftentimes nothing more surely tests the nature of the disease than the remedy that restores the man to health. But then your remedy must be one of plain and unmistakable effect, and of such power that it can never be nugatory, but is always either for good or for evil. Of such a stamp are the remedies just mentioned—remedies which, in reviewing the records of past experience, I find myself to have nployed for the most part in the treatment of Erypelas, adapting them (as I thought) to the calls ad emergencies of particular cases, and nothing oubting, then or now, of their instrumentality in he restoration to health.

Well, then, my experience for the most part ould go to placing Erysipelas among diseases to be *eated,* not among diseases to be *cured;* to be anaged by remedies having regard to things which ay chance to be in the man, not by remedies roper to the disease. I say "for the most part", ot altogether; for I have met with cases of Erysielas in which I have been as sure as common sense ould make me that, had there been no Peruvian ark in the world, the patients must have died. hey have been cured by quinine—cured outright nd in the strictest sense, without the fulfilment of ny intermediate purpose seen, known, or aimed at, hatever. The specific has even seemed to work its ure unswayed by present conditions, and indifrently, whether the sum of concomitant symptoms as denoted strength or weakness, and whether their ress has fallen upon the vascular or upon the nerus system especially, or equally upon both.

What shall we say, then? That when our knowdge, as it were, breaks down under us, it is well to ve something to supply its place? or rather, that r experience of things in their detail has somenes to give way to our experience of their gross sults as more trustworthy, and that laws which we nderstand the more intimately must sometimes nd to laws which we understand the less? All is may be justly said. But it does not therefore low that our ignorance is better than our knowlge, or our lesser knowledge better than our eater. The truth rather is, that our common nse—*i. e.*, our prudence—sitting in judgment upon r knowledge, discerns its imperfections, and dedes how far it can be trusted, and how far it cant, and so finally allows free play to some secret w of life which is greater and stronger than any law thin the reach of our understanding.

It would not be incorrect to state that, when I tered the profession, bark was regarded by all ysicians of mature age and experience as a specific Erysipelas. The majority would not have hesied so to call it; and the rest, without professing a th thus absolute, would have been sorry to hold emselves responsible for what might happen if in y case they omitted its use. Surely my own exrience has not run parallel with theirs; and what have said of it may be taken fairly to represent e experience of physicians practising in London ring my time.

But how are we to be just to the experience of hers? Even by making a fair reckoning of our n. Remember there is a secret inscrutable region erein the things belonging to health and to dise are largely transacted, and wherein causes are ally at work into which we have no insight. Our perience, therefore, must be left very free; for it nnot be fettered by any known rule. It must eds be our guide and master, but not in such sort t the greater experience should always tyrannise r the less. The less contains its own truth, as l as the greater. The greater need not convict less of falsehood. My own far greater experie represents Erysipelas as a disease to be *treated;* far less experience, as a disease to be *cured.* The first is conversant with very many realities of things, and familiarises me with their use. The last brings fewer realities within my view; but, fewer as they are, they are certain. Therefore it is not thrown away; at least, it is largely suggestive of what is possible. And no man can have grown old in the practice of medicine, and not allow that things which he once looked upon as barely possible have become with him frequent realities at some after time. His rarer and his more common experience have changed places altogether.

Wherefore then serveth experience, and of what use is it? Its first and best use is for the guidance of him that has it. Its next, and hardly less important use, is that it enables him to judge rightly the experience of others. And this is the fair reckoning by which to judge it. If, at the same place, our own experience has differed from itself from time to time, surely it is abundantly credible that another's may differ from ours often or always, at other times, or at other places.

I am not of the number of those who rest in a self-satisfied belief that diseases never were, never will, and never can be, other than I have seen them; and that they never were, will, or can be, successfully treated or cured, otherwise than I have treated or cured them. The physicians of one time have been too prone to make a mock of what was deemed the sound practice of another. This is neither generous nor wise.

But I wish to make a still larger use of this instance of Erysipelas in showing what the practice of medicine really is; its differences and contrarieties in the same diseases; its trust in remedies of opposite effects; now in treatment, now in cure, now in non-specifics, now in specifics; and in showing, nevertheless, that the practice of medicine is a rational practice.

The vital pathology of Erysipelas, regarded as a disease of individual men, is full enough of conditions to account for the success of many and various ways of dealing with it. Erysipelas, however, has a vital pathology, I will not say of another kind, but reflected from another aspect; viz., from its natural history. For every disease has its own place, kindred, and relationships, near and remote, among the whole family of diseases belonging to mankind. And so has Erysipelas. This may be called their natural history. And the same is the natural history of Erysipelas; and wrapt up with it is a portion of its vital pathology, as important and as suggestive, from time to time, of its right treatment, as present conditions of individual men.

Now, the great physician found in Erysipelas the marks characteristic of what he called an intercurrent disease. Its cause might be purely accidental and from without, from exposure to cold, or exposure to heat, or from mechanical injury. Yet once formed, in its measure of fever, its strength or its weakness, its excitement or depression, it ran parallel with the stationary or dominant epidemic, and its successful management was in nothing different from the management which the epidemic demanded. Thus, in what it was pathologically, and in what it needed, and what it could bear remedially, Erysipelas was of close vital kindred with it.

Again, Sydenham put down Erysipelas as a disease which was intercurrent, coming on in this way. As yet, there would be no Erysipelas, but there would be fever, which was in nothing different from the dominant epidemic. And when it had continued for a few days, and been regarded as the epidemic itself, and nothing more, Erysipelas would be added to it, and be, as it were, among its accidents; and no other treatment would be required of the whole disease than if Erysipelas had formed no part of it, and no treatment of the Erysipelas, but what was included in the treatment of the whole disease.

Perhaps Erysipelas may serve for the most signal example of all that is most mutable in diseases, from whatever point of view you regard them. If you want the best representative of all that the different constitutions of men can do in diversifying the aspect of diseases, you will find it in Erysipelas. If of what times and places can do, you have it in Erysipelas. If of how opposite remedies can save life and restore to health from the same diseases, according to times, places, and men, you have it in Erysipelas.

Original Communications.

OPERATION FOR THE "SOLUTION" OF CATARACT, COMMONLY CALLED THE NEEDLE-OPERATION:

BEING REMARKS IN THE COURSE OF CLINICAL INSTRUCTION AT THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

By Haynes Walton, Esq., Surgeon to the Hospital, and to St. Mary's.

As soft cataracts are far more common than hard, the operation for "solution" is more in requisition than that for "extraction".

It would certainly be unwise to say of any surgical operation, that it is beyond improvement; yet so far has this solution treatment reached towards perfection, that positively it accomplishes all that is required, and in such a manner as scarcely to leave more to be desired. It inflicts less damage on parts not concerned in the disease than any other in surgery; and it possesses the many advantages justly claimed for subcutaneous operations. For the most part, it is unaccompanied with any untoward or even unpleasant consequences; and there is seldom any trace of its performance. Simplicity is its great recommendation. But all this applies only to judicious execution; for it is very capable of abuse, and may readily be made to yield disastrous results.

There is much advantage to be gained from the delicacy of the needle. The smaller this is, the less is the wound it inflicts on the cornea; and with diminutiveness the aqueous humour is nearly always retained till the operation is over; and, even then, but a small portion spurts out, which is better than if the greater part escaped, because the more retained, the less the liability of the cataract to be displaced. The needle which I use is about a third of the size of those usually sold but a few years ago.

I invariably operate through the cornea. I prefer this—the "anterior operation", so called in contradistinction to that through the sclerotica—"the posterior", because it is more definite and simple, less painful; only one coat of the eye is punctured, and the needle is never out of view.

The thing above all others to be attended to—what I call the great principle in "solution"—is to procure absorption of the cataract in its natural position—*in situ*. So immediately does this concern success, that, should I impress the rule on you, much will be gained by thes remarks, if nothing else be remembered. The less th lenticular matter is displaced, the less subject is th eye to irritation, and therefore to permanent injur The less, too, that the lens-capsule is torn in the earl stage of the treatment, the less likely is it to contra adhesions to the iris, and therefore the more easy to l disposed of afterwards, should it obscure the pupi The highest perfection, the best success, is to be g only with a central pupil free from any adhesions, an in an eye that has not been inflamed. I am neve quite satisfied except the pupil be unaffected.

At a first operation, therefore, I merely break th centre of the capsule, and penetrate the cataract sufficiently to admit the aqueous humour. Do not use th needle as a lever, making the cornea the fulcrum; fo most assuredly, as the cataract is then the point of resistance, it will be twisted, and, with the slightest movement in the capsule, dislocation is almost sure to occu You should pick at the spot you select, as if the catara were outside the eye; and not carry the needle to deeply, nor move it about too freely. Sometimes, whe the vitreous humour is diseased, the cataract and th capsule move on it, and it may not be possible to puncture even the capsule without producing this effect. I is only very lately that I made out the cause of th movement, which puzzled me for a long time. Anothe reason why the needle should not be used freely at firs is, that as the lens-tissue swells very much on bein considerably broken, the capsule may be pushed agains the iris, when adhesion is inevitable. These part always adhere when they touch in the course of a operation. Dilatation of the pupil may often preven the contact; indeed, the artificial dilatation should b kept up till the cataract is absorbed, for this reason and further, because that any portion of the cataract becoming separated may the more readily fall into the anterior chamber, where it is not so likely to produce irritation as in the posterior. A drop or two of a solutio of atropine, of the strength of two grains to the ounce o water, applied on the conjunctiva on alternate days, o even every third day, will suffice. The frequent use i unattended with any disadvantage, except very exceptionably indeed, perhaps once in a hundred times when it may irritate the surface of the eye. In such cases, the solution must be weakened, and used very much less often.

The repetition of the operation under some weeks i positively unnecessary, and often hurtful. So long a lenticular matter is exposed—a fact that can be verified by viewing the eye in profile—nothing more is desirable The falling back of the iris, by which it becomes concave, is a sure indication that there has been absorption The same is indicated by the surface of the cataract receding.

But absorption goes on even if there be no part of the cataract exposed, when the capsule-wound has closed. It is in ignorance of this, I suspect, that so many unnecessary operations are executed. It is a well recognised fact that, while an undisturbed cataract will exist for twenty, thirty, or more years, even although the lens-tissue has degenerated to fluidity, one that is punctured is sure to be absorbed in time; also that, without exception, whenever the lens is wounded by accident, the cataract which is produced, called traumatic, is always absorbed, time only being required to effect it.

After an operation, therefore, absorption never ceases. But it can be very materially facilitated by keeping the cataract exposed; as also by breaking up its substance. The great nicety of the operation is to secure the greatest absorbing influence with the fewest number of operations, and the least disturbance to the eye. Watch, therefore, your cases; and so long as the removal of the cataract is rapid, delay to act further. While some cases may demand three or four operations, with a large

umber, two will suffice, and in some instances one. I
ten hear it said, in advocacy of frequently operating,
at time is an object; I say that it is by no means cer-
in that such a course ever saves time, even when the
e does not seem to suffer by it; that the ill effects
e very common, and generally leave some permanent
sult. It should be remembered that sight as perfect
it is possible to be got is the object to be obtained,
d not mere time, which is certainly less valuable to a
ind person than any one else. But the principle is so
ry evident that I need say no more.

The necessity for the repetition of an operation must,
a rule, depend on the state of the cataract. The
ore the degeneration of the lens tissue, the fewer they
ed be. When the cataract is fluid, one will suffice;
d from two to three are generally enough for any
se. On the last occasion, the needle may be freely ap-
ied, and any thin scale of the cataract that remains
eely broken up. Any portion of it that may fall into
e chambers of the eye will not irritate.

It may be requisite to modify the operation for solu-
n, according to the escape of the cataract, or portions
it, from the capsule when operating; and I will give
u some practical hints for your guidance.

When there is a fluid cataract, a fact soon determined
the opaque liquor rendering turbid the aqueous
mour, the cornea should be incised with a cataract-
ife, or an iris-knife, and as much of the fluid as pos-
le evacuated. The liquid cataract-material in its
cape into the chambers of the eye often produces
miting, sometimes severe, and for days. The removal
it prevents this. Should it happen, when the greater
rtion of the cataract has become softened, that the
terior chamber becomes almost occupied by it, I also
commend the extraction of as much as may so be re-
oved. A small portion only should be left undisturbed.
ould the nucleus of the cataract be displaced, I advo-
e its removal.

The case is altogether different when any soft part of
e cataract escapes from the capsule several days after
e operation; the chances are greatly against the eye
ffering. Absorption generally goes on as quietly as
uld be wished; except only if severe irritation be ex-
ed, should you interfere, when the extraction of the
eater part—as much, in fact, as can be got away—may
ve the eye. The nucleus is more likely to irritate.

All that I have said applies to the removal by absorp-
n of the cataract only. The pupil may yet be ob-
red by capsule, which would need to be torn or ex-
cted to cause it to contract; for capsule is never
sorbed.

I am forced to allude to the extraction of soft catar-
, as it has of late been advocated in Germany, and
pied in England. But there is no novelty in the
tter. It was proposed and practised by Mr. Gibson
1811, because of the bad results of the operation for
sorption as then performed. It was fairly tried by
eral surgeons, but abandoned, as the needle opera-
n was better understood and more successfully prac-
ed. You will hear it spoken of under the new term
"linear extraction"—a very inappropriate name,
ich is intended to express that the cataract is re-
ved through a small corneal wound. As compared
h solution, it is dangerous almost beyond comparison.
considerable portion of the cataract must always be
t behind; and this must be, if even a large corneal
und were made; so that besides the immediate risk
aching to the extraction, absorption must be relied
to dispel what remains. The pupil is frequently dis-
ced, and vision necessarily thereby, in some degree,
dered imperfect. The capsule of the lens almost
ays becomes adherent to the pupil, which is so much
more difficult to be cleared of it, in proportion to the
ent of the adhesion. What I have seen of it, obliges
to condemn it.

Transactions of Branches.

SOUTH-EASTERN BRANCH: ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD DISTRICT MEETINGS.

A CASE OF CARCINOMA OF THE STOMACH.

By JOHN GRANTHAM, Esq., F.R.C.S.E., Crayford.

[*Read April 25th*, 1862.]

In relating the following case of carcinoma of the stomach, I do so with the intention of directing notice to the early warnings of so formidable a disease; which, as a rule, are slow, insidious, and without any symptom to lead the mind of the medical attendant to suppose the patient to be in such a fearful condition. Therefore, I have deemed the subject of so much interest as to give to this meeting a brief narrative of a case that I have recently observed. I arrived at the conclusive evidence of the fact of carcinoma by a negative mode of investigation; by which I mean, not until the truth of the disease presented itself to my mind fully and unmistakeably.

Here let me digress for a moment by remarking how very difficult it is for medical men, in giving evidence in our courts of law of a disease either of mind or of body, to convey the facts in such a logical manner as will be self-evident to the non-professional man. Our courts of justice are not temples for the enunciation of simple truths. As such they cannot be at once received, but must be assayed in a variety of ways. It is said by lawyers, "Can the medical witness not favour the court with an explication of words which he must know are commonly used on such subjects? Can he not define logically (by laying down the *genus* and *differentia*), according to the rules of logic, the species of insanity which he describes?" I fear not; and have a notion that Polonius was a true philosopher when, with becoming brevity, he said to Hamlet's mother, the Queen of Denmark:—

> "Your noble son is mad!
> Mad! call I it; but to define true madness,
> Mad is't, but to be nothing else than mad."

Certain it is, all definitions of insanity, whether proposed by psychologists or by physicians, have hitherto been unsatisfactory; just so, in only naming the symptoms of a disease, as regards the definition of diseases, called by lawyers "facts pertaining to the case"; surely there ought to be something due to the power of observation in the investigation of diseases incidental to human nature, which can only be, in a measure, perfected by experience.

The patient whose case I will briefly describe was a man 48 years of age, short in stature, healthy in appearance, active in habits. I was informed he had for the last two years been subject to eructations of wind and mucous discharges from the pharynx and stomach; which would at times suddenly subside for a few days, so as to enable him not only to say, but to believe, himself to be quite well. I was also informed that during the last seven years he had been subject to paroxysms of violence, both mental and bodily, occurring more or less after dinner and supper. These exacerbations had gradually increased in severity from their commencement, leading his wife to dread that he might become, if not prevented, a confirmed lunatic.

On my first visit to him in October 1861, I ascribed the symptoms merely to gastric irritation or imperfect assimilation in the cardiac extremity of the stomach, attended with irregular action of the muscular portion of that viscus. I sought for exciting causes; and deemed it right completely to unload the liver and colon. Finding these organs to be exempt from causation, I enjoined strict rules of diet; gave the iodide of potassium, mineral acids, quinine, nitrate of silver, hydrocyanic acid, etc., and applied counterirritation to the scrobiculis cordis. All measures that I adopted were ineffective and unsatisfactory. About eight weeks prior to his death, the symptom of stricture of the œsophagus manifested itself. I passed a bougie at different times for about three weeks, during which time I broke through two fibrous bands; after which the patient could swallow without any difficulty. Nevertheless, the vomiting, with eructations of viscid mucus, remained, with an escapement of much saliva, attended with diminution of the muscular power, and pain over the scapular region, which led me at this time (Feb. 1862) to fear the ushering in of organic disease. I would remark, the pulse never varied from its normal standard, excepting during the last fourteen days. The external examinations of the body did not enable me to discover any enlargement of the abdominal viscera, until the countenance evinced undue anxiety, with a loss of flesh. I then—that is, about six weeks before he died—detected a hardened condition of the pylorus, with increase of size. Such was my firm belief; the edge of the lobe of the liver also appeared to be hard and uneven; but of the latter I do not feel so fully confident as I did respecting the enlargement of the pyloric end of the stomach. About seven days prior to his decease, he vomited the unmistakeable symptom of carcinoma, "putrid melanotic fluid"—so putrid as to render the room most offensive.

My object in this paper is to point out that, until within the last six weeks of his life, there were no symptoms indicative of organic disease, which organic disease must, without doubt, have been there for one or two years. On reflection, I consider the symptom of stricture of the œsophagus more indicative than any other of the interruption of the action of the pylorus, and demanding a more serious notice than any other, excepting the vomiting of melanotic matter. This case was unattended with any pain over the region of the stomach, from the beginning to the end.

CASE OF CONCEALED INTERNAL HÆMORRHAGE.

By H. M. Gould, Esq., Wateringbury.

[*Read April 25th*, 1862.]

Considering that much may at times be learned by the relation of unsuccessful cases, I am induced to bring before the present meeting a case of concealed internal hæmorrhage previous to labour, fatal to both mother and child.

I was sent for about six o'clock in the evening on Nov. 7, 1861, to J. H., the wife of a railway gate keeper, about a mile from my house. The woman was 40 years of age, strong, of middle height, of florid complexion, and well made for all the purposes of parturition. The present was her twelfth labour; and I had attended her in the last six; all of which had terminated satisfactorily.

When I arrived at the house, I was struck with her appearance of distress. The countenance was pale and anxious; the pulse quick and small; and she was in such a state of restlessness as I had never witnessed in her before.

The account I obtained was, that she had been busy ironing all day; but had complained much of the constant movements of the child. She sat down to tea with her husband and family about five o'clock; and was seized with a pain of a most violent and distressing character; so much so, that she told her husband that she could not survive such another. On making an examination, I found the os uteri dilated to the size of shilling. The pains were small; and not of a very ex pulsive character. The abdomen felt tumid; and th child appeared to lie low down in the uterus. I imme diately applied a bandage firmly; and gave her som brandy in gruel, which appeared to revive her; and sa down to wait the result. She had pains of this sort ti about eight o'clock; when she had three pains ver quickly following one another of a most powerful cha racter; and the child, with the placenta and an enor mous quantity of blood were expelled. The child wa dead, with every appearance of having been strangled the eyes were starting, the face congested, and th tongue thrust between the gums. The cord was twic round the neck, and twice round the left ankle; th double loop forming a close hitch. The length of cor free was only eight inches. The mother demanded a my attention; and, after applying a pad and bandag firmly, I gave her several doses of stimulant; but a though she lost nothing more after the first gush, sh sank quickly; and in twenty minutes after the child wa born, the mother was dead.

On examining the placenta, I found a rent in th middle, nearly dividing it into two parts. I have n doubt that the child, in its death-struggle, produced th sad catastrophe.

CASE OF MENINGITIS.

By J. J. D. Burns, M.D., Chatham.

[*Read April 25th*, 1862.]

On the 10th of September last, H. E. F., aged 51, wa admitted to hospital. He was seized with a fit whil following his usual employment; and when seen fou hours afterwards was quite sensible; face flushed; pupil dilated; pulse rather slow. He said that he felt n pain anywhere, nor headache; and that his bowels acte on the previous day. He had an aperient draught; an was discharged on the 12th.

On the following day, he was again seized suddenl with a similar fit. The medicine was repeated, an acted freely on his bowels.

On September 15th, he first complained of slight pai in the head. He was taking aloes mixture, and hi bowels were freely opened with colocynth and calomel.

On the 20th, his face was flushed and of a purpl colour, which I attributed to a bad habit of tying hi neckcloth tightly round the neck, apparently for th purpose of concealing the scar of a self-inflicted wound he having attempted suicide a few years previously. therefore particularly cautioned him against the prac tice, which evidently obstructed the venous circulation.

He was discharged from hospital, and appeared t enjoy excellent health, till the 8th of February, when h complained of general catarrh, and was again admitted He had an eruption of acne on the forehead; foul and flabby tongue; pulse small and feeble; skin cool; bowels costive. He appeared in very depressed spirits. He stated that he had felt this cold gradually coming on that he was employed in a very exposed situation, and could not stand it, but he did not wish to complain til compelled to do so. He had five grains of calomel, fol lowed by two draughts of opening medicine; and, when they had acted freely, ten grains of Dover's powder at bedtime.

On the 10th, he appeared very drowsy. The bowels were sluggish.

On the 11th, he vomited his breakfast; further sick ness was relieved by effervescing draughts. The pupils were dilated, and he had slight strabismus; he was quite sensible when roused.

On the 12th, he had a severe convulsive fit at 7 A.M. after which he appeared in a drowsy comatose state Sixteen leeches were applied to the head, which bled ly; but from this time he took no medicine or rishment.

t 1.30 P.M., he had another very severe fit, from ch he never rallied; and he expired at 2 P.M.

nder the impression that he might have received an ry of the head, the friends wished a *post mortem* mination. To satisfy them, the calvarium was re-ved, and no mark of violence was discoverable; but e was effusion of lymph over the upper part of both s of the cerebrum, with a congested appearance of pia mater and of the vessels of the brain. Further nination was prevented by an injury I received in ning the skull.

EMARKS. From the above case, it would appear that h occurred from the impeded return of venous blood, effusion between the pia mater and arachnoid mem-ne. The case may be considered a true one of ple meningitis.

e was a man of short stature, florid complexion, a blueish tinge about the face. The passage of the hea had become narrowed, allowing but a limited ply of air to the lungs; and I have no doubt that in early stage, the obstructions of the veins by the ure round his neck gave the first signs of head-ase. As he was fond of good living, and known to n excessive eater, the stomach and bowels were first nded to, it being believed that the symptoms were cative of disorder of the digestive function. The s of head-disease were insidious, and scarcely called ntion till the second day of the attack, when he plained of headache, and appeared drowsy. On the following, he had vomiting; and on the next he had first convulsive fit, the most marked symptom of mmation of the inner membranes of the brain; the a being induced by effusion of serum, and softening, interruption, or want of balance in the circulation. sudden accession and fatal termination of this ase are unfortunately its characteristics; so sudden the attack, that it was thought desirable to ascertain had suffered from a fall into a pool of water, which rred two days previously. A cold caught on this sion from his remaining in wet clothes for some , acting on a weak and debilitated habit, no doubt ced the disease.

ases have been recorded by Messrs. West and ton, where the sympathies of the cerebral system been induced by disordered bowels; and in this nce they may have aided the development of the icular inflammation.

r. Lewis Smith, a physician of New York, has ten ably on this subject in the *New York Journal of icine*, in which he analyses twenty-one cases, cipally to show the difference between meningitis in adult and meningitis in the child. He draws the lusion that convulsions are not symptomatic of this ase, except in childhood; one only had convulsions. he was predisposed from being subject to epileptic ks. Delirium was present in the majority of cases in the disease. Vomiting occurs also in the last e. The pulse varies. Paralysis sometimes occurs. dache is the usual commencement, and coma riably the termination.

loodletting has been employed largely in these s, but the results have not been so satisfactory as ht have been expected. Dr. Ames, of the United es, believes that bloodletting was never promptly sive for much good or evil; and he states that general impression of the physicians of Mont-ery in regard to bleeding, was one of disappoint-t. The cephalalgia ought certainly to be relieved by

listers and sinapisms have been tried with question-effect.

otass has been recommended, and has been said to have proved beneficial; but it was combined with other more powerful remedies.

Quinine and iodode of potassium have been employed, under the idea that the origin of the disease is tubercular or of a typhoid character.

Calomel to affect the mouth is perhaps most indicated, and might prove serviceable, but I believe the disease is always insidious in its progress in the adult, rapid in its effects, and almost invariably fatal.

EAST KENT DISTRICT MEDICAL MEETINGS.

THE HEREDITARY TRANSMISSION OF MENTAL AND PHYSICAL IMPRESSIONS: HOW AND WHEN PRODUCED.

By H. WHITFELD, Esq., Ashford.

[*Read March 13th, 1862.*]

THIS subject has engaged the attention of mankind from the earliest ages, for we find it in Holy Writ (see Genesis, chap. xxxi, v. 31—Jacob's agreement with Laban about the cattle). Nevertheless, the law by which the impressions of the parent are conveyed to the fœtus is as yet so little understood, and the opinions on the matter are so unsettled and undefined, that I trust no apology is needed in bringing before you this interesting and highly important subject. And it will be my endeavour to prove that this law, like all others of Divine origin, though difficult to ascertain, is not the less certain; and that it is in our power to say how impressions can through the parent be conveyed to the fœtus, and when an impression is inoperative; and so at once to remove the ridiculous fears with which young mothers are often greatly harassed.

The reason of this law being so little understood in the midst of an overwhelming amount of apparent evidence is, that although we have all been made submissive to this law, and have received an immense amount of good and evil through its influence, yet no record is made on the tablet of our memory, and so no living infant can bear testimony through the mind of the weal or woe while a *fœtus in utero*. Hence, in the midst of many indisputable facts, we have such a heap of imagination, that the law is on the whole unintelligible, and the effects of impressions are traced with difficulty to their legitimate causes. Happily, however, this perfect blank arising from the absence of memory at our birth is filled to a great degree, though imperfectly, by that disputed science of Mesmerism. Having practised this art for sixteen years or more, I hope to be excused for bringing forward numerous facts that I have observed, that not only pertain to, but elucidate, the subject of this paper.

First, then, I wish you to be impressed with the fact that, when an individual of feeble nerve is under the Mesmeric influence of another of stronger nerve, he bears a relation to the other, though in a less perfect degree, the same as he did to his mother before his birth; and by hundreds of experiments have I witnessed such a community of taste and sense between the person Mesmerised and myself, that it was impossible for me to put any sweet, sour, or pungent thing, into my mouth, without conveying the sense in perfection to the person Mesmerised; and, if I were ever the subject of pain in the head, tooth, or stomach, or had on a tight boot, the effect was transmitted in a painful degree, and in a similar place. I could also, by an emphatic thought, arouse a similar idea in the Mesmerised brain; and I found, by hundreds of examples, that the Mesmerised person was tranquil, cheerful, restless, or sad, exactly according to the predominant feeling of the individual by whom he was influenced. In all my experience there was the strongest evidence that like produces like; and there was the strongest conviction on my mind that what was then seen was but a repetition of phenomena that were universal during fœtal existence.

Upon these data, I am able with much reason to infer that a pain in the toe of a parent will not derange the finger, head, or chest of the infant; that a longing for an oyster, strawberry, or fat pig, will only affect the stomach or alimentative organ of the brain of the coming babe—it will produce no external mark of any kind. But a strong impression on any part of the body of the mother, or a long continued irritation, is liable to produce an evil influence on the fœtus, and in the same place. The absence or presence of such mark depends greatly on the nervous sensibility of the parent. I had better now give a few examples in proof of what has been advanced.

A lady of much sympathy, having arrived at the fifth or sixth month of gestation, was pained at seeing her little nephew pinch his fingers in the window-shutters. She ran to his assistance, but unfortunately turned the shutters the wrong way, creating in her much agony of mind. At the natural period, she produced a son *minus* these fingers.

Captain H. had his arm blown off at a review. Mrs. D. F. witnessed the accident; a few months subsequently she gave birth to a daughter, with the loss of one arm. Mrs. O., a lady of extreme nervous sensibility, saw this gentleman walk into church a few months afterwards, and was greatly distressed thereby. She was confined in a few months of a child with only one arm.

Mrs. B., during the fifth month of gestation, when going into a cottage had her hand nearly seized by a large black dog. Her son, on being born, was found to have the same hand only half developed. Mrs. B. H., when abroad, was greatly terrified by a scorpion fixing itself on the back of the neck. This was during the fourth or fifth month of gestation. On the birth of the child, there was found a large black hairy mole on the same portion of the neck.

A poor woman, having given birth to a child with a dark red spot on the forehead, the nurse had the usual suspicion that she must have longed for a mulberry. I guessed, however, that she had received a blow on that same spot, which surprised the mother; when she acknowledged to a very *severe* one against the corner of the mantel-piece.

I met with a similar mark on a child's chest, arising from a troublesome boil on the same spot two months previously.

In all these cases you will observe that they are in accordance with those phenomena noticed in Mesmerism. In those cases where the hand or arm was lost, it arose from a shock on the nerve of the parent being conveyed to a like part on the fœtus, inducing paralysis, and then gangrene (as is often seen with octogenarians). In the latter cases, the red mark was induced from local irritation or disturbance in the parent, creating a similar disturbance in the fœtus, and thus disordering the capillary vessels.

But there is one remarkable disorder or disease to which infants are especially liable; viz., enlargement and abscess of the breasts. That new-born infants should be so liable, but for this law of hereditary transmission of sense, would be unaccountable; but, with the views here entertained, it is no more than might have been expected, when we reflect on the great vascularity and extreme sensibility of these organs during the latter periods of gestation.

There is yet one more deformity, and a very common one, that requires especial notice; I allude to club-foot. This, I believe, does not necessarily arise from a fright, or from a mother seeing like deformities; but from an amount of cerebro-spinal irritation conveyed from the parent to the fœtus, by which the balance between the flexors and extensors is disturbed, and in a like manner to that which so often precedes a fit in the first few
months of infancy, thus arresting the proper develo
ment of the foot.

In the above remarks, I have gone as far as time
your patience would allow; and yet I must not conclu
without saying a word or two on the wonderful adva
tages arising from this law given by the wise Author
our being. For, although it has been the object of th
paper to point out how blemishes are produced, I wi
to impress on your minds that the hereditary law p
tains equally to good as to evil, and that the fœtus r
ceives every impression made on its parent; so that t
mother never thinks nor acts without influencing t
cherished embryo of the future man. But for this, m
would ever remain the same; there would be scarce
any advance in his moral and intellectual condition b
yond that of six thousand years since. But, under t
benign influence of this law, there is the capability
every generation to advance beyond the one by which
was preceded; for the education of the parent dies n
but, through this unerring rule, passes as a rich lega
to his sons and daughters.

But when this law, in all its truth, has taken posse
sion of our minds, how sad to think on the amount
evil, the degree of degeneracy, that must arise from t
enormous follies witnessed in fashionable life! Oug
this generation to be surprised at the amount of lunac
idiocy, and nervous disease with which it is afflicte
when we consider the amount of wine and spirit drin
ing at the beginning of the present century? Nor oug
we to be more surprised at the feeble constitutions of
many of the rising generation, when we contemplate t
diminished chest induced by the corset. So stran
have been the ideas, and so unsettled has this law be
hitherto in the minds of the people, that we find hu
dreds of mothers in fear of marking their children wi
a strawberry, oyster, crab, or lobster, and have oft
sent their lords on a wild-goose chase to ease th
minds; and yet by their daily habits have they made t
most baneful impressions on the physical, mental, a
moral organisation of the tender germ committed
their care.

I need not, however, trouble you more on this matt
as this branch has been well treated in Combe's *Cons
tution of Man*, in Dr. Combe's work on *Infancy*; a
in conclusion, I will only assert that the subject is m
important, and none more practical. I trust that, in t
foregoing remarks, some light has been thrown on
matter hitherto obscure; and, if I might be allowed
give advice to my younger friends who are as yet e
gaged, like the patriarchs of old, in begetting sons a
daughters, I would say: Remember this law, and "
yourselves just what you would wish your childr
to be".

THE FIRST QUARTER. The quarterly return of th
Registrar-General for Scotland, as well as that of th
English functionary, being now published, we learn th
the natural increase of the population of Great Brita
by excess of births over deaths in the first quarter
this year was 67,508, or, deducting the emigrants
British origin, 60,865. The mortality of the quart
was above the average of the previous seven years—
England, owing chiefly to deaths in the north-weste
division; in Scotland, to epidemics arising from atm
spheric influences and following a "green yule". Th
amount of ozone is only stated in Scotland for the mea
of all the stations of the Meteorological Society; it e
ceeded 5·0 in each month. In England it varied greatl
It was small in towns; the mean was 0·2 at Camde
Town, 2·1 at Greenwich Observatory, 0·3 at Bradfor
1·2 at Manchester, 2·0 at Gloucester; in Aldersho
Camp, 1·4; at Diss and Hawarden, 1.7; at Hartwe
House, 6·6; at Little Bridy, Dorset, 7·2. It was gen
rally considerable on the coast.

rogress of Medical Science.

GENERALISED EMPHYSEMA. Under this name M. Henri ger, in a memoir read before the Academy of Medicine Paris, has described a rare form of disease, occurring nerally in children. In the course of an acute inflam- tion of the respiratory organs, there is suddenly de- oped, at the side of the neck, a soft tumour with aracteristic crepitation; the tumour is at first circum- ibed, but soon extends in all directions through the bcutaneous areolar tissue. In such cases, M. Roger s, the emphysema has commenced in the lung, has versed the areolar tissue of the mediastinum, and lly has reached the subcutaneous tissue. This con- on, hitherto scarcely recognised, has been noted by Roger in nineteen cases, of which ten were observed d published by him and M. Blache, and nine have n collected by him from various sources.

Generalised emphysema occurs exceptionally in old e, very rarely in adults, but with comparatively great quency in young children: fifteen of the cases were children under four years of age. In nearly one-half the cases, it was preceded by hooping-cough.

In generalised emphysema, there is no spontaneous oduction of gas by morbid fermentation, as happens certain gangrenous affections. The air comes from respiratory organs, by rupture of the air-tubes or eration of the parenchyma of the lungs. On *post rtem* examination, emphysema of all varieties—vesi- ar, interlocular, and interlobular—is found in the gs; the mediastina are found riddled with vesicles and bbles of air: and at the same time air is found in subcutaneous areolar tissues. The emphysema of mediastina arises either from the direct passage of respiratory air through the laryngo-tracheal tube, or m the extension of the pulmonary emphysema. hen a lung is highly emphysematous both in its in- ior and at its surface near the exit, emphysema of mediastina may arise in two ways. 1. The sub- ural mass of air, pushed on by fresh supplies which ve escaped during forcible attempts at respiration, ses the pleura without rupturing it, and reaches the nt of reflexion of this membrane; having arrived re, it passes into the cellular tissue of the medias- um. 2. A deeply seated distended vesicle ruptures, d the air passes along the cellular sheath of the nchi and pulmonary vessels to the root of the lung, ere it enters the mediastinum. This migration of air from the lung to the mediastinum, and from the diastinum to the external areolar tissue, takes place ring the paroxysms of suffocative dyspnœa which at- d double pneumonia, or during the convulsive par- ysms of hooping-cough: the air, compressed by the lent respiratory efforts between the terminations of air-passages and the closed glottis, breaks through least resisting parts—those parts of the pulmonary renchyma which have undergone structural change in nsequence of the primary disease.

Generalised emphysema, when it occurs, usually ap- ars suddenly, at the acme of some acute affection of air-passages, without any peculiar premonitory or ncomitant symptoms. The first symptom is a tumour the base of the neck, under the jaw, and even ex- ding on the cheek: it is soft, and yields to the finger d ear a pathognomonic crepitation, which is sometimes reased by coughing or crying. In a few hours, the physema spreads in all directions, making the pa- nts appear as if they were anasarcous; the general nptoms are, as a rule, aggravated at the same time.

This form of emphysema is generally fatal: death curred in fifteen cases out of the nineteen. Death curs in one or two days, sometimes even in a few hours minutes; it is rarely delayed several days. But the unfavourable prognosis depends less on the emphysema than on the severity of the disease which has given rise to it.

In the treatment, the first indication is to calm the violent respiratory efforts which give rise to the emphysema; and this is to be fulfilled by the use of full doses of digitalis, with opium. The absorption of the infiltrated air must depend on the natural powers of the system; but it may, perhaps, be hastened by stimulant frictions over the affected parts; and, in cases where the external emphysema is very severe and oppressive, an exit may be given to the air by punctures made with a capillary trocar. (*Révue de Thér. Méd.-Chir.*, 1 Avril, 1862.)

SUPRAPELVIC HÆMATOCELE. In the accounts given of this affection, the blood is generally described as being contained in the peritoneal *cul-de-sac* behind the uterus, and as forming a tumour capable of being felt through the rectum and vagina, and sometimes by pressure in the hypogastric region. Some cases, however, which have come under M. Gosselin's observation, have led him to the conclusion that the effusion from the ovary may (from some as yet unknown cause) be arrested *above* the pelvis, and form a tumour capable of being detected by palpation in the hypogastric region alone, and not by the vagina or rectum. One patient under his care presented on two separate occasions, after symptoms resembling those of peritonitis, a tumour of the size of a fist in the left side of the abdomen; it disappeared readily each time, without any discharge of pus by the alvine excretion, by the urine, or by the vagina. M. Gosselin proposes to term this variety "suprapelvic hæmatocele". (*Gaz. des Hôpitaux*, 19 Avril, 1862.)

A SYMPTOM OF FRACTURE OF THE BASE OF THE SKULL. In a communication made to the Surgical Society of Paris, M. Dolbeau has called attention to the presence of ecchymosis of the pharynx at its upper part as a sign of fracture of the base of the skull. In a case admitted into the Bicêtre, where death took place twelve days after the receipt of the injury, the patient complained, when sensible, of pain in swallowing. On examination after death, the base of the skull was found fractured; and there was infiltration of blood behind the pharynx, from the occipital bone to the second cervical vertebra; the mucous membrane of the pharynx was also evidently ecchymosed. In two other cases in which the symptoms pointed to injury of the base of the skull—contusion in one, and fracture in the other—and in which recovery took place, pain in deglutition was complained of; and, on examination, in each case there was found to be ecchymosis of the posterior wall of the pharynx. The portion of the pharynx in which the ecchymosis occurs is rather difficult to be seen; it is limited by the bone of the skull above and the velum palati below, by the vertebral column behind, and the posterior orifice of the nares in front. (*Presse Médicale Belge*, 27 Avril, 1862.)

GASTRIC CONCRETION PRESENTING SIGNS OF CANCER. Dr. Chapelle was called early in January 1856 to a woman aged 43, who had from her youth been subject to dyspepsia, and had more than once been treated for gastritis. When he saw her, her digestion was weak; she had disgust for food; she vomited drinks and glairy matter, and occasionally food. There was pain in the epigastrium, increased on pressure, and recurring in paroxysms, which she designated *cramps*. The tongue was foul; and she had habitual constipation, a small weak pulse, and was gradually wasting. On palpation, a hard mass of the size of a pigeon's egg was felt below the xiphoid appendage of the sternum; it was well defined, and immoveable. The examinations were repeated at times during four weeks; and the result was always the same. This combination of symptoms led

Dr. Chapelle to imagine that the case was one of cancer of the pylorus. Tonics, sedatives, enemata, and occasional doses of mild purgatives, were prescribed. On February 6th, after taking some calomel and colocynth pills, in order to overcome an obstinate constipation, the patient was seized with violent pain and vomiting, and passed a copious stool containing, with mucus and fæces, a soft body, irregularly rounded, and having a circumference of three inches and one-third; it became hard on exposure to the air. On examination, it was found to consist externally of a brown, next of a whitish, and internally of a yellowish layer. Chemically, it appeared to be composed of calcareous matter. For the first few days after passing this concretion, the patient was in much danger; but she subsequently recovered, and has, though weak, remained in fair health up to the present time. (*Gazette des Hôpitaux*, 17 Avril, 1862.)

Imperforate Anus: Successful Treatment by Perinæal Incision. One of the operations for the remedy of artificial anus in children consists in making an incision in the perinæum, detaching the rectum, and bringing it down and fixing it to the external wound, so as to make a new anus. An operation of this kind is reported by Dr. Friedberg of Berlin as having been performed by him with success. The patient was a male child. The medical man in attendance had incised the perinæum and opened the rectum, with relief for a time; but defæcation became gradually more difficult, and ceased when the child was about nine weeks old. Dr. Friedberg was now called, and operated in the manner above described. The stools were passed daily for three months. At this time, constipation set in. The passage was found to be perfectly free; and the constipation was relieved by drawing away an accumulation of scybala about four inches above the anus. The newly formed anus had at this time all the appearance of the natural opening, and contracted on the finger. (*Arch. für Path. Anat.*, and *L'Union Méd.*, 1 Avril, 1862.)

Tetanus treated by Chloride of Barium. A man, aged 39, cut the palm of his left hand in the beginning of March 1858. At the end of the month, the wound was healed, but he was attacked with tetanic symptoms, and was admitted into the Milan hospital. When M. Guecchi saw him, he had spasmodic contraction of the masseters and of the muscles of the neck; the left hand was contracted, and he had pain in the right lumbar region and thigh. The pulse was slightly increased in frequency. Chloride of barium was given—sixteen grains in a quart of distilled water being taken during the day. At the end of ten days, the symptoms having nearly disappeared, the dose was reduced one-half; and a week later, the patient was discharged cured. M. Guecchi appears to have used this treatment successfully in several other cases; while M. Gherini of Milan tried it unsuccessfully on a case of tetanus occurring during the Italian war. (*Gaz. Med. Ital. Lombardà, and Presse Méd. Belge*, 13 Avril.

Hæmorrhage into the Anterior Chamber of the Eye Vicarious of Menstruation. M. Guépin relates the case of a young lady, aged 18, who had menstruated for the first time three years previously. The catamenia had appeared regularly, and on each occasion had been followed by epistaxis. When M. Guépin saw her, on May 25th, 1861, she had had, since April 18, an effusion of blood in the anterior chamber of the eye. It had appeared after menstruation, in place of the usual epistaxis. Fomentations and a little atropine were applied to the eye, and the patient was ordered to take exercise in the open air, and to have small doses of iron. Under this treatment, her general health improved. (*Journ. de Méd. de Bordeaux, and Gazette Méd. de Paris*, 12 Avril, 1862.)

British Medical Journal

SATURDAY, JUNE 7th, 1862.

THE MEDICAL COUNCIL AND THE COLLEGE OF SURGEONS.

The General Council of Medical Education this y
again " has come, it has gone, it has met"; and,
regret to say, it has (in one particular, at least) sho
itself to be unworthy of itself and its high functio
position. In one most important vote, it has
hibited a remarkable want of moral courage; or,
speak perhaps more correctly, it has allowed its
to be overridden, to the hindrance of justice and
the injury of the profession, by the powerful in
ence of one particular medical corporation exer
within its circle.

The chief and most essential office of this Gene
Council, we need hardly tell our readers, is to sup
intend the medical education of the country; a
in particular, to lay down recommendations as
what should be considered as the *minimum* amou
at all events, of professional education which shou
be required of those who come to be registered
the Council as fit and proper men, capable of und
taking the cure of disease in man or woman. Th
recommendations of the Council are laid down
tell the country at large what, in the opinion of t
highest medical authority in the land, is the le
quantity of education which every man in t
country ought to possess before he be legally p
mitted to bleed, blister, and physic, and incise t
human body. In accordance with this program
of its functions, or rather of its duties, the Gene
Council last year solemnly adopted a series of ca
fully considered recommendations on the subject
general education.* Now, amongst these reco
mendations may be found the following.

> " That four years of professional study be require
> *after the examination in general education*, of candidat
> for medical licenses.
>
> " That the time of *commencing* professional studi
> shall be understood to be *the time of commenci*
> *studies at a medical school*; and that no qualifying bo
> be considered to have complied with the recommend
> tion of the Council, which shall allow the examinati
> in general education to be passed after the commenc
> ment of professional study."

Thus the Council solemnly declare that four year
at least, of professional study (as above defined) sha
be passed by the student; and that this profession
study shall be *commenced* in a medical school. An
let it be remembered, these recommendations a
equal in value to a positive injunction in equity,
not in law. It was partly to obtain these recom

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* They will be found at length at page 100 of the last volume
the Journal.

mendations, and to see them carried out, that the profession consented to pay something like £40,000 for the maintenance of the Medical Council. Such being their real value and positive cost, let us see how they are regarded and treated by the College of Surgeons of England. The College answers them by issuing regulations which completely ignore the Council's recommendations. Instead of demanding hat the professional study be commenced at a medical school, they say to the student, You may make out one of these years by pupilage to a surgeon, and another "by attendance on a hospital or dispensary, or other public institution recognised by his College for that purpose"; or "by attendance of ectures on anatomy, physiology, chemistry, or natural philosophy, by lecturers recognised by this College": nd they leave to him the option of *commencing* his tudies, if he please, in either of these ways, and lso of deferring his examination in general educa-ion until he is actually about to commence his ttendance in a medical school.

Now, however good private or hospital practice re as sources of instruction, they are only so when he student has laid a good foundation of elementary atters—anatomy, chemistry, etc.; and this he can owhere do with profit but at a medical school. The ffect of the permission granted by the Royal College f Surgeons is, then, virtually to reduce further the *inimum* amount of education demanded by the Iedical Council. Candidates for the College diploma ay throw away a year or more of their time in lundering up to some amount of empirical know-dge; they may then pass their examination in eneral education; and then, after two winter and ne summer courses of lectures—*i.e.*, after fifteen onths' attendance at a medical school—they may resent themselves for examination! *This* is, there-re, the College's *minimum* of education; this is he College's idea of the order in which the educa-on of a medical student may be carried out with lvantage; and this is the edifying example of obe-ence to the great central authority on medical lucation which the College offers to the world!

It was not likely, as may be supposed, that so aring an example of contempt could be overlooked y all the vigilant eyes of the Medical Council. nd this year, in fact, the dereliction was brought nder the notice of the Council—the Council which sued the education recommendations. And we ave now to tell how the Council has treated this ntempt of its authority. It has bowed the head silence. It was not competent to call in question e acts of so high and mighty a body corporate is the Royal College of Surgeons of England! he malefactor was too important to be touched by eir jurisdiction! However insulted we have been, e must bear the insult from so weighty a hand! it had been a smaller delinquent, we would have nailed him up as an example; but this one is beyond our competence! In other words, the Council has shelved the question, and pocketed the insult offered to its authority.

Happily, however, we learn that the shelving was not an easy matter, but was effected solely by the overwhelming influence of members of the College of Surgeons who voted on the occasion. Dr. Thomson proposed, and Dr. Sharpey seconded, the following proposition:

> "That the regulations lately issued by the College of Surgeons of England for the qualification of candidates for their licence, not being in accordance with the recommendations of the Medical Council, the College of Surgeons be requested to reconsider the grounds on which they have departed from the recommendations of the Council; and to state to the Council in how far the regulations recently issued are to be regarded as merely temporary, and in how far the Council may expect the College, at an early period, to bring their regulations into conformity with the standard recommended by the Council."

This proposition is met by the College men with an amendment, which was thus carried: eleven voted for, and eleven against it; and then Mr. President Green gave the casting vote in favour of his College. The names of those who supported the *rights* of the College are: The President, Mr. Arnott, Mr. Cooper, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Mr. Lawrence, Mr. Teale, Dr. Stokes. The names of those who supported the recommendations of the Council, so glaringly infringed, are: Dr. Burrows, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. Thomson, Mr. Hargrave, Sir Charles Hastings, Dr. Sharpey, Dr. Christison.

On a subsequent day, Mr. Syme again vainly attempted to penetrate this fortress by proposing the following resolutions (which were negatived):

> "1. That the Council has resolved that no license to practise medicine or surgery shall be conferred upon any one who has not completed four years of professional study. 2. That the Council has also resolved that apprenticeship or pupilage shall not constitute the commencement of this professional study. 3. That the College of Surgeons of England has lately issued regulations to the candidates for their diploma, which allow apprenticeship or pupilage to constitute the commencement of professional study; and also allow another year to be constituted by attendance upon a recognised hospital, so as to limit the period of study at a medical school to two years and three months, or fifteen months in all. 4. That the Council having declined to notice this departure from their requirements, and thus recognised an independent power of action in one of the licensing bodies, it is therefore unnecessary to take any further step for interpreting the educational clauses of the Medical Act."

Of course, if the College refuse to justify its conduct in this matter, it must be contented to accept the comments made on its conduct. Why, people will ask, does the College offer its diploma to those who possess less than the *minimum* of education demanded by our Medical Council? And people will answer, that it cares more for an extensive sale of surgical diplomas than it does for supplying the country with competent surgeons. They will answer, that this great corporation has been the first to nullify and render useless the labours of the Medical Council, instead of being the first to obey its injunctions. And what will the profession say of those members of the Council who have had the courage to support, or the want of courage not to oppose, this flagrant violation of their own carefully considered and solemnly settled regulations?

The College of Surgeons is playing a dangerous game. It has, indeed, on this occasion, won the day by a single vote—the casting vote of President Green. On another occasion it may lose; and then may go up a complaint from the Medical Council to the Privy Council; and then may issue from the Privy Council an injunction to restrain the College from the issue of its licenses! Who will say the injunction was not merited?

As a contrast to the College of Surgeons, we would refer, in conclusion, to the honourable conduct of the Apothecaries' Society, which has (even at this trying period of its fortunes) scrupulously carried out the recommendations of the Medical Council. Curiously enough, however, we observe that its representative (on the occasion of this vote) sided with the College of Surgeons. How the representatives of Oxford, Cambridge, and Durham could likewise partake in such an education-reducing vote, is to us quite beyond comprehension.

DR. STEWART AND MR. I. B. BROWN.

It has been objected to us that, in the remarks made last week in this Journal on the award of the referees in the case of Dr. A. P. Stewart and Mr. I. B. Brown, we hardly did justice to Dr. Stewart's side of the case when we said that the award did not tell us what effect was produced upon the minds of the parents in whose presence the "indiscreet" words were spoken. In the award it is said: "Dr. Stewart describes the overwhelming astonishment and dismay which the announcement of Mr. Brown produced in the parents." Upon this statement of Dr. Stewart's the referees make no comment; but, in fairness to Dr. Stewart, we feel bound to say that his words are distinctly corroborated by a letter which many months ago was placed in our hands, and which, in fact, is the letter to which the arbitrators refer.

Our readers may perhaps remember that, in a letter in the Journal of January 25th, 1862, we were threatened with an action for libel by Mr. I. B. Brown for having omitted the following paragraph from a letter sent to us by him for publication.

"As Dr. Stewart is thus proved to have contradicted himself, I need no other comment, and will only add, that his statement that Lord and Lady —— understood my words in the sense he ascribes to them, and that I did him the 'mischief' then referred to, have, as he wel knows, been refuted by an equally unquestionable authority, being no other than Lord and Lady —— themselves."

The letter before us shows plainly that we were more kind to Lord and Lady —— by omitting this paragraph, than Mr. Brown was in having insisted on its publication. For what will our readers think when we tell them that, in a letter of Lady —— written to Dr. Stewart six days only after the meeting of Dr. Stewart and Mr. Brown, the following words occur?

"Of course the shock to me was very great when, a few minutes after, Mr. B. told me that she was in great peril owing to her throat, and that, unless immediate measures were taken, he did not think she had twelve hours to live. An immediate change for the better took place after these measures were taken."

That Lord and Lady —— should, in the face of this *litera scripta*, have denied the effects produced on their minds by the "indiscreet" words is their affair, which they must settle with their own conscience. Our object simply is to prove to demonstration the "mischievous" effect (all along denied) of the "indiscreet" words.

The case, then, stands thus. Dr. Stewart is in attendance on a child. The parents are anxious and dissatisfied. They call in Mr. I. B. Brown; and his coming is *suddenly* announced to Dr. Stewart. Mr I. B. Brown arrives, and in their presence (and under these circumstances) makes use of words to the effect that, "unless immediate measures were taken, he (Mr. Brown) did not think the child had twelve hours to live."

Dr. Stewart is astounded, and at once retires from the treatment of the case, washing his hands of all further responsibility. Moreover, he does not hesitate, when questioned on the matter, to say that the words and actions here referred to are, in his opinion, highly unprofessional. Thereupon, Mr. Brown constitutes himself an aggrieved party, demands satisfaction from Dr. Stewart, and arbitration is at last decided on. Referees investigate the case, and issue their award. They consider the words inculpated "indiscreet"; but that Mr. Brown, in the using of them, meant no mischief.

We regret to have to criticise this award, and to take a different view of the matter. It is no satisfaction to be told, when a horse has smashed your leg, that the kicking was all done in play, that the animal has not a spark of vice in him. We must, in matters of professional etiquette, judge indiscreet words rather by their effects than by the intentions of those who uttered them. If expressions of such a kind are to be held as merely "indiscreet" in sick room, there is, in our opinion, an end of all professional confidence in consultations. Dr. Stewart does not consider the child in danger; and, in fact, e child recovers. Mr. Brown considers the child as not twelve hours to live unless "immediate mea-ures" are taken. These are taken, and the child ves! Is not the conclusion obvious to the minds of xious parents, with whom *post hoc* and *propter hoc* e naturally not very distinctly laid down in matters edical. At all events, Dr. Stewart's retirement llows Mr. Brown's advent; and Mr. Brown and his ccessful treatment are left in triumphant posses-on of the field.

What, indeed, is likely to be the feelings of the rents towards their physician when they suddenly arn that he has not adopted, nor thinks of adopt-g, that line of treatment which they are assured n alone save their child's life; or, in other words, at, if his treatment had been continued, in twelve urs their child would have been dead?

In concluding our notice of this unhappy subject, must again say that nothing but the strongest nvictions of the correctness of the views we hold, d the feeling that we are bound to do justice to e of the most upright and honourable of men, uld have induced us to object to the award of the ntlemen who have so kindly taken upon them-ves the trouble and annoyance of a very thank-s and unpleasant duty.

THE MEDICAL COUNCIL.

E Medical Council held their last day's meeting Wednesday, May 21st.

A Committee of the whole Council met at one lock, on the subject of the *Pharmacopœia.* The icitor, Mr. Ouvry, reported the result of an inter-w which he had at the Home Office with Mr. ring, to whom the application of the Council re-rding the *Pharmacopœia* had been referred. The nuscript of the *Pharmacopœia* was formally opted as the *British Pharmacopœia* ordered to be blished by the Medical Act; and resolutions were ssed, delegating to the Executive Committee wer to take such measures as may seem to them pedient with reference to the Bill which it is anti-ated the Home Secretary will introduce into Par-ment on the representation of the General Medi- Council; and in case the proposed bill be passed o a law, to take all such steps as may be necessary the publication of the *British Pharmacopœia.* e Executive Committee were further instructed to nfer with the *Pharmacopœia* Committee, in the ercise of the last named powers.

On the meeting of the Council, the Report of Committee on the *Pharmacopœia* was read and opted.

Dr. Alexander Wood reported, on behalf of the mmittee on the Sale and Publication of the *gister,* that the number of copies sold in 1860 was 768, producing £165 : 17 : 8; and in 1862, 532 copies, producing £93 : 8 : 6 On the recommendation of the Committee, it was agreed:—

"That it be remitted to the Executive Committee to ascertain whether the printing could not be executed at a lower rate than at present.

"That the Council request the President to write to the Secretary of State for the Home Department, pointing out to him the inconvenience that has arisen, and is likely to arise, from the Clerks of Court and Registrars of Births, Deaths, and Marriages, not being necessarily possessed of copies of the *Medical Register.*"

A motion calling on the Executive Committee to have copies of the *Register* placed for sale with the principal booksellers in towns of the United Kingdom was negatived; but it was agreed that the Executive Committee be directed to prepare a list of persons, public officers, and public institutions, to whom a copy of the *Register* shall be transmitted annually.

A report was presented by Dr. Stokes from the Committee appointed by the Council in 1861 to ascertain from the colleges and bodies mentioned in Schedule A whether they had "taken any steps to determine how far the certificates given to students for attendance on hospitals and lectures are granted on *bonâ fide* attendance:" Answers had been received from all the bodies except the Colleges of Physicians and Surgeons in Ireland, and the Queen's University in Ireland. The report, the consideration of which was deferred to the next meeting of the Council in Committee on Education, concluded as follows:—

"In those bodies to which schools of medicine are attached, attention is paid—though by the adoption of different methods—to ensure a *bonâ fide* attendance of those students to whom certificates are granted. Great difficulty arises on the part of those bodies by which licences are granted, yet where no school exists under their immediate jurisdiction, in determining the question of *bonâ fide* attendance. It is plain, further, that in cases of attendance at private schools, the certificates of the teachers who grant them have to be received by the licensing body on the responsibility of the grantors of the document. It is not to be lost sight of, that licensing bodies have every day presented to them certificates from schools at a distance from them, and over which they have no power. These considerations, especially when the present and obvious overloading of the curriculum of study enforced in these countries is borne in mind, make the attempt at an effective supervision of class-room or hospital attendance a matter of great difficulty. In the opinion of the committee, the means most likely to lessen the evils which necessarily flow from a loose system of granting or receiving certificates must be sought for in some important modifications on the part of the licensing bodies, of the curricula now enforced."

The Finance Committee presented a Report of the Income and Expenditure for 1860 and 1861; and an estimate of the same for 1862. The following is an abstract of the same:—

INCOME.

	1860			1861			1862 (*Estimated.*)		
Fees	3204	10	0	4017	15	0	3650	0	0
Dividends . .	749	7	11	755	3	7	750	0	0
Sale of *Register*	165	17	8	93	8	6	80	0	0
Penalties . .	14	10	0	5	1	3			
Over draft from India . . .				0	3	0			
Total . .	4134	5	7	4871	11	4	4480	0	0

EXPENDITURE.

	1860			1861			1862 (*Estimated.*)		
General Council	3862	1	0	3320	18	11	3000	0	0
Branch Councils	1599	8	9	1428	7	9	1364	0	0
Total . .	5461	9	9	4749	6	8	4364	0	0

The Committee also reported that they had received from Dr. Garrod a statement of the accounts of the *Pharmacopœia* Committee. It appeared that, of £1000 which had been voted for the use of that Committee, £128 remained in hand.

The Report of the Finance Committee was adopted; and on their recommendation, it was resolved that the printed lists of the new entries on the local registers be issued quarterly instead of monthly; and that all these lists be printed in London in the same type and form as is used for the *General Register*.

The Committee on Communications from the Colonies reported that the Medical Council had taken no steps to enforce registration in the colonies; but that it was doubtful how far any unregistered person could recover charges in a colonial court, unless authorised by a local Act; and further, that

> "It is clear that where restrictions are imposed on practice by local Acts, no such restrictions can have any effect on persons practising in the colonies who are registered under the Medical Act."

Dr. Embleton presented a Report from the Committee appointed to ascertain from the Examining and Licensing Bodies the alterations introduced by them from time to time into the Courses of General Study and Examinations, and the number and names of candidates who had passed or had been rejected. The Report on the first head was as yet only partial; and the Committee recommended that further application for returns should be made to the several bodies. With regard to the second point—the number of candidates admitted and rejected—returns had been received from all the bodies excepting the Universities of Aberdeen and St. Andrews and the Queen's University in Ireland. The returns from the Royal College of Physicians in Edinburgh, however, not being made up for the same period as the others, could not be classified with them. The following table shews the returns from the several bodies mentioned for the year 1861.

	No. of Candidates.	Rejected.	Passed.
Royal College of Physicians, London	105	22	83
King and Queen's College of Physicians, Ireland	52	7	45
Royal College of Surgeons, England	531	66	465
Royal College of Surgeons, Edinburgh ..	102	8	94
Faculty of Phys. and Surgeons, Glasgow	78	16	62
Royal College of Surgeons, Ireland......	149	19	130
Apothecaries' Society, London	340	23	317
Apothecaries' Hall, Ireland	37	5	32
University of Oxford..................	4	0	4
University of Cambridge..............	7	0	7
University of Durham.................	4	0	4
University of London	45	9	36
University of Edinburgh..............	87	19	68
University of Glasgow................	51	5	46
University of Dublin	17	1	16
	1609	200	1409

It was resolved that the returns from the licensing bodies should be made annually on the 1st of January; and that the candidates who have passed or have been rejected at the first as well as at the second examination be specified.

The Executive Committee was appointed to consist of the President, Dr. Burrows, Dr. Sharpey, Dr. Acland, and Mr. Arnott; and it was delegated to them to remove from the *Register* the names of persons convicted of felony or misdemeanour (or of crime or offence in Scotland). All the powers vested in the Executive Committee were voted to be in force until the next meeting of the Council.

The sum of £600, in addition to £1,000 already paid, was voted to the *Pharmacopœia* Committee; and, with a vote of thanks to the Royal College of Physicians for the accommodation granted by them, and of a gratuity of ten guineas to the servants of the College, the proceedings of this session of the Council were brought to a conclusion.

THE WEEK.

THE death of Mr. Wakley is reported as having taken place at Madeira on the 16th of last month. Towards the end of last year, Mr. Wakley left England in consequence of the impaired state of his health; and, from the accounts received up to a comparatively late period, there was some ground to hope for his return in a state fit for the performance of his duties. His well known career, however, and the influence which he exercised in the medical profession, have now become matter for the comments of the biographer and historian; and, doubtless, there will not be wanting those, who will do full justice to so able and remarkable a man. For the post which is left vacant by his death, and which he so ably filled for many years—the coronership of West Middlesex—several candidates have already put forth their claims. There will, of course, be a revival of the question—ought a coroner to be a member of the legal or of the medical profession? Now, with all respect for whatever may

; said on the legal side, we hold that, whatever ay have been the case ages ago, the office of coro- r in the present day requires a kind of knowledge hich is likely to be possessed in greater share by e medical man than by the man of law; and that, erefore, a medical man, of good attainments and ear head, is everyway better than a lawyer to be a roner. And the experiment of a medical coroner not new; it has been tried successfully in the case Mr. Wakley, and the West Middlesex freeholders ll do well in continuing that state of things, as gards their coronership, which they inaugurated electing Mr. Wakley. Among the candidates ho have already appeared, we notice the names Dr. Lankester, and of Mr. T. H. Wakley, son the late coroner. As to Dr. Lankester's fitness, ere can be but one opinion. He is well known, man of high scientific reputation, energetic d active in business; and we are sure that, his hands, the duties of coroner would be rformed in such a manner as to strengthen the guments which have been from time to time ad- ced in favour of appointing medical men to the ice. One piece of advice we must give to all ose of our medical friends who wish to see a dical man chosen as coroner; and that is, to be *animous* as to whom they would have. If they ide their interest among different candidates, the vyers will surely gain the day; but if they act itedly, the success may be looked on as certain.

. T. L. MACKESY of Waterford has been elected esident of the Royal College of Surgeons of Ire- d. The Dublin College has, in this respect, set example to the sister institution in London; it s recognised to the fullest the fact that men fit even its highest offices can be found beyond the gic circle of metropolitan attraction. We in gland are thinking it a great thing to get one ntry member on the Council of our College; but for a provincial surgeon being President—the ught is almost too extravagant. Yet time and nion may work wonders in this direction, and it y be that we may see one or more, if not of the sent race of old country surgeons, at least of the v rising men, in the President's chair. But then, esidency and Examinership must not be mutually essary.

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inquest was terminated on Monday last, on the ly of Pierre Dumesnil, a Frenchman aged 33, who d under the influence of chloroform. The body l been buried; but, as there were allegations that chloroform was improperly administered, it was humed, and an inquest held. From the time which l elapsed, decomposition had taken place, of urse obscuring greatly any pathological appear- ces; yet Mr. Gant—who acknowledged that he could not swear to the presence of fatty degeneration of the heart—said that "it would be most hazardous to give a person whose lungs and heart were so diseased chloroform." How Mr. Gant arrived at his knowledge of the existence of chest-disease, it is difficult to imagine; especially as Dr. Dieudonné, who gave the chloroform, swore that he had "examined the chest and heart of the patient three times before giving the chloroform," and had found both respiration and circulation healthy. The chloroform, it appears, was administered without measuring, on lint folded on a handkerchief; and this, of course, raised the question as to the safety of the method—Mr. Gant condemning it, and Dr. Dieudonné asserting that, although he had been in the habit of giving chloroform for many years, in the way, he had never before met with a similar accident to that which occurred in the present case. The verdict returned was,

> "That the deceased died from the effects of chloroform administered at his own request; and that his death was caused by misadventure."

It is but just to Dr. Dieudonné to say that, in an account of the case which he gives in the *Lancet* of May 17, he concludes in the following words:—

> "After numerous successful cases, I coincide with many other practitioners, both English and foreign, that chloroform ought only to be applied in cases of tedious and painful operation."

THE National Association for the Promotion of Social Science commenced the proceedings of its sixth annual meeting on Thursday evening last; and will conclude them on Saturday, June 14th. The Association meets simultaneously with the Congrès International de Bienfaisance, the third session of which will commence on Monday. The Social Science Association is under the presidency of Lord Brougham, who delivered the opening address in Exeter Hall on Thursday evening; and the business of the Congrès will be commenced in Burlington House at 11 A.M. on Monday, by an address from the President, the Earl of Shaftesbury. The morning meetings of the Association will be held in the Guildhall, and those of the Congrès in Burlington House. On the evenings of the ensuing week, the Association will meet in Burlington House for the discussion of special subjects of interest. During the course of the meetings, several *soirées* are announced, as follows:—

A General *Soirée* for the Association and Congrès, on Saturday evening, June 7th, in the Palace at Westminster. Special Invitations are issued to all holders of Members' and Ladies' Tickets.

The Royal College of Physicians will receive the Officers and Council of the Association, and the leading Foreign Members, at a *Soirée* on the evening of Monday, the 9th of June.

The Reformatory and Refuge Union will give a *Soirée* to the Members and Ladies of the Association and Congrès, at the Hanover Square Rooms, on the evening of Tuesday, the 10th of June. Admission by Members' and Ladies' Tickets.

A General *Soirée* for the Association and Congrès will be held at Fishmongers' Hall, on the evening of Thursday, the 12th of June, at 8.30 P.M. Admission by Members' and Ladies' Tickets.

Members who are desirous of introducing ladies to the *Soirée* at Westminster (not provided with the ordinary half-guinea tickets of admission to the meetings and *soirées*) may do so by special ticket, the cost of which is five shillings. Tickets and every information may be obtained at the Guildhall, or at 12, Old Bond Street. We are glad to notice the remarkable vigour manifested this year by the Public Health Department, which meets under the presidency of Mr. W. Fairbairn, President of the British Association for the Advancement of Science; the Vice-Presidents being, Dr. T. Watson, Dr. W. Farr, and Mr. Simon. There are twenty-nine papers announced on the business-list of this department to be read at the morning meetings; besides which, discussions will take place in Burlington House on Tuesday evening, on the Effect of Occupations on Health; and on Thursday evening, on Sanitary Statistics. Among the papers are some on Hospital Hygiene, Dietetics, etc., to be read today (Saturday) by Mr. Durham, Dr. Steel, Dr. Markham, and Dr. Thurle; three on Drainage, to be read on Monday by Mr. R. Rawlinson, Alderman Mechi, and Mr. W. Spooner Hill; two on Fever, by Dr. Lankester and Dr. Lyons; and also papers on the Health of the Army, Navy, and Mercantile Marine; on Infant Mortality; on the Sale of Poisons; etc. Altogether, this important department of the Association is manifestly in a very flourishing state. As might naturally be expected, the majority of the papers are from medical men, who show thereby how they recognise the importance of the Association as a means of communicating sanitary science to the public.

THE French Minister of the Interior has nominated a Commission to study the conditions required in the construction of hospitals, and to produce models of such establishments. The Commission consists of doctors, architects, a councillor of state, and the inspector-general of Charitable Public Buildings. The Governors of St. Thomas's may, perhaps, take a hint from the future labours of this important jury of commissioners.

La Gazette des Hôpitaux tells us that the position of military medicine in Italy is very low—far inferior to what it is in France. Medical men rise with great difficulty, and never attain a high rank.

M. Chevreul, in presenting a paper to the Academy by M. Terreil on the Earthy Phosphates contained in Plants, observed that since the year 1811, organic chemistry has made in this respect very little progress: "There is not," he said, "a sin organic liquid of which the chemist, at this day, boast of having the exact composition."

M. Grandeau has obtained a considerable quant of chloride of rubidium from the salts of beetr He asks which of the elements of the soil it is wh supplies the plant with this body; and promises answer the question soon.

M. Morel-Lavallée has very nearly fallen a vict to an attack of erysipelas, contracted, it is said, the performance of his duties at l'Hôpital Beaujo

An Alpine Club has been established in Vien Three hundred persons have already joined it. I supposed that it will accomplish great things for physical development of the Viennese.

The health of Her Majesty the Empress, wri the Vienna medical journal, is not as good as co have been hoped from her long residence in the sou Her Majesty is at present residing at Reichena and, as we hear, Dr. Jongh has been sent there be in attendance on her. Professor Skoda has been called in; but Oppolzer, who has just return from Vicenza, whither he has been to visit Grand Duke Albrecht, sets out to-morrow for Reic nau, to hold a consultation with Drs. Seeburger a Fritsch, and Dr. Fischer, of Munich, the physici of Duke Max. Dr. Fischer, at the wish of the E peror, has undertaken the management of the E press' health, and remains for some weeks Reichenau.

MM. Becquerel and Cl. Bernard have reported a paper of M. Moreau, Researches into the Natu of the Electricity-producer of the Torpedo. T electric nerves alone possess the properties of mo nerves. The electricity is elaborated in the elect organ, and not in the brain, as it has been assert The brain is simply an excitant composed of centr where the nerves receive their excitation. Hen the electric organ stands in the same relation these centres, as the muscles of animals do to th nervous centres; which muscles contract and p duce electrical discharges when they are irritat just as the electric organ does when the correspon ing nerves with it are irritated. Lastly, there exist tetanic state of the nerves, and of the electric tiss analogous to that which is observed in the mot nerves and muscles of animals.

Dr. W. A. Hammond has been nominated, by Pre dent Lincoln, Surgeon-General of the United Sta army.

The *Edinburgh Veterinary Review* for the prese month commences with a paper by Mr. John Gamg on a New Malady in Lambs—Metastatic Absces supervening on Plethora.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
MIDLAND. [Annual.]	Guildhall, Lincoln.	Wed., June 18, 2 P.M.
RMINGHAM AND MIDLAND COUNTIES. [Annual.]	Hen and Chickens Hotel, Birmingham.	Friday, June 20th, 3.30 P.M.
CASH. & CHESHIRE. [Annual.]	Royal Institution, Manchester.	Wednesday, June 25th, 12 noon.
SOUTH MIDLAND. [Annual.]	Bedford.	Thursday, June 26th, 12.30 P.M.
SOUTH-EASTERN. [Annual.]	Public Hall. Reigate.	Thurs., June 26, 2 P.M.
EAST ANGLIAN. [Annual.]	Stowmarket.	Friday, June 27th, 2 P.M.

ST YORK AND NORTH LINCOLN BRANCH: ANNUAL MEETING.

sixth annual meeting of this Branch was held at Hull Infirmary, on May 22nd, at 1 P.M.; ROBERT RDEY, Esq., President, in the chair. Fifteen members three visitors were present.

ir H. COOPER, on taking the chair, spoke of the isure which he had had in presiding over this large nch of the British Medical Association, assuring the nbers that the duties connected with the office had n discharged by him with feelings of gratification to self, and he hoped to the members generally. In gning the office of President of this Branch to his emed friend Mr. Hardey, he did so with the full irance that no member of the profession was more thily selected; and, under the present circumstances his having been restored from a serious illness, no who enjoyed more the high respect of his profes- ial brethren. Sir H. Cooper then resigned the chair Ir. Hardey.

Ir. HARDEY, with feelings of emotion, spoke of the honour conferred upon him by electing him Pre- nt of the East York Branch of the British Medical ociation; and said that if ever there was a time n he felt that he was indebted to the members of profession for their kind attention and treatment of case, and especially for their keeping together his tice during his late severe affliction, it was now. y all had, indeed, his warmest thanks; and their lness and attention to his particular interests could er be forgotten by him.

ew Members. It was resolved that Edward Healey, ., and T. Somerville, Esq., R.N., be admitted mem- of the Branch.

fficers for 1862-3. The officers appointed for the ing year are as follows:—*President*, R. Hardey, . (Hull); *President-Elect*, F. B. Anderson, Esq. ssle); *Representatives in General Council*, K. King,). (Hull), and J. Bell, L.R.C.P.E. (Grimsby); *orary Secretary*, H. Munroe, M.D., F.L.S. (Hull). *mittee*, J. P. Bell, M.D. (Hull); K. King, M.D. ll); Sir H. Cooper, M.D. (Hull); R. M. Craven, . (Hull); O. Daly, M.D. (Hull); W. H. Eddie, Esq. rton); W. J. Lunn, M.D. (Hull).

ext General Meeting. It was resolved that the next eral meeting should be held at Withernsea.

apers. The following papers and communications made:—

On the General Disuse of Venesection in the atment of Acute Diseases. By R. Hardey, Esq.

2. On the Occupation of the Uterus by Hydatids. By H. Gibson, Esq.

3. On Excision of the Tongue. By K. King, M.D. Dr. KING, on being called upon for his paper on Excision of the Tongue, requested permission from the President to read instead the sequel to one of the cases reported in the *Lancet* of April 19th, 1862, under the title of Recto- and Vesico-Vaginal Fistulæ; several operations; cure. By I. Baker Brown, Esq., F.R.C.S.

Mr. MORLEY of Barton, under whose care this patient had subsequently been, made also some observations, which, with Dr. King's, will be published in the JOURNAL.

4. Dr. King also exhibited a man who, having suffered amputation below the knee, had a wooden apparatus, allowing free use of that joint, costing only fifteen shillings.

The other papers read at the meeting will be forwarded for publication in the JOURNAL.

Although the meeting commenced an hour earlier than usual, yet, so interested were the members in the discussion of the papers, that the time for departure took them unawares.

At 4 o'clock P.M., a sumptuous dinner was provided at the George Hotel, where the members and friends, the largest number ever met on a like occasion, passed a very pleasant evening. R. Hardey, Esq., President, occupied the chair; and Dr. Daly the vice-chair. This social gathering will be long remembered for the unanimity of feeling and cordiality of sentiment exemplified by all present. Several friends have, since this meeting, been admitted members of the Association and this Branch.

Special Correspondence.

NORWICH.

[FROM OUR OWN CORRESPONDENT.]

I DON'T know that I can find a better subject for a letter than a statement now lying before me of the in-patients admitted into the Norfolk and Norwich Hospital during the past year. It consists of an analytical table of diseases, accidents, and operations, most carefully arranged by our excellent house-surgeon, Mr. Williams; and contains many interesting particulars highly creditable to our provincial hospital.

It appears that in the year 1861, there were 1011 in-patients; of whom—

355	were discharged cured.
85	relieved.
319	made out-patients; most of whom were cured.
25	incurable.
41	discharged at their own request.
17	discharged for irregularity, or without leave.
47	deaths.
104	remaining in the hospital.
18	discharged either as not requiring hospital treatment, or from the allotted time for being allowed to remain upon the books having expired.
1011	

Of these patients, 610 were males, and 401 females; 655 from the country, and 356 from the city. Their ages were as follows:—

Under 10 years	65	From 40 to 50	109
From 10 to 20	275	„ 50 to 60	98
„ 20 to 30	221	„ 60 to 70	73
„ 30 to 40	150	„ 70 to 80	20

The diseases under which they laboured were of the most varied character, embracing almost every kind of complaint except acute internal inflammations and fevers, acute medical cases being admissible only on emergencies. Amongst those of the nervous system, cases of hysteria were the most numerous, amounting to 38, all females; 10 of whom were cured, 5 relieved, and 13 made out-patients; and most of these were afterwards discharged cured. Six cases of hemiplegia; 3 males, 3 females, of which 4 were relieved, but none cured. Of paraplegia, there were seven, three males and four females; four were relieved, but none cured. Five were cases of chorea, all cured. The rest comprised chronic disease of the brain, neuralgia, paralysis of serratus magnus, peripheral and syphilitic paraplegia, diseases of the spinal cord, trismus, vertigo, etc. It is worthy of remark, that of the 38 cases of hysteria, 29 were from the country, and only 9 from the city; a fact which, as far as it goes, tends to prove that country girls are more obnoxious to the disease than those who inhabit large cities. Indeed, I believe that many cases of hysteria arise principally from plethora, especially if accompanied with constipation; and it is notorious that in country life the class of persons generally the subjects of hysteria are remarkably careless about the state of the bowels; for a time they probably are not sensible of any particular ill effect; but every time a sensation of wanting relief is disregarded, and the call of nature neglected, the tendency to constipation increases, and there becomes such great tolerance of impaction, that, at length, it becomes a very difficult matter to unload the bowels, and general congestion of the abdominal organs is the consequence. The uterus unavoidably participates in this congestion; and is, moreover, either displaced or directly irritated by the contact of hardened fæcal matter in the sigmoid flexure of the colon, or in the rectum. Thus, what with congestion, irritation, and displacement combined, the uterus becomes unnaturally excited, and prone to various sympathetic reactions; and when these are increased by self-indulgence, it is no difficult matter to discover all the elements required for the production of truly hysterical phenomena. By careful observation, I believe we may generally be able to discover, in hysteria, the presence of some morbid action, the removal of which will tend to ameliorate both the physical disease, and the obliquity of the moral feelings which accompanies it. I believe there is always some disorder of the body present, which, by its continuance, reacts injuriously on the mind, and produces all those unreal sensations and imaginations which characterise the disease; and when, by judicious treatment, the diseased condition in which it originated, whatever and wherever this may be, has been removed or rectified, all the supervening phenomena will gradually disappear; and, in the absence of any actual organic changes, perfect health, both of body and mind, will be restored.

But to return to our table. Amongst the diseases of the circulatory system, we find two cases of popliteal aneurism—not a frequent disease in this locality; were cured by compression. Chronic heart-diseas by no means infrequent; and our museum contains g specimens of almost every variety. Eight cases heart-disease were admitted during the year; 7 of th being in females, and 5 under the age of 30 years.

Of the diseases of the respiratory system, phthisis cupies the principal place, being 42 in number; viz. males and 19 females, 15 from the city and 27 from country. Exactly half the number of cases were persons between the ages of 20 and 30. Five of cases are reported cured, 5 relieved, 3 died, and the were discharged, more or less comforted by good liv and cod-liver oil.

It is only within the last few years that the laws our hospital have sanctioned the admission of consu tive cases; although, practically, it was impossible fore entirely to exclude them. The governors exerci a wise discretion when they legalised the admission these poor creatures; for most of them have their b then lightened, their lives prolonged, their sufferi alleviated, and their minds comforted, by the kind att tions, good diet, medical treatment, quiet, and clea ness, which they receive during their residence in hospital.

The most unsatisfactory cases in the list are th of chronic dyspepsia. They comprise about an eq number of males and females, and form an expens item in the way of food. Some of them are malingere preferring to live in the hospital rather than to wo others belong to benefit clubs, and care not how lo they stay, provided they get notes for the weekly p ment allowed them during sickness; others, perha cannot get employment, and are only ill for want of foo and having once experienced the comforts and go living of hospital life, are in no hurry to exchange it one of toil and privation.

Chronic rheumatism is also a troublesome custome the number of cases being 41, and the cures only 7. is easy to complain of pain; not so easy to ascertain reality; often very difficult to cure it, when the res of long continued or frequently repeated rheuma attacks.

Secondary syphilis, and struma in every variety, a rife amongst us; but more amenable to treatment th those I have just previously remarked upon.

We have also had in the year 14 cases of hernia, cases of stone, 5 of ovarian disease, 17 of stricture a retention, 28 of uterine disease or displacement, 60 cas of ulcers, 28 of caries and necrosis, 54 contusions, 5 di locations, 68 fractures, 51 cases of diseases of the joint 13 of curvature of the spine, 13 cases of talipes, wounds, 20 abscesses, and 19 non-malignant tumours.

The per centage of deaths in the whole number of i patients admitted during 1861 is 4.64, or at the rate 1 in 21.51; and it is curious to observe, and very credi able to the institution, that, during the last twenty-on years, in which 17,072 in-patients have been admitte the death per centage per year is 4·67, and the death rate per year 1 in 21·36; almost exactly the same as i the year 1861.

Another very favourable statement, as regards th ess of operations in our hospital, is the following: 861, the number of operations performed was 283; number of deaths, 17; death per centage, 6·007; h-rate, 1 in 16.64. However dry and uninteresting e details may appear, I think they are, nevertheless, emely important, as showing the result of hospital ment, and the value of professional skill, in the pro- es. The good done in provincial hospitals is seldom vn beyond their own immediate locality, although records of cases there treated would tend immensely ıe furtherance of medical and surgical knowledge, would not suffer from a comparison with the first ropolitan hospitals in the kingdom.

conclude my communication with the table of oper- ıs performed during the year, which will, I think, ɔund an interesting subject for examination by many our surgical readers.

ABLE OF OPERATIONS PERFORMED DURING THE YEAR 1861.

Nature of Operation.	No. of Cases.	Cured.		Dead.	
		M.	F.	M.	F.
utation of—					
Fingers Primary	15	12	3	..	..
Foot Secondary	1	1	..	..	..
Fore-arm Primary	1	1	..	..	..
Leg { 1. Primary 1. Secondary }	2	..	..	2	..
Thigh { 1. Primary 6. Secondary }	7	3	2	2	..
ırism of popliteal artery—treated by compression	2	2	..	..	..
ıcations—reduction of	13	10	3	..	..
ıion of sphincter ani for ulcer of rectum	2	..	2	..	..
ıion of sphincter ani for fistula in ano	9	7	2	..	..
sion of—					
Breasts for cancer	9	..	9	..	..
Cancers in other organs	5	5	..	..	..
Condylomata	3	1	2	..	..
Elbow-joint	1	1	..	..	..
Os calcis	1	1	..	..	..
Testis for strumous disease	1	1	..	..	..
Tumours—benign	13	8	5	..	..
pation of eye for cancer	1	1	..	..	..
action of calculus from urethra	1	1	..	..	..
action of polypus auris	2	1	1	..	..
action of polypus nasi	6	4	2	..	..
action of polypus uteri	2	..	2	..	..
ible extension of elbow-joint	1	..	1	..	..
ible extension of knee-joint	3	2	1	..	..
ıia—Strangulated; Femoral	2	..	1	..	1
„ „ Inguinal	2	1	..	1	..
„ „ Scrotal	1	..	..	1	..
ıia reduced by taxis	8	6	2	..	..
otomy—Lateral	3	3	..	..	..
„ Median	20	14	..	6	..
ɔtrity—twenty-eight sittings	4	4	..	..	..
ture of ulnar artery	1	..	1	..	..
ation for—					
Cataract	1	..	1	..	..
Cicatrices from burns	3	1	1	..	1
Hæmorrhoids	4	2	2	..	..
Nævus	5	2	2	..	1
Necrosis	12	12	..	..	..
Paraphymosis	3	3	..	..	..
Phymosis	2	2	..	..	..
Radical cure of varicose veins	2	2	..	..	..
iotomy	1	..	1	..	..
ɔing of abdomen for ascites	5	4	..	1	..
ɔing of abdomen for ovarian dropsy	3	..	3	..	..
ɔing of hydrocele, with radical cure	2	2	..	..	..
ɔing of hydrocele, with relief	9	9	..	..	..
ɔtomy	3	..	3	..	..
heotomy for bronchocele	1	..	..	..	1
or operations	85	60	25	..	..
Total	283	189	77	13	4

Correspondence.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I have this day forwarded to the individual members of the Select Committee of the House of Commons a pamphlet, containing a letter explanatory of the steps taken by the Poor-law medical officers for an improvement of the system of Poor-law medical relief, followed by a copy of the medical evidence, so far as it has been published up to this time, arranged under heads, each subject having the proposed regulation, the evidence laid before the Committee, and the remarks thereon, with notes systematically arranged; to which are added the proposed regulations on the duties of medical officers, and clauses on vaccination. In the Appendix there a list of the names of 133 honorary subscribers and 1,915 Poor-law medical officers, who have sent nearly five thousand subscriptions to the Association; there are also copies of the Memorial of the Executive Council of the British Medical Association, and of the petition from the Master and Wardens of the Society of Apothecaries. There is a notice that a petition has been forwarded to Parliament from the Council of the Royal College of Surgeons; but, as a copy of it had not been received by me, it could not be printed. The pamphlet also contains a copy of the articles from the General Consolidated Order, and other orders relating to the duties, etc., of medical officers, and extracts from the Official Circulars, with an index.

I sincerely trust this pamphlet may be the means of rendering clear the medical evidence which is scattered through the several volumes of Reports already published, and thus conduce to a favourable report from the Select Committee; who, I am given to understand, will not receive further evidence. As only a limited number of pamphlets have been published beyond those subscribed for and required for official personages, I am reluctantly compelled to announce that future subscribers of a less amount to the Association than ten shillings must not expect to receive a copy. This I regret; as I should have preferred each Poor-law medical officer to be in possession of it, in order that he might then judge of the propriety of the grounds for redress sought for by the members of the Poor-law Medical Reform Association.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, May 31, 1862.

ELECTION OF COUNCILLORS OF THE ROYAL COLLEGE OF SURGEONS.

SIR,—The retirement of that distinguished surgeon and philosopher, Sir Benjamin Brodie, has occasioned a vacancy in the Council of the College of Surgeons. It will, therefore, soon devolve upon the Fellows to select a gentleman to supply the vacancy; and it is a duty of paramount importance to the profession. The constituted authorities, the "Patres Conscripti" of the several corporations of medicine and surgery, have made such organic changes in the mechanism of the Colleges, that they may be said to be in a transition state; or, as the late illustrious Prince Consort remarked of the British constitution, "they are on their trial."

The ultimate object of collegiate establishments is the welfare of the public, the *salus populi;* but the more immediate object is to supply the highest amount of education, character, and usefulness, among the members of the medical profession, to the end that the public welfare may be promoted.

To accomplish this end, the College of Surgeons has been entrusted with a charter to enable it to regulate the course of education of the young Æsculapians, and to test their proficiency by a rigid system of examination. It is the privilege and duty of the Council of the College to fulfil these requirements; and equally so of the Fellows, to select councilmen fitted to perform their appointed functions.

I shall not, at present, digress into the consideration of the mode hitherto adopted of ballotting for councillors; but simply assert that it fails to select the best men; that its machinery is most imperfect; and that it occasions serious inconvenience and injustice to the country Fellows; by entailing upon them great expense and loss of time, and much hindrance in the discharge of their professional obligations at home.

My especial purpose in the remarks I now make, and in consequence of what I have heard, is to urge the Fellows not to make the election a matter of party spirit, nor an arena for pitting a country Fellow against a London Fellow. Something like an appeal is made to provincial Fellows, with a view, it is alleged, to represent more efficiently their interests and wishes in the College, as if the College were divided into political factions or parties like the House of Commons; or as if gentlemen living in the country had separate and distinct interests from those residing in London. Nothing would be more unseemly and undignified than an antagonism founded on the supposition of clashing interests. The College is a centralised unity, and its purposes are national; and there is not the least necessity to set up the chimerical notion of rival feelings between the claims of Fellows residing in London and those in the provinces. With a view to a solution of the question, who is the best candidate? the Fellows will naturally inquire into the history, the position, the attainments, and character of the candidates.

Let the Fellows dispassionately weigh in the balance the respective claims, merits, and experience of the several candidates; and, uninfluenced by secondary motives or hypothetical notions, select that gentleman who can meet the requirements of the office the best; the guardianship of the education of the rising generation; the encouragement of the science of medicine; the conservation of a noble and magnificent museum; and the honour of the profession. I am, etc.,

A Country Fellow (by Exam.)

THE CASE OF DR. A. P. STEWART AND MR. I. B. BROWN.

Letter from William Allison, Esq.

Sir,—Your critique in the number of the Journal for May 31st will call forth too many letters; and, as you may have much better observations upon it, and more to the point, than mine, it is very probable that you will not publish this letter.

In the note by the referees, at page 592, they say: "The expressions used by Mr. Brown, in our opinion, were decidedly indiscreet;" by which opinion, I presume, they mean imprudent in reference—

1. To alarming, depressing, and injuring the child;
2. To producing "an overwhelming astonishment and dismay" in the minds of the parents; and
3. To implying that Dr. Stewart had allowed the child to sink into a state of great jeopardy; into which state it would not have fallen, if it had been under his (Mr. Brown's) treatment.

Although the referees "do not see any reason to *believe* that Mr. Brown meant to imply that Dr. Stewart had either neglected the child or treated it incorrectly", yet I should expect that an immense majority of medical men would find reasons not only to *doubt* whether Mr. Brown could have made a better imputation if he *had*
intended to charge Dr. Stewart with neglect or wan
skill, but also whether or not, if either they (the
jority) or the referees, individually, met Mr. Brow
consultation, they might be subjected to a similar i
cretion.

We cannot divine what Mr. Brown meant in refer
to Dr. Stewart. *He* (Mr. Brown) only knows whet
towards patient, parents, or their medical attendant
was "doing as he would like to be done to".

Suppose we speak of "life", instead of "repu
1. If a man (whether in public or in private) gives
a death-blow, you cannot retaliate. 2. Though a b
did not kill you, it might be so injurious as to make
taliation useless; or, 3. So severe as to render you
equal in self-defence.

It is but fair towards Dr. Stewart to presume tha
was as much surprised, in the chamber of sickness
were the parents of the child; so much so as to be
abled at the moment for determining what course it
his duty to pursue; and that, "out of regard to the f
ings of the parents", his gentlemanly delicacy obliged
to control his own feelings, and to abstain from e
self-defence. Dr. Stewart is an entire stranger to
though, under such circumstances, we can make ev
allowance for apparent self-neglect in a man who h
refined mind, with delicate sensibilities. If such in
ences did prevail in commanding Dr. Stewart's sile
in the bedroom where parents were afflicted by a st
ment which was made in reference to their child—wh
that statement affected Dr. Stewart in reference to hi
self only—does he not deserve more of praise than
gibe or censure for his unselfish consideration?

I am, etc., William Allison

East Retford, May 31st.

Medical News.

University of Cambridge. First M.B. Exami
tion, Easter Term, 1862. (Examined and approved.)

Bagshaw, F., M.A., John's
Philipson, G. H., B.A., Clare
Sturges, O., B.A., Emmanuel
Shuttleworth, H. J., B.A., Caius
Wilkes, A. G. P., B.A., Trinity

Apothecaries' Hall. On May 29th, the followi
Licentiates were admitted:—

Bloomenthal, Theodore, Kennington
Dawson, Richard, Brighton
Denton, Everard William, Hornsea, Hull
Goddard, Eugene, St. John Street Road
Humphry, C. H., Balham Hill
Jones, J. L., Bangor
Jones, Robert, Llanrwst
King, J. G., Havant
Rickards, Walter, Cosby
Vanderstraaten, Julian L., Pimlico

APPOINTMENTS.

*Hillier, Thomas, M.D., appointed Physician to the Hospital f
Sick Children, in the room of W. Jenner, M.D., resigned.

Jones, Thomas, Esq., elected Assistant-House-Surgeon to t
Chester General Infirmary.

Kough, James O'Brien, Esq., appointed House-Surgeon to t
South Staffordshire Hospital.

*Mackesy, Thomas L., Esq., elected President of the Royal Colle
of Surgeons of Ireland.

O'Kelly, William, Esq., elected Surgeon to the Chestor Gener
Infirmary.

Wookey, James, Esq., appointed Resident Surgeon to the Westo
super-Mare Dispensary.

Royal Navy. The following appointments have bee
made:—

Elliott, John, Esq., Surgeon (additional), to the *Royal Adelaide.*
Shaw, Doyle M., Esq., Surgeon, to the *Bermuda.*

Militia. The following appointments have bee
made:—

Brooke, C., Esq., to be Assistant-Surgeon Royal North Lincol
Militia.

OLESTONE, W. T., Esq., to be Assistant-Surgeon 2nd King's Own affordshire Militia.

WART, D. P., Esq., to be Assistant-Surgeon Stirlingshire, etc., ighland Borderers Light Infantry Militia.

UNTEER CORPS. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

KINLAY, J., M.D., to be Assistant-Surgeon 3rd Administrative attalion Renfrewshire R.V.

ELE, J., M.D., to be Assistant-Surgeon 3rd Administrative Battalion Renfrewshire R.V.

NHOE, G. M., Esq., to be Surgeon 2nd Administrative Battalion iltshire R.V.

VAITES, T. B., Esq., to be Surgeon 2nd Administrative Battalion urham R.V.

To be Honorary Assistant-Surgeon:—

ZPATRICK, C. D., Esq., 15th Lancashire R.V.

BIRTH.

PHENSON. On May 8th, the wife of T. Appleby Stephenson, sq., Surgeon, Nottingham, of a son.

DEATHS.

ERON. On May 28th, at Tallisker, Isle of Skye, Harriet A., ife of E. P. Cameron, M.D., of Berbice.

Y. On May 30th, at Stratford, Phœbe C., wife of T. F. Clay, sq., Surgeon.

. On June 3rd, at Welford, Northamptonshire, aged 18, Frances, dest daughter of *Frederick Cox, Esq.

KSON. On April 30th, at Tripoli, Elizabeth, widow of the late hn Dickson, Esq., Surgeon Royal Navy.

LAREN. On June 2nd, at 29, Harley Street, Mary Andrews, ungest child of *A. C. Maclaren, Esq.

KLEY, Thomas, Esq., at Madeira, aged 66, on May 16.

ACANCIES. The following appointments are vacant: sistant medical officer to the Worcester County and y Lunatic Asylum; medical officer for the Stickney trict of Spilsby union; medical officer for district No. f the Everton district of the West Derby union.

HE ROYAL SOCIETY. The President of this body e his second and last *conversazione* this season on urday night, at the apartments of the Society at rlington House. There was a very large attendance the Fellows, and many of the distinguished foreigners London for the International Exhibition.

T. THOMAS'S HOSPITAL. On Wednesday an adjourned ecial meeting of the governors was held at the hosal, London Bridge; Alderman Sir J. Musgrove, preent, in the Chair, supported by about seventy of the ernors. The report of the grand committee on the estion of securing accommodation until the rebuilding the hospital having been read, a long discussion ened, in which the Earl of Leven, Mr. Tite, M.P., Mr. lerman Salomons, M.P., Mr. Alderman Humphery, . Alderman Copeland, Mr. Alderman Gabriel, and ers took part. Resolutions were passed empowering grand committee to take all necessary measures for uring without delay accommodation for the in-patients d out-patients in such place or places as they may em suitable, also for the accommodation of the officers d servants, who will be displaced in July, and for the noval of the museum and library; and further authoing the committee to take the necessary steps to erect h building as may be required for the reception and ommodation of urgent cases, and for dispensary busiss, at a cost not exceeding £15,000. Thanks having en voted to the chairman and the committee, the urt separated.

POOR-LAW MEDICAL REFORM. Mr. Griffin has adessed a note (dated June 2nd) to the members of the lect Committee on Poor Relief, in which he says: n the 24th of March last, I addressed a letter to your nourable Committee, in which I stated that 'I desire tender evidence relative to other branches of medical lief, and especially to that of vaccination'. On the st of May last, I addressed a note to each individual ember of your honourable Committee, in which was the following:—'Mr. Griffin has officially applied to be reexamined, and hopes that some member of the Committee will move that he be sent for. Dr. Fowler has been reexamined, and Mr. Griffin hopes that his request will be acceded to.' This morning I received a letter from a member of your honourable Committee, in which it is stated, 'Your request cannot now be complied with, as the inquiry into the case of medical officers of unions has been completed.' It is far from my wish, as a private individual, to obtrude myself upon and take up the time of your honourable Committee; but, as the Chairman of an Association of Poor-law medical officers, I should ill discharge my duties to them did I not press upon your honourable Committee the importance of your receiving all the evidence I can offer on their behalf."

EARLY MARRIAGES. The returns for 1860 show, as usual, an increasing number of early marriages. In 1841, of the men who married in England only 4·38 per cent. were under 21; in 1860, the proportion had risen to 6.35. Of the women married, the proportion under age in 1841 was only 13·29 per cent.; in 1860, it was 19.35. Every year, above 2000 girls are married under 18, when neither mind nor body has attained maturity; above 30,000 are married under 21. Within the last twenty years, the number of persons who marry under age has doubled, though marriages have not increased much more than forty per cent. The increase of early marriages has been most rapid in the prosperous ten years 1851-1860. In Bedfordshire, Northamptonshire, and Huntingdonshire, where the straw-plait and lace manufactures place so many girls in a condition of some independence, a fourth of those who marry, marry under age. The proportion is as high in Staffordshire, the West Riding, and Durham. It is low in the metropolis, in the south-western counties, and in Wales.

CLEANING OLD BOOKS, PRINTS, ETC. The energetic action of ozone (the allotropic condition of oxygen) has lately been applied to remove stains from paper. By its means writing ink is said to be entirely removed (although we doubt this), as are also vegetable colours; but printing ink, grease, and mineral colours are not attacked by it. The plan recommended is as follows: Introduce a stick of phosphorus, three inches long by half an inch thick, into a clean carboy; pour cold water in until the phosphorus is half covered; then loosely cork the carboy, and let it remain in a warm place for twelve or eighteen hours, by which time the contained air will be highly ozonised. Without removing the phosphorus and water, the article to be bleached is uniformly moistened with distilled water, and after being rolled up, is suspended by a platinum wire in about the centre of the carboy. The roll of paper is soon seen to be continually surrounded by the column of vapour rising from the surface of the phosphorus. The time required for the bleaching depends on the nature of the substance, but never requires more than three days; paper brown with age, and coloured with coffee spots, in two days was quite white and clean. If the paper were now dried, it would not only be very brittle, but would also rapidly become brown; hence the acid must be completely removed. The paper is immersed in water, which is frequently renewed, until it only gives a very feeble acid re-action with litmus. It is next placed in water to which a few drops of solution of soda have been added, and then, being spread on a piece of glass, and placed in an inclined position, is exposed to a thin stream of water for twenty-four hours, when it may be removed and dried between blotting paper, and then in the air. (*London Review.*)

SIBERIAN TUMULI. The Academy of Sciences has received a communication from MM. Meynier and Louis d'Eichthal, who are at present engaged in a scientific exploration of Siberia, on the ethnological question of the *Tschudi.* This paper, dated Barnaool, in the Government of Tomsk, is accompanied with a large number of anatomical pieces and articles collected in the tumuli, considered by tradition to be the graves of the legendary people above alluded to. These mounds are called *koorgon* or *bongor* in the country. The tumuli, 36 in number, opened by MM. Meynier and d'Eichthal are situated at about six miles from Barnaool; they are not placed in any particular order. The skeletons they contained rested on the bare ground, with their heads turned towards the east and their feet towards the west, and the arms stretched close to the body. Near all these skeletons, without exception, the remains of ruminating animals were seen; some to the right, others to the left of the skeletons, and sometimes beside the head or on the thorax. The weapons and other objects found by MM. Meynier and d'Eichthal in the tumuli are either of bone or iron; the ornaments are of bone, melted silicate, polished quartz, or copper; there were, moreover, in one of the tumuli, fragments of pottery; in another the remains of a wooden vessel. All the tumuli, without exception, had some remnants of iron tools or weapons, but none of bronze, the metallic ornaments found being cast in copper, exactly like all others our travellers have met with in Siberia, in the collections of dilettanti. The cranium bears in all the skeletons strong marks of relationship with those which Retzius has designated under the name of "Brachycephalli," their chief feature being the rectangular form of the orbital cavity, a form common to all Mongolian races. MM. Meynier and d'Eichthal are nevertheless, inclined to believe that several different kinds of tumuli must be distinguished in Siberia, and that it would be premature to consider all these tombs as pertaining exclusively to a single race.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—MAY 31.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week	Boys ..1010 Girls.. 976	1986	1119
Average of corresponding weeks 1852-61		1723	1126

Barometer:
Highest (Sun.) 29.952; lowest (Fri.) 29.339; mean, 29.739.

Thermometer:
Highest in sun—extremes (Mon.) 121.3 degs.; (Tu.) 81.9 degs.
In shade—highest (Th.) 71.4 degrees; lowest (Mon.) 42.1 degs.
Mean—57.6 degrees; difference from mean of 43 yrs. + 2.3 degs.
Range—during week, 29.3 degrees; mean daily, 16.2 degrees.

Mean humidity of air (*saturation*=100), 85.

Mean direction of wind, var.—Rain in inches, 0.16.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

PHYSICIANS' FEES.—SIR: I wish the discussion on Physicians' Fees had been more fully carried out than it has been in your JOURNAL, as I believe more is involved in the subject than has appeared in any of the correspondence. We have hitherto looked upon the physician as the highest rank of our profession—and very justly so, I consider; but there is not so great a difference now between the physician and general practitioner as existed fifty years ago. Whatever lowers the rank of the physician will lower the profession generally, and nothing is so likely to have that effect as reducing their charges; and the public will always value a man at what he values himself. There is only one physician in this large city who keeps up the fee due to his rank; all the rest get what they can, and, in fact, charge less than some of
the general practitioners; and this is a state of things w
ought not to be; it makes the two ranks antagonists. Besi
what is the young man to do, if those older than himself tr
undersell one another, which is the case now? I consider
will lower the *status* of the profession, which the public do, w
out our doing it ourselves. I enclose my name, but not for p
lication.

I am, etc.,

May 28th, 1862. BRISTOLIENSI

MEDICAL ETIQUETTE.—SIR: A surgeon appointed by the union
attend the "sick-poor" of the parish, and to be public vaccina
in the district, has, I believe, a right to expect that his brot
practitioners will not interfere with his union practice or v
cination cases, as long as he holds the appointment. It so h
pens that in the parish to which I allude, there are two un
surgeons, appointed by the *same* Board of Guardians, but e
has his allotted parish or parishes to attend to. Has the surg
of one parish a right to vaccinate children in the parish of
other surgeon, and claim his fees from the union? If he
legally do it, is it not a breach of what we call "medical etiquet
in short, ungentlemanly? If you or any of your numerous read
could give me any information upon the above important qu
tion, you or they would greatly oblige,

Yours respectfully, MEDICUS

[There can be no doubt that such an act of interference as h
referred to, is a breach of etiquette and propriety. Surely,
application to the Board of Guardians would prevent any fut
poaching of this nature. EDITOR.]

A REASONABLE SUGGESTION.—Medicus writes: "May I be allow
space in your JOURNAL for a few remarks respecting the exami
tion of candidates for the Licentiate of Midwifery? At the p
sent time, it is quite uncertain when the Board of Examin
meet, as there is never any date for an examination fixed unti
certain number of candidates have put their names down. Co
it not be so arranged that there may be a time previously fixed
one examination in the year (at least), so as to give assistants
the country, and, I may add, country practitioners, an opportun
of obtaining the Diploma, who now are unable to leave at a
time, and at a very short notice."

DR. BAYES.—We really cannot see that justice to Dr. Bayes d
mands the publication of his second letter to us. With t
homœopathic logic to which we formerly referred, he says: "Y
speak of my consultation with Mr. Adams as a *medical consult*
tion, whereas it was purely *surgical.*" Are not surgeons medic
men? Besides, what are we to understand as to the fact of
consultation? Mr. Adams says there was *no consultation at al*
Dr. Bayes says there *was* a consultation, but that it was *surgica*
These two gentlemen do not seem to be helping each other muc
in attempting to define distinctions without differences. D
Bayes also wishes to know what we meant about the college
entering into no engagement with him under certain circum
stances. We meant simply this: that, if he had stated a belief i
homœopathy when he presented himself for examination, h
would have been "rejected"—*i. e.*, not admitted a member o
them. Dr. Bayes states, what every body knows, that he break
no Medical Act, nor bye-law of Colleges, in practising homœo
pathy; and he therefore accuses those who refuse to meet him o
being Lynchers. He would like to be tried by a College, or eve
by a couple of referees. "They" (the Cambridge doctors) "Lync
me for doing that which is legal, and they threaten to Lynch ever
one who won't join them in Lynching me." We give Dr. Baye
all the credit he can ask for the strictest honesty in this matter o
his credulity; but he at the same time must in a like manne
give us the same credit for strict honesty in believing that n
member of the medical profession who believes homœopathy to b
a delusion, can honourably and honestly have medical intercours
with homœopaths. We therefore praise the men of Cambridge
for their resolute demeanour in the matter of homœopathic consultations.

BOOKS RECEIVED.

1. A Manual of Minor Surgery and Bandaging, for the Use of House-Surgeons, Dressers, and Junior Practitioners. By Christopher Heath, F.R.C.S. Second edition. London: 1862.
2. A Practical Treatise on the Medical Properties of the Aix-la-Chapelle Hot Sulphurous Waters. By L. Wetzlar, M.D. Aix-la-Chapelle: 1862.

General Remarks
ON THE
RACTICE OF MEDICINE.

BY
P. M. LATHAM, M.D.

XIII.—TREATMENT.

fficulties and Anomalies of Practical Experience.

*φων ὁ ιατρος ερωτηθεις τον διδασκαλον, παρ᾽ ᾡ επαιδευθη,
α τῳ χρονῳ, εφη.* (*Stobei.*) This being interpreted
ns, "Euriphon the Physician, being asked what
ceptor had the teaching of him, made answer
t his preceptor was Time." These words are
ted by Dr. Heberden, and stand the last of his
nmentary on the History and Cure of Diseases.
Heberden's volume contains the condensed ex-
ience of his life carried on to his seventy-second
r, and left by him for publication after his death.
lived until he was ninety. In this remarkable
k the preceptor Time is plainly seen ruling and
ding throughout.

nd Time keeps school among physicians still.
he is not, and never was, a popular lecturer. He
low in coming to the point. He has a cautious,
itating, self-correcting manner, which is not altogether pleasant, and makes him difficult to follow.
ace a good deal more patience is required to un-
stand his teaching, and profit by it, than most
care to give. That his disciples should value
hly what their venerable preceptor has hammered
them is natural enough. But then they are
mselves few and grey-headed, and have often
ght something of their master's manner, and so
not obtain a ready ear from the world. And I
hardly expect a better success than the rest
le I rehearse some of the leadings or mislead-
s, the teachings, and corrections of my preceptor
ic.

othing is so difficult to deal with as a man's
Experience, how to value it according to its
unt, what to conclude from it, and how to use
nd do good with it.

had been physician to St. Bartholomew's Hospi-
eight years, and eight years previously physician
he Middlesex, when I ventured to write a book;
owing upon it as much care and thought as I
capable of. Indeed, it cost me a world of labour,
, at least, it was honestly done. This book con-
ed my own sixteen years Experience of Fever,
what conclusions as to its nature and treatment
Experience would (I thought) fairly sustain;
I was not without a reasonable confidence in
r truth.

ever in those days, written or spoken of singly
without adjunct of any sort before or after, stood
an idiopathic disease. Gaining, however, an ac-
ion of many and evil things in its progress, it be-
ie a fearful complexity; and earned, before it
ie to an end, the name of Synocha, Synochus, or
hus, as the case might be, but without prejudice
ts original idiopathic rights.

It was Fever regarded from this point of view that I undertook to write about. But my book never saw the light. For abruptly, or within the short space of a year or two, all that was called Fever suffered the nature of a revolution, and so did its Treatment. What was life and safety to Fever, as it had been, became death and destruction to Fever as it was. Present Experience was in conflict with past. And my poor work, with its truths, its beliefs, its opinions (call them what you will) all rudely shocked and scattered, was ashamed to show itself, and so came to an end. It was a sort of violent end it came to. It seemed as if some force (for such forces there are) indwelling in the nature of things, but latent, and so unseen and unreckoned upon, had suddenly come into action and demolished it; just as one's foot demolishes an ant-hill, scattering the population within, and bringing ruin upon all its toil, and all its instinctive wisdom, and the fruits thereof, in a moment.

We physicians had need be a self-confronting and a self-reproving race; for we must be ready, without fear or favour, to call in question our own Experience and to judge it justly; to confirm it, to repeal it, to reverse it, to set up the new against the old, and again to reinstate the old and give it preponderance over the new.

Belief, opinion, truth! When we cast up the sum of a long Experience, by which of these names shall we call it? Its subject is one of the worthiest, even nothing less than the life and well-being of man. Let it then be spoken of in the handsomest terms it deserves. And it is hard if there be not something in the results of Experience that is worth the name of Truth. But then it is an infirmity of men, finding a fragment of Truth, to take it for the whole Truth; or, intent upon what may well pass for Truth now and for a few years to come, to account it the Truth which stands fast for ever and ever. We must be cautious, then, not to deceive ourselves, or take the Truth there is in the practice of medicine for what it is not. If what can be apprehended by fragments but not completely, if what lasts safe and sure and trustworthy for times and seasons but not for ever, can be called Truth, this is the Truth, which is vouchsafed us to know and to use in the practice of medicine, and this only. And we must make the best of it, and be content.

Now, my own sixteen years Experience of Fever and febrile diseases and of their treatment, may be taken as a fair sample of what medical Experience really is. It was no fable, but made up of undeniable matters of fact. Time went on, and proved them more and more, and shewed them still consistent and trustworthy. And they were trusted accordingly, and the practice grounded upon them had abundant success. But the facts were constant and consistent only for their own season. They did not hold together long enough (for what is sixteen years after all?) to become one solid Truth. They were but fragments of Truth after all. Yet, fragments as they were, they were not worthless. They go to make up my stock of good working-materials, and are still of use to me every day. They do not serve me for building systems. But they help me to treat diseases and to save lives.

How is it that in medicine Truth is thus measured out to us in fragments, and we are never put in trust of it *as a whole?* How is it that Experience, upon which alone we can depend for all the good we do, is continually breaking down under us as a *system?*

Well, one cannot indeed account for it; but one is not surprised that so it should be. What with inscrutable things within the body and inscrutable things without, and incalculable and incontrollable withal, it is no wonder that Experience should sometimes find itself at fault, and be not always able to shape the future out of the past upon a large scale.

The one fact has been already noticed, of things within the body belonging to life and health and disease, which are hitherto untouched by human knowledge. All medicines give intimation of it more or less in the course of their operation. Specifics present summary proof of it from first to last.

The other fact, too, deserves to be well pondered, of forces without the body exercising dominion over all that is vital within it—forces of some of which we know neither what they are nor whence they come. But they are full of reality and power.

On my first entrance into my profession, and for some time afterwards, nothing was less intelligible to me than the writings of our great Physician. All his discoursings about epidemic constitutions, and stationary fevers, and intercurrent diseases, and the same diseases needing different treatments from time to time, were to me dark and mysterious. And just the same, I am persuaded, is the case with every man who studies medicine; and the more so, the more he finds himself thus early in the presence of real disease, and in the society of those who, like himself, are daily watching it, and ministering to it, and comparing notes about it. For then the mind is at its freshest and its best, and is most apt for observation. It holds strongly to its own conclusions: and why should it not? It takes for absolute Truth what has already come to it authenticated by a hundred instances: and why should it not? It is not yet upon the look-out for what may gainsay or invalidate its own well observed facts concerning diseases and remedies: why should it? Tell, therefore, the student and the physician of a few years standing, that there is something more in diseases, and in the effects of remedies upon them, than can be seen and known from any number of individual patients during any given period of time; and he will neither understand you nor believe you. Yet there is something more, nevertheless; and physicians at length come to own it.

Choose almost any febrile disease you please, and question the Experience of honest and well-informed physicians about it, and what it was, and how it was best treated at their own time and place of observation; and you will find them tolerably well agreed. But take this Experience and agreement of theirs to determine its nature absolutely, and fix the canon of its treatment for all places and all times; and you will run into a great practical delusion. Still a man must have lived long enough to see many phases of medical practice, and been himself engaged in it all the while, before he can be in a condition freely to acknowledge what is here implied.

Take Pneumonia. It has been treated by bleeding, and got well. It has been treated by brandy, and got well. It has been left to itself, and got well. And the bleeders, the brandy-givers, and the do of nothing at all, respectively have had a vast d to say for themselves and against their rivals. A which of them are to be our guides and masters the Treatment of Pneumonia? None of them fo single day, much less for always. Besides, t Treatment of Pneumonia happens just now to be matter of high controversy; and from controve often comes exaggeration. And exaggeration oft does the work of falsehood unawares. Therefore would willingly have chosen some other instan but that I wanted such *internal* febrile disease illustrating my purpose, as, whenever it exists, clares itself infallibly. And, since Erysipelas w served my purpose, because all about it was pl and unmistakable to the eye; so now Pneumon will do the same, because, of *internal* diseases, it a all about it are best ascertained by the ear.

Now, we have the best testimony which the can afford to the fact that Pneumonia has go through all its processes of disease and reparati now advancing, now receding, until the lungs ha finally recovered the conditions of health, when had received no formal medical treatment whatev Again, we have the sure witness of the ear to t same fact, when the Pneumonia had been treated brandy; and yet again to the same fact when it h been treated by venesection.

Here the means (for even the doing of nothi may be now deemed to exercise a positive influenc —the means, I say, and the end, are things so o vious, and are found so closely following each oth that it is impossible not to put down their sequen to the account of natural connexion. And this b ing the case, and there being such vast odds betwe doing nothing, giving brandy, and drawing bloo there is no wonder, if the current of a man's Expe ence had run generally in favour of any one of t three, that he should hold one to be absolutely a always right, and the other two absolutely a always wrong.

No wonder, indeed. But then practical medici is unlike all other things in the world. It has i own conditions; and they prohibit all such summa conclusions as these. Let a man use his own Exp rience as best he can for the present; but let hi not, upon the strength of it, rebuke the Experienc of all past times, and dictate to the Experience of a future; for, if he live long enough, nothing is mo likely than that he may find himself fallen under hi own reproof, and inconveniently confronted by hi own maxims. From having been a bleeder, he ma become a stimulator or a passive looker-on in cas of Pneumonia. He may find himself interchange ably all three in the course of thirty years.

And what is the explanation of all this? Peopl not over well disposed towards us and our professio (and there are many such) find a sufficient key t the whole matter in the caprice of medical men and they take this key of theirs, and turn the lock and bar the door against all further question! "I is neither more nor less", say they, "than th caprice of physicians; so let us have done with it an them."

But let the world think of us as it pleases, ther is a rational practice of Medicine nevertheless. An let medical men themselves still be right and wron by turns, seeing clearly and doing successfully wha is at present to be seen and done, yet mistaking th me for something more sure and permanent than really is ; finding (as it were) a fragment of truth, d learning well what it will now bear, and now fely trusting their own weight upon it, let them olishly deem it a rock and build a castle on it. Whatever physicians may be, or the rld may think of them, there is, I say, a rational actice of Medicine nevertheless, and there are uses sufficient to explain its greatest anomalies. cursory glance can only here be given at what ese causes are.

The vital being of every individual man has its alities. What is summarily called his Constitu- n is full enough of its own conditions to require in nost every case some deviation from the standard atment of the particular disease. Not seldom are ese conditions sufficient to justify great differences, d even contrarieties, in practice. They are never be lost sight of at the bed-side of the patient; d we consider ourselves as never practising more tionally than when we practise in obedience to em.

Then there are the things which are the com- nest and the most inconstant in the world, yet ich do and must surround every man as long as lives ; cold and heat, moist and dry, dense and e, foul and fair. All these reach and rule and alify the vital being of us all, and so vary the ect of our diseases and necessitate changes in eir methods of Treatment. Here is the very sub- t which in our own times has especially attracted interest of the world at large; viz., the influence, on the well-being of mankind, of the air which ey breathe and the places where they dwell. Go- rnments, military and civil, national and munici- l and domestic, have expended abundance of study d labour and money upon it; yet not more than it serves. Practically, what physicians have to do with subject may lie in a small compass and be reckoned a few items, or it may expand itself infinitely, d run into particulars innumerable. Our patient y be an individual, a family, a community, or an ny. Our concern may be with the cleanliness and ntilation of a single room, the drainage of a town, the site of an encampment.

It is difficult to speak rightly of things which have body or form presentable to the senses. But we *st* speak of them, and dwell upon them. Though know hardly by what name to call them, they nnot be ignored; for they have oftentimes a eater sway over the world without and the world thin us, than all things of substantial being put gether.

Now, bearing upon diseases and upon their medical nagement, there is a certain thing which I have us far designedly suppressed ; for I was afraid of rkening the subject with a mystery, and so I kept out of sight. But this mystery is a truth. Mys- y indeed it is *to us*, for we know neither what it nor whence it is ; but it demands notice from its ects, which are full of reality and power. It has en called the "Epidemic Constitution" of certain ars, or series of years. And so let it still be called, her than by any name of more scientific preten- ns. For it intimates nothing of the nature of the ng itself. But it acknowledges a reality and a wer. This is enough.

The most eminent characteristic of this "Epidemic nstitution" is its levelling influence. Where it exists, and as long as it lasts, it subdues into conformity with itself all that is peculiar to the individual man's Constitution, as well as peculiar to places and external things. These, which are wont to be so potent in modifying the forms of diseases and ruling and qualifying their treatment, now disappoint our reckoning. Behold, for a season mankind in various places and circumstances require a Treatment for their diseases contradictory to the Experience of former times. Then wait for a season, and behold, mankind, in the same places, and in the same external circumstances, will require a Treatment for the same diseases contradictory to the Experience of the present times. But neither now, nor formerly, nor hereafter, will there be found in the vital being of men themselves, in their places or circumstances, anything to reconcile the contradictions or at all explain them.

But it is not only that diseases, having this, that, or any name, are rendered severally unlike themselves of other times by the Treatment which they now need and bear. This, indeed, would show an agency at work of great power—an agency, however, only of special and partial bearing. But these same diseases, which are thus made severally unlike themselves as they were at other times, become all like one another as they are at the present, by reason of the need they have of now receiving, and their capacity of now bearing, the same or similar modes of Treatment.

Thus febrile diseases—diseases, I mean, which require Fever for their development, and which altogether make up a large number of the sum total of all that flesh is heir to—become types and tests and interpreters of one another at the times wherein they are found, in what concerns their Treatment. Thus all so-called inflammations, in every part of the body, also diseases the products of different contagions and contrasted in their outward forms of presentment, and so bearing different names—Measles and Scarlatina, the Typhoid Typhus-Fevers—all give and take, impart and accept illustration mutually and interchangeably. You read them through one another. In treating one you learn to treat another. What one needs and bears, another needs and bears. These are facts of great significance. They seem to point to some one widespreading and pervasive influence ruling and dominating over them all alike.

But do the diseases named denote the limit of the influence in question? I believe that it may be traced much further. I believe that even those diseases which more than others are proper to the individual man, traceable to what he eats and drinks, or does and endures, such as gout when it is a febrile disease, the gout of distinct attacks and paroxysms, even they often own subjection to times and seasons. Now for a series of years the indications, which guide the treatment of particular cases, will generally demand remedies of greater power and of one kind ; and then for a series of years the indications will generally be satisfied with remedies of less power, and of another kind. But only let present indications be justly chosen, and fulfilled according to a fit measure, and then the Treatment which they suggest, while it is variable at different times, will be at all times uniform in its success.

Records
OF
THE LOCK HOSPITAL.

BY

HENRY LEE, Esq., F.R.C.S.,

SURGEON TO THE HOSPITAL.

VIII.—Infecting Syphilitic Sores.

The term infection is used to denote that action by means of which the whole of a patient's constitution is influenced by syphilis. By contagion is meant that action by means of which the syphilis poison may be conveyed by contact from one part to another of the same, or of a different patient's body.

The form of disease which was described in the last number of the "Records"—namely, the suppurating syphilitic ulcer—is highly contagious, and may be reproduced almost an unlimited number of times. The infecting syphilitic sore, on the contrary, is scarcely contagious with regard to the system which has produced the poison, although probably as contagious as the suppurating syphilitic sore with regard to a person whose system has not previously been infected. In this respect, syphilis bears a strong resemblance to vaccination. In both cases, the action is readily communicated by inoculation to a system which has not previously had the disease; but with difficulty, and only under exceptional circumstances, to a person in whom the natural effects of the poison have already been developed.

The infecting syphilitic sore is characterised—

I. By not being, as a rule, contagious as far as the patient's own system is concerned, nor as far as relates to other patients whose constitutions are under the influence of the same disease.

II. By being accompanied by the adhesive form of action, and by the secretion produced thereby not being purulent.

III. By a peculiar induration, generally produced in consequence of that adhesive action, in the part where the contagion first occurred, and also in the corresponding lymphatic glands.

IV. By being followed by general or constitutional disease.

I. The inoculation of the secretion from an infecting sore upon the same patient is ordinarily followed by no result; but if the inoculation be performed before the adhesive action has been fully established, then a similar sore to that from which the poison was taken follows. There is, however, this peculiarity in the case; namely, that whereas a period of incubation of some weeks may elapse before the effects of the first inoculation show themselves, the results of the second inoculation will appear within a few days. It has been stated that, if vaccine lymph be inoculated upon a patient on different days, the whole of the inoculations will arrive at maturity about the same time. Something analogous to this appears to obtain with regard to the action of the syphilitic poison when first introduced into a patient's system. The original sore may ta a considerable time to develope itself, and may n become indurated for some four or five weeks; bu second sore derived from this (while in process being developed) will appear a few days after inoc lation, and may become indurated almost as soon the sore from whence it was derived.

II. The accompanying table gives one-half of t cases of infecting sores which were collected at t Lock Hospital between the 23rd of October, 18 and the 12th of October, 1856.

The secretion of the sores was in all these ca subjected to microscopical examination, and its no purulent nature thus demonstrated.

II.—*Table of Cases of Non-Suppurating Prima Syphilitic Affections.*

No.	Name and age.	Description of primary syphilitic affection.	Treatment.	Result.
1	M. W. 20	Indurated sore, yielding secretion, which, upon microscopical examination, after the addition of some dilute acetic acid, shewed epithelial *débris* only.	Mercurial.	Primary sore healed in three week
2	J. L. 15	Indurated sore; secretion examined as in case No. 1, shewed epithelial *débris* only.	Mercurial.	Left the ho pital at exp ration of three week
3	A. H. 22	Indurated sore; discharge examined as in case No. 1, presented epithelial *débris* only.	Mercurial.	Left the ho pital at exp ration of seven week
4	W. C. 17	Indurated sores; microscopical examination of secretion gave the same result as in case No. 1.	Mercurial.	Left at expiration of seven weeks.
5	J. S. 23	Indurated sores; secretion examined in the same way, presented the same appearances.	Mercurial.	
6	R. L. 20	Indurated sores; secretion examined in the same way with the same result.	Mercurial.	Remained under treatment three week
7	M. F. 23	Indurated sore; same character of secretion.	Mercurial.	Remained under treatment six weeks.
8	J. B. 19	Indurated sores; same character of secretion.	Mercurial.	One month under treatment.
9	L. A. 19	Indurated sore; secretion similar to that in case No. 1.	Mercurial.	Secondary eruption ap peared whil under treatment.
10	R. B. 24	Ulcer on frænum; secretion as in case No. 1.	Mercurial.	Observed during three weeks
11	H. E. 29	Indurated sores at margin of prepuce; secretion contained no nuclei of pus.	Mercurial.	Under treat ment for five weeks.
12	E. T. 22	Indurated sores; secretion examined as in case No. 1 with the same result.	Mercurial.	Supposed to have been cured.
13	G. B. 20	Indurated sores at margin of prepuce: secretion as in case No. 1.	Mercurial.	Under treatment eleven weeks
14	J. S. 33	Concealed sores; no pus discovered in secretion,	Mercurial.	Under treatment five weeks.
15	J. J. 22	Ulcers on prepuce; secretion examined as in case No. 1, presented *débris* only.	Mercurial.	Left uncured.
16	A. H. 16	Well marked indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
17	W. V. 29	Indurated sores; secretion as in case No. 1.	Mercurial,	Primary affection cured.

ABLE II (*continued*).

Name and age.	Description of primary syphilitic affection.	Treatment.	Result.
W. C. 28	Indurated sores; secretion as in case No. 1.	Mercurial.	Induration remained when he left the hospital; under treatment three weeks.
W. C. 20	Indurated sores; secretion as in case No. 1.	Mercurial.	Left the hospital uncured.
W. H. 21	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured in five weeks.
J. K. 29	Indurated sores; secretion as in case No. 1.	Mercurial.	Left uncured.
D. B. 30	Indurated sores; secretion as in case No. 1.	Mercurial.	Left uncured.
G. G. 23	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured in three weeks.
W. M. 40	Indurated sores; secretion as in case No. 1.	Mercurial.	Left uncured.
W. O. 23	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
C. S. 19	Indurated sores; secretion as in case No. 1.	Mercurial.	Left uncured.
G. H. 20	Indurated sore; secretion as in case No. 1.	Mercurial.	Primary affection cured.
W. H. 21	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured in four weeks.
T. N. 35	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
H. P. 25	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
W. H. 26	Ulcer on penis; secretion as in case No. 1.	Mercurial.	Primary affection cured.
L. J. 20	Indurated sores; secretion as in case No. 1.	Mercurial.	Left uncured.
J. S. 26	Indurated sores; secretion as in case No. 1.	Mercurial.	Left before primary affection was completely cured.
W. J. 19	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured in four weeks.
J. M. 24	Indurated sores; secretion as in case No, 1.	Mercurial.	Primary affection cured.
J. W. 18	Indurated sore; secretion as in case No. 1.	Mercurial.	Secondary spots appeared while under treatment.
E. S. 29	Indurated sore; secretion as in case No. 1.	Mercurial.	Left as soon as primary affection had healed.
J. C. 18	Indurated sore; secretion as in case No. 1.	Mercurial.	Cured of primary affection.
J. L. 24	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
J. N. 52	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
J. M. 23	Indurated sores; secretion as in case No. 1.	Mercurial.	Left uncured; had secondary eruption.
W. J. 21	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
J. H. 37	Indurated sores; secretion as in case No. 1.	Mercurial.	Left uncured.
H. P. 29	Indurated sore; secretion as in case No. 1.	Mercurial.	Secondary eruption appeared while under treatment.
M. D. 17	Indurated sore; secretion as in case No. 1.	Mercurial.	Returned with secondary eruption.
J. P. 24	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
J. M. 35	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
J. M. 21	Indurated sores; secretion as in case No. 1.	Mercurial.	Had secondary eruption.
H. S. 21	Indurated sores; secretion as in case No. 1.	Mercurial,	Left uncured.
J. A. 29	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
C. H. 19	Indurated sore; secretion as in case No. 1.	Mercurial.	Had secondary eruption

TABLE II (*continued*).

No.	Name and age.	Description of primary syphilitic affection.	Treatment.	Result.
52	J. M. 22	Indurated sore; secretion as in case No. 1.	Mercurial.	Left uncured; returned with secondary eruption.
53	J. H. 24	Indurated sore; secretion as in case No. 1.	Mercurial.	Primary affection cured.
54	J. R. 24	Indurated sore; secretion as in case No. 1.	Mercurial.	Secondary symptoms.
55	M. J. 23	Indurated sore; secretion as in case No. 1.	Mercurial.	Secondary symptoms.
56	E. R. 23	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
57	J. S. 20	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection nearly cured when he left.
58	E. O. 19	Indurated sores; secretion as in case No. 1.	Mercurial.	Primary affection cured.
59	J. T. 23	Indurated sores; secretion as in case No. 1.	Mercurial.	Left uncured.
60	R. B. 23	Indurated chancre; secretion as in case No. 1.	Mercurial.	Primary affection cured.
61	C. L. 25	Indurated chancre; secretion as in case No. 1.	Mercurial.	Returned with secondary eruption.

III. The induration which accompanies an infecting sore is peculiar, but it may sometimes be simulated by the thickening produced by the suppurative inflammation. The nature of the secretion and the test of inoculation will then distinguish between the two actions. There are under treatment now (Dec. 1861) two cases both presenting an induration accompanied by enlarged glands in the groin. The nature of the induration in the two cases could not be distinguished by the sense of touch alone; but the secretion in one case was found, under microscopical examination, not to contain any pus-globules; and when inoculated upon the patient, no result followed. In the other case, the secretion was found to be purulent; and, when inoculated, it produced a suppurating sore. The first case was therefore treated by mercury, as being a constitutional disease; the second was treated as a local affection.

IV. The action of mercury has undoubtedly the power of putting off the appearance of secondary symptoms, if not of preventing their occurrence. It consequently happens that comparatively few of the patients whose cases are contained in the table were affected with secondary symptoms during the time that they remained under observation. In some of these, however, the secondary symptoms appeared during the time that they were taking mercury; and it is more than probable that they showed themselves in a large proportion of the other cases after they left the hospital. It is impossible to get any accurate accounts of these, as far as the individual cases are concerned; but, taking an equal period of time—namely, between the 23rd of October, 1855, and the 12th of October, 1856—seventy-three cases presented themselves in which the specific adhesive inflammation (the indurated sore) was known to have been followed by secondary symptoms.

LUNACY TRIALS. From the passing of the Lunacy Regulation Act in 1853 down to the end of April last there have been 575 inquiries in cases of lunacy; but in only 21 of them was there a trial by jury. Of these last 12 trials occupied one day each; three took two days each; one three days; three five days; one nine days; and one monster case 34 days.

Illustrations
of
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

LIVERPOOL NORTHERN HOSPITAL.

CASES OF ACUTE DISEASE OF THE CHEST.

Under the care of A. T. H. Waters, M.D.,
Physician to the Hospital.

[*Continued from page* 224.]

Case xviii. *Acute General Bronchitis, with Emphysema: Treatment with Stimulants and Iron: Recovery.* Mary Jones, aged 20, single, was admitted into the hospital on April 22nd, 1862. She said she had suffered for some time, but only to a slight extent, from cough and shortness of breath; she had never been laid up till about a week before admission, when she was obliged to take to her bed, and had been attended by a surgeon from the Dispensary.

On admission, the countenance was dusky; the eyes suffused; there was great general distress, with urgent dyspnœa. The pulse was 148, and very feeble; the respiration rapid. There was rather increased resonance all over both lungs, with resonance in the cardiac region. The impulse of the heart could not be felt. There was scarcely any lateral expansion of the chest on inspiration. The respiration was of that character which marks certain cases of emphysema. The thorax was raised by the cervical muscles at each inspiration, and the lower part of the abdomen forcibly protruded. Coarse and subcrepitant râles were heard all over both lungs, with prolongation of the expiratory murmur. The tongue was furred; the skin hot; and there was great thirst. She was ordered an ounce of port wine every four hours, and one ounce of the following mixture every four hours:—carbonate of ammonia, ʒss; spirit of chloric ether, ʒij; water, ℥viij. For diet, strong beef-tea was ordered.

On the 23rd, she had had no sleep. The bowels had acted freely. The pulse was 144. The respiration was 48 per minute. She had expectorated a large quantity of frothy mucus. She was ordered an ounce of port wine every three hours, and to continue the mixture.

On the 24th, the pulse was 136. The respiration was 44. She had been purged several times. The chest-symptoms were somewhat relieved. The mixture was stopped on account of the purging, and the wine increased to an ounce and a half every three hours.

On the 25th, she had slept well. The bowels were still rather relaxed, and the skin somewhat hot. The tongue was cleaner, and she expressed herself as better. The pulse was 148; the respiration 48. There were still moist râles all over both lungs. She was ordered to continue the wine every three hours, and to take an ounce of the following mixture every four hours:—Solution of acetate of ammonia, ℥iss; tincture of opium, ʒss; water, ℥vi. Croton oil liniment was ordered to be rubbed over the chest, and fifteen minims of Battley's solution to be given at night.

On the 26th, the pulse was 120; the respiration 32. She had passed a fair night; the bowels had acted once; there was less expectoration. In the evening, she complained of feeling very sick; the administration of some brandy relieved her. She was ordered to continue the wine and mixture, and to have twenty minims of solution of morphia at bedtime.

On the 27th, the pulse was 120; the respiration 40. She had slept well; the bowels were quiet; and the tongue clean. The sputa were frothy, and less abundant. The mixture was stopped. She was ordered continue the wine, to have another application of croton oil liniment, and to take twenty minims of l danum at bedtime; and to have meat for dinner.

On the 28th, the pulse was 120; the chest-sympto were much relieved, but the expectoration was s copious. She was ordered ten minims of the ether tincture of the acetate of iron every four hours, and continue the wine.

On the 29th, the pulse was 118; the breathing w better; she had slept well, and taken her food.

On May 1st, she was improving; coarse crepitati was still heard at the back of both lungs.

On the 2nd, the pulse was 100; the respiration The dose of tincture of iron was increased to fifte minims every four hours, and some laudanum a squills were added to it.

On the 3rd, the pulse was 106, and feeble. The was less sputum, and it was more tenacious. The wi was reduced to eight ounces daily.

On the 6th, she was up. The pulse was 100 sittin The tongue was clean, and the cough gone. There w very little expectoration. The appetite was good. S was ordered to take the iron mixture three times a da and the wine was reduced to six ounces daily. Fro this date she rapidly improved.

On the 10th, the pulse was 68; the breath-soun were free from râles, but there was a prolongation the expiratory murmur, especially over the back the lungs.

On the 15th, she was discharged.

Case xix. *Acute General Bronchitis, with Empl sema: Treatment with Stimulants and Iron: Recover* Mary Brazel, aged 19, was admitted into the hospit on April 21st, 1862. She said she had suffered for fi or six years from cough and difficulty of breathing, b had never been laid up. She was as well as usual April 17th, four days before admission. On the followi day, she felt a headache, but did not take to her bed t the 20th. No treatment had been adopted.

On admission, the skin was hot and perspiring; th pulse was 128, and small. There was urgent dyspnœ The lips were somewhat blue, and the eyes suffuse The breathing was superior thoracic, with but little no action of the diaphragm. The upper part of th chest was very prominent; and there was increase resonance over both lungs, with resonance of the cardi region. Coarse and subcrepitant râles were heard a over the chest, with prolonged expiratory murmur.

She was ordered an ounce of port wine every fo hours, and a mixture containing carbonate of ammon and chloric ether; with strong beef-tea.

On the 22nd, she had passed a restless night, and ha vomited both her food and wine. The pulse was 11 the respiration 48. There was copious muco-purule expectoration. The general symptoms were about th same as on the previous day. She was ordered to om the wine and ammonia, and take a teaspoonful of bran every half hour, till the sickness was stopped.

On the 23rd, she said she had not vomited since sh began to take the brandy, of which she took four or fiv doses. She had rested better. The countenance was im proved; the pulse was 118; the respiration 48; and th expectoration still copious. The urine was loaded wit lithates, and contained a small quantity of albume She was ordered half an ounce of brandy every thre hours; four ounces of port wine during the day; and colocynth injection.

On the 24th, she expressed herself as better, took he food, and had not been sick.

On the 25th, she had passed a good night; the sputu was still abundant, but more frothy; the pulse was 124 respiration 48. She was ordered eight ounces of por wine daily, and an effervescing saline with carbonate o ammonia.

On the 26th, the urine was examined, and found free m albumen.

On the 27th, croton oil liniment was ordered for the st.

On the 28th, she was much improved. The pulse s 100; respiration 40. She had taken her wine and monia regularly. There was but little dyspnœa; and e râles over the lungs were coarser. The expectora- n was still copious. She was ordered to omit the monia, but to continue the wine, and to take ten nims of the ethereal tincture of the acetate of iron ry four hours.

On May 1st, the sputum was less copious and more acious. The pulse was 100; the respiration 32; and petite good.

On the 2nd, the dose of tincture of iron was increased fifteen minims every four hours.

On the 3rd, the pulse was 90; the respiration 25. e tongue was clean, and the expectoration much di- nished. She complained of the cough giving her me trouble. She was ordered twenty minims of tinc- re of iron and ten of laudanum three times a day, and eat diet. The wine was reduced to six ounces daily.

She rapidly recovered from this date, but was kept in e house for some time to be treated for the em ysema from which she suffered. She took a course iron, with good diet; and under this treatment she ned flesh, and her cough and dyspnœa materially proved.

he left the hospital on June 9th.

[*To be continued.*]

ST. MARY'S HOSPITAL.

CTICAL REMARKS ON THE PATHOLOGY AND TREATMENT OF SKIN-DISEASES.

C. HANDFIELD JONES, M.B., F.R.S., Physician to the Hospital.

[*Continued from page 570.*]

VING considered the exudative, we proceed to the called squamous eruptions. This group comprises ra, psoriasis, pityriasis, and white ichthyosis.

epra and Psoriasis. While fully recognising the priety of distinguishing between these, it seems need- for the purpose I have in view to separate them. hing that we know of their causes or their remedies, ny part of their history, indicates that there is any portant difference between them.

r. E. Wilson says the similarity in their essential ures is so complete as to render them almost identi- The chief diagnostic features are the more circular arcuate form of the patches of lepra, their tendency heal in the centre, their more elevated margins, and absence of fissures, which are not uncommon in riasis. The pathology of the two, we cannot doubt, st be identical. What are we to say of it? If we l over the list given by authors of the causes of these ptions, we shall be puzzled, I think, to detect any ive element common to them all whereby they come roduce such uniform effects. It is difficult to con- e how mental emotions, salted food, cold and wet, fficient nourishment, excesses, drinking cold liquids n the body is heated, and external irritants, as flour soap, can occasion similar morbid phenomena. It , perhaps, be said that they do this by all occasion- the same disorder of assimilation, and giving rise to same *materies morbi* in the blood. This appears a gratuitous supposition, it not being in the least de- nstrated that there is any *materies morbi* at all. Fur- , one may ask, if flour and soap, sufficiently dissimi- substances, cause psoriasis, why should sugar and t give rise to eczema? Why should not they pro- e psoriasis too? In my own experience, drinking cold liquids when hot has been the only cause mentioned by the patients sufficiently often to attract my attention. The most certain thing that we know of this influence is that it is liable to produce dangerous arrest of the heart's action. We may, therefore, suppose it might affect also the nutrition of the skin, the irritation being reflected on cutaneous, instead of cardiac nerves. In any case, it is difficult to understand how it could alter the composition of the blood.

The subjects of squamous eruption often enjoy remarkably good health, and are vigorous and robust; but this is not invariably the case. We might account for this on the view of the disease being an eliminatory effort, if its arrest or cure caused disorder elsewhere. Mr. E. Wilson, indeed, mentions one instance where this seems to have occurred; but it is certainly quite the exception. Even while the eruption persists, it is not very credible that the health should continue perfect if the crasis of the blood be so unhealthy as to derange seriously the nutrition of the skin. It is not what we find in other instances of blood-poisoning that one part alone suffers, the system remaining healthy. Such is not the case in syphilis, gout, malarious, or lead intoxication, or the exanthemata.

Our knowledge of the state of the secretions in squamous eruptions is very imperfect. L. Beale (*Archives of Medicine*), in a very severe case of lepra, found only that the urine contained about double the normal quantity of fixed salts, while the scales presented nothing special. According to microscopic examinations which I have made, the detached scales consist almost entirely of normal looking epidermic cells. It would certainly be satisfactory to have thorough investigations as to the condition of all the excretions in these disorders; but such a task, I fear, is not very likely to be soon accomplished. Nor is there much hope that the search, if made, would detect any characteristic anomaly. Our chemistry is not yet sufficiently penetrating to enable us to distinguish minute variations in the composition of organic compounds. If anywhere, we must suppose that the *materies morbi* would be contained in the scales; but none has been discovered there, nor has any proof been given that they are capable of communicating the disease. It is universally admitted that lepra and psoriasis are non-contagious; but Mr. E. Wilson has observed that the gyrate form of the latter is apt to affect several children at the same time in one household, especially those who sleep together. Possibly this was syphilitic.

Failing more direct information, we turn to the action of remedies as capable of throwing some light on this obscure part of pathology. Mr. E. Wilson seems to have no strong faith in any specific remedies; he attributes their success chiefly to the quietude, diet, and ablutions, which are enforced. A cooling, unexciting regimen, will often cure the eruption alone, he says. Dr. A. T. Thomson confided in liquor potassæ, which Watson also praises; and also in biniodide of mercury with iodide of arsenic. Mr. Green is satisfied of the value of a course of purgatives, of arsenical preparations, tincture of cantharides, and the sulphur fume bath. Bloodletting, he shows to be essential in cases of sthenic inflammatory excitement and leeching of the parts in the local varieties is not to be omitted. Mr. Hunt, appreciating fully the inflammatory character of the disorder after subduing this element, is satisfied with arsenic alone. Donovan's solution has succeeded well in the hands of Erichsen and others. Cazenave speaks quite in the same strain as Green. Gelatinous and vapour baths in the earlier and acuter stages; and various mercurial unguents or lotions, or one of iodide of sulphur, in the later, are generally approved of. Hebra applies a sulphide of calcium solution energetically till all the morbid epidermis is removed, and the corium is bare, and bleeds slightly; this is done to every patch;

the patient then has a bath of an hour's duration, and is then rubbed with ol. morrh. or tar. Clarus has seen excellent results from lotions of protonitrate of mercury used twice or thrice daily, and warm baths. My own experience leads me to rely on arsenic or the sulphur fume in cases unmarked by inflammatory excitement; and in cases of a more irritable nature, on wet-packing, aided, if need be, by antiphlogistic measures.

Now, from all this detail, we may gather: 1. That there are sthenic, or irritative, and asthenic, or non-irritative, forms of squamous disease; 2. That the former are benefited by antiphlogistic treatment, especially by bloodletting and purgatives; while 3. The latter require arsenic internally and sulphur fumigation; 4. That external applications seem to be very efficient in some cases, which can only act by modifying the vital condition of the affected part; 5. That, in other cases, liquor potassæ and tincture of cantharides are of much efficacy. The former of these, when taken upon an empty stomach, increases the sulphuric, and sometimes the phosphoric, acid of the urine, causing probably disintegration of some organic matter containing sulphur and phosphorus. The latter may act as a diuretic; but this condition is not insisted on by any writer that I have consulted; nor does it at all appear that other diuretics will replace it. It may be added as a positive certainty, that if arsenic be given in cases that are unsuited for its use, it will aggravate the disease fearfully; and the same may be said of the sulphur fume.

We see, then, in a general way, that these squamous affections correspond to a considerable extent with the exudative, the irritative forms of both being meliorated by antiphlogistic treatment, emollient baths, wet-packing, and the like, and aggravated by internal (arsenic) or external (sulphur) stimuli, which again are most efficacious in cases where they are tolerated. It also appears that certain agents, which we can only speak of as vitality-modifying, such as those recommended by Hebra and Clarus, may cure. That purgatives act as eliminants is by no means certain; it is quite as probable that they only act as they do in any common inflammation, as of the eye, or tonsils. Moreover, they are not advisable in the asthenic form, which would not be the case if they availed to carry off a *materies morbi.* Tincture of cantharides may operate as a diuretic, and so eliminatively; but I think it is more probable that it acts, like arsenic, on the nervous system, especially on the vasomotor nerves of the cutaneous arteries. That it may act as a nervine we know, from its remarkable efficacy in the spasmodic stage of pertussis. Liquor potassæ may, also, possibly act by disintegrating some morbid organic matter; but I suspect that this is a secondary effect, and that when it acts beneficially, it is by increasing the alkalinity of the blood, and rendering it less stimulating. It has not been of much service in my hands. I have not touched upon various remedies which are occasionally lauded, and not without reason; because whatever action they may exert, we can only term them specific, and cannot utilise in any way to elucidate the pathology of the disorder. Such are dulcamara, urtica dioica, galium aparine, etc. I have tried them, but not extensively, and have very small faith in them.

On reviewing all the above evidence, I feel that the only conclusion I can provisionally adopt is this: that in squamous diseases the vital nutritive power of the skin is impaired, and primarily, and that the tissue is, therefore, prone to irritation and inflammation from slight causes, internal or external; which, in more healthy states of cutaneous nutrition, would prove inoperative. The habitual dryness of the skin in the psoriatic shows that, independent of the actual disease, the tissue function works badly. I reject, therefore, as at present unproved, and as not well according with the general bearing of the therapeutic facts, the poison
theory; in so far, at least, as the poison is regarde
the essential cause of the disorder, which I believe rat
to consist in a deranged vitality of the skin itself.

I have used these common expressions advisedly,
knowing that to many such will appear highly unsci
tific and objectionable, obstructive to inquiry and
gress. While, however, I see that in one man a kel
tumour developes in the skin, in another an epithelio
in another a fibroid; while one man's respiratory ner
or centres are so hyperæsthetic that the slightest ca
will suffice to induce asthma, while a second is alm
as prone to bronchitis, and a third to dyspepsia in s
of the greatest care; I cannot but regard the origi
vital endowments of the tissues as having a very la
share in determining, not only the locality, but the fo
of the disease.

Let it not, however, be supposed that I do not ad
the probability of the blood also being in an unheal
state; I do so fully; but I believe that there is noth
constant or definite in this condition, and that but
the impairment of the vitality of the skin it would t
no effect. The case mentioned by Bateman of a m
who was always attacked by lepra whenever he t
spices with his food, seems to me quite in point.
him the spices were a poison, either directly irritat
his susceptible tegument by being received into
blood, or indirectly by causing gastric or intestinal i
tation, which was reflected on the skin through trop
nerves. But no one will maintain that spices alw
contain a poison capable of producing lepra, as
variolous poison produces variola. In the same way
great variety of different substances, among which
mentioned that usually most wholesome food, oatme
may set up severe urticaria in the predisposed. Clear
in all these cases, the real error lies in the tissues
their nerves; not in the blood or in the ingesta.
squamous diseases generally, I quite disbelieve th
there is any separable and eliminable poison in t
blood; or that the cutaneous eruption is an effort to
rid of it. The more or less unhealthy blood irritat
the unhealthy skin; and *voilà tout.*

It will be said that I have been wandering a go
deal in the regions of theory; but it has been in sear
of true indications for practice. If there is one thi
more unsatisfactory than another, it is to underta
treatment, especially of a refractory disorder, and
one remedy after another, without having one clear id
the whole time of what we are really about. As
Bailly says, "On perd la tête et devient polypharm
cale." Out of such empiricism no progress can ev
come. Now, if the exclusive poison theory be true t
only rational proceeding must be either to neutrali
the virus if we know how, or to eliminate it from t
system if we can. But no experienced man will say th
he has much hope of doing either. On the view, ho
ever, which I propose, that the vital actions of the sk
are primarily and chiefly at fault, needing essential
correction and renovation, our efforts will be set in
more hopeful direction. We shall consider careful
what is the character of the morbid action; we sha
test the degree of irritability of the affected structur
and we shall adjust our remedies according to the gre
principles which guide us in our treatment of inflamm
tions elsewhere. Antiphlogistic measures will be clear
indicated in one state, stimulant and alterative in a
opposite; and in doubtful conditions we must trim b
tween the two sagaciously. Arsenic will be resorted
in cases which we judge will tolerate it, with the view
stimulating the tissue to more healthy action and co
tracting the relaxed arteries; and the sulphur fume w
be also employed with the like intention. The succes
however, of either must depend wholly on the passivit
of the tissue; for both may aggravate the evil if the sk
be too irritable. The various stimulating or altera
lotions and ointments are to be employed on the sam

inciples. Dietetic regimen must also be adjusted to e more or less sthenic or excitable state of the system. oses of remedies will have to be varied according to e same rule; the dose that cures one patient may be holly insufficient for another. When we have done our st, according to this rational proceeding, and failed, e may then turn to specific remedies, and become polypharmacal."

[*To be continued.*]

Transactions of Branches.

SOUTH-EASTERN BRANCH:
AST KENT DISTRICT MEDICAL MEETINGS.

POSITION IN ACCIDENT AND DISEASE.

By Robert L. Bowles, Esq., Folkestone.

[*Read May 15th.*]

FEAR the title of my paper will lead you to expect a ore general consideration of the subject of position an it is at present my intention to submit to you; so, fore proceeding, I must beg you to consider that what have to say is chiefly suggestive, and more intended provoke a discussion than to be exhaustive of the in- ence of position in the treatment of disease.

In a paper communicated to the Royal Medical and hirurgical Society by Mr. Cæsar Hawkins in January 360, and subsequently published in vol. xliii of the *ransactions* of the Society, I assumed that the cause of ertor in apoplexy and apoplectic conditions was due in eat measure to the position of the patient at the time; iat, by altering the position, the stertor would cease, id with it other symptoms of importance; and that fe might be saved by doing away with the *cause* of ertor.

From anatomy, experiment, and clinical observation, I tempted to demonstrate that when, from any cause, e nervous system is so affected as to give rise to eneral paralysis, the tongue (when the body is supine) lls back into the pharynx by gravitation, and prevents e easy access of air to the lungs.

There is every reason to believe that the stoppage of e entrance of air, under these circumstances, may be bsolute, and cause immediate death; or it may be more less modified, and give rise to sounds also more or ss modified, which collectively have long been known "stertor". As, however, the different varieties of ertor arise from causes essentially different, it becomes ecessary to define them, and to attach to each defini- on its true value.

Shortly, then, I would recognise three varieties of ertor—

1. *Palatine*, when the air, in rushing through the ose or mouth, causes a vibration of the soft palate;
2. *Pharyngeal*, when the air gives rise to a harsh, iarp, husky noise, by passing through the narrowed terval between the base of the tongue and the poste- or wall of the pharynx;
3. *Nervous Stertor*, which depends upon air bubbling rough mucus in the larger air-tubes.

The variety of stertor which indicates the greatest nount of danger from impediments to the respiration the *pharyngeal;* and this is the most common in apo- lexy and apoplectic symptoms arising from accident. occurs in its worst form when the patient is supine id the mouth is widest open, from the tongue being ought into closer contact with the posterior wall of ie pharynx by the dropping of the jaw; or when the ead is much bent upon the sternum, thus raising the ack of the pharynx up to the base of the tongue, the ngue itself being fixed by the resistance of the thyroid rtilage. This impedes the respiration to such an extent that the jugulars and other vessels of the head and neck become greatly distended; and the increased congestion of the brain thus caused reacts and increases the paralysis of the tongue; and in this manner things go on steadily and surely to death, if no relief be afforded. If, however, the tongue be hooked forward with the finger, or, better still, if the patient be turned on the side, so that the tongue may fall *away* from the back of the pharynx, the stertor gradually ceases, the mucus drains away from the air-tubes, the congestion of the face and other symptoms of serious import disappear, sensation will partially if not wholly return, and, if there be not too much destruction of a vital organ, recovery will take place.

In a former paper on this subject, already referred to, cases are detailed illustrating all that has just been stated; and, since the *publication* of that paper, I have seen other cases which demonstrate still more clearly the great importance of careful attention to position in the treatment of accident and disease.

Case i. An elderly gentleman, staying at an hotel in Folkestone, fell down in a fit in the reading-room. He was laid on his back in a senseless state, and stertor at once commenced. The proprietor was sent for; and (as he had seen me do on similar occasions) he immediately turned the patient on his side. The stertor soon ceased; and, by the time I arrived, the patient began to move and evince signs of returning life. In half an hour he was out of danger.

Case ii. About two months ago, a man was struck by a heavy chain, and knocked off the Folkestone new pier into the sea. The poor man fell head foremost on the rocks, and was wholly submerged about three minutes. When brought to land, he was supposed to be dead; but one of his comrades commenced rolling the body from side to side, "to get the water out of him", as he expressed it. The man soon began to exhibit slight gasping attempts to breathe; and, on my arrival, I found him most judiciously placed upon his *side*, but apparently dying; his pulse was irregular, and scarcely perceptible; and his breathing feeble, slow, and irregular. There was a quantity of water, tinged with blood, lying on a coat which had been placed under his head; and I observed that, at the end of every inspiration, more of this frothy water drained from the mouth—doubtless, from the inspired air displacing water from the air-tubes. Besides the immersion, a compound fracture of the skull and a compound comminuted fracture of the jaw had been sustained, as well as very extensive contusions of the spine and buttocks. By the constant application of ammonia to the nostrils, dry warmth to the body, and friction to the limbs, the poor man was so far restored in two hours as to be able to be taken to bed. Since then, he has struggled through either gangrene of a portion of the left lung, or purulent infiltration from secondary deposits; but, I am thankful to say, he is now sittting up, and nearly well. I cannot but think that, so near death as this poor man was at the time of the accident, he certainly would not have recovered if he had been placed on his *back*, for the tongue to strangle him, and the sea-water to choke up his lungs.

And now, with your permission, I will add a few general remarks on cases to which the subject of position appears to apply, though my remarks will more particularly refer to apoplexy and its treatment.

Since the days of Abercrombie, so much light has been thrown on the different causes of apoplexy, that his division of the primarily apoplectic (where no apparent change has taken place in the brain) may be broken up into several subdivisions. It is now fully acknowledged that many of these cases depend primarily on some disease of the heart or its valves, upon aneurism, upon atheroma, upon engorgement of the pulmonic circulation, and upon uræmia. Consequent upon these great advances in pathology is a total change of treatment; for it is but seldom that we now hear of that indiscriminate and common bloodletting which is detailed in Dr. Abercrombie's work on *Diseases of the Brain*. In his time, age, sex, or condition had little influence over treatment; so long as apoplexy existed, bloodletting was considered the chief, almost the only remedy.

Since, then, it is admitted that apoplexy may result (and very commonly does result) from an alteration in the state of the general circulation, I conceive that anything which would mischievously affect the circulation during the apoplectic attack would militate very considerably against the chance of the patient's final recovery. Let me suppose a case. A man with disease of the heart or large vessels, on making some unusual effort, falls down in a fit; he is taken up, and laid on his back in bed. Stertor at once commences. If it be not relieved, the respiration becomes impeded; congestion of the lungs takes place, then of the right side of the heart, then of the jugulars and of the brain. And now another direct source of apoplexy exists—*increased congestion of the brain;* and this, too, with unäerated blood, itself a poison sufficient to destroy life. As long, then, as the stertor is allowed to continue, the mischief increases, and remedies will be of little avail. But suppose that, when the man is taken up in a fit of apoplexy, he is laid in such a position that his respiration cannot be impeded, that the blood may flow steadily on in its course; that he is placed in such a position, in short, that Nature will meet with no impediment in her attempt to right the temporary disturbance which a sudden effort brought about,—then, I think, we may fairly hope for a better issue, if judicious aid be afforded by means which the urgency of the case may render necessary. This especially applies to cases of congestion dependent upon, or complicated with, atheroma. The danger would then be doubly great; for the increased congestion might be more than the diseased cerebral vessels could bear; they might give way, and the case would become one of sanguineous apoplexy.

In the second class of cases of Dr. Abercrombie (those not primarily apoplectic), where the symptoms depend upon an effusion of blood in the brain, if there be any hope, it must at once be forfeited should the respiration be impeded, since this would increase the congestion of the cerebral vessels, and cause the blood to make its way out of those which were ruptured with greater force. The same would apply to laceration of any of the sinuses or vessels of the brain from fracture of the skull. I remember to have seen a boy, who had fallen from a bridge, brought home in a state of syncope. Extensive simple fracture of the vault of the skull was detected. He was laid on his back on a table; and, as reaction commenced, he fell into a state of coma, with stertorous breathing. In a short time, the symptoms became so urgent that trephining was performed, whereupon a large quantity of blood made its escape with considerable force. The boy was relieved, but died three weeks afterwards. On examination after death, there was found a large quantity of clotted and fluid blood on the surface of the brain; the superior longitudinal sinus was lacerated, and the substance of the brain much injured.

In a case of this kind, to impede the onward current of blood through the jugulars must be the first step towards death; for the blood would make its way, where there was least resistance, through the wound of the sinus. If, however, there were no obstruction in its natural course, we may fairly presume that it would follow that, rather than turn aside through an opening in which, perhaps, a coagulum had already formed.

Such, then, are the dangers which may result from a persistence of stertor in apoplectic and similar conditions; but there remain the other and more immediate dangers of the supine position.

1. Fluids or other foreign matters may make the way into the larynx from the mouth or the stomac This I had repeated opportunities of observing in th dead subject, when engaged on experiments for the lat Dr. Marshall Hall; but that it is a real danger in th living man is placed beyond doubt by a remarkable cas which is related in the *Medical Times and Gazette* April 23rd as having been under the care of Dr. Bristow A drunken man died from symptoms of suffocation. A the autopsy, some of the contents of the stomach wer found in the bronchial tubes. Further, my friend M Bateman of Folkestone informs me that, during hi attendance on a case of delirium tremens, the patient, i an attack of vomiting, became asphyxiated, and die No *post mortem* examination was made; but it seeme probable that some foreign matter had entered th larynx, and caused spasm of the glottis and death.

2. The falling back of the tongue, causing sudde and complete apnœa, may occur in all cases of paralysis whether from syncope, apoplexy, concussion of th brain, chloroform-poisoning, suffocation from carboni acid, or drowning. I have seen imminent danger from this cause, but am unable to record a death arising from it, though this may be a more common occurrence than we are at present aware of; for, if a disaster arise from any of the above causes, the patient is, I believe, invariably laid flat on the back.

As an appendix to this paper, and in conclusion, i will be interesting to relate the following case, which has recently been forwarded to me by Mr. Lewis, medical superintendent of the Cheshire and Chester Lunatic Asylum, to whom I wrote many months ago on this subject.

"Seth Yarwood, a man with a very peculiar formation of head, the subject of ambitious monomania of two and a half years standing, first had an epileptic fit, which was of a very severe character, on the 21st of November, 1858, and another on the 10th of December following. They did not recur until June 3rd of the present year, when he had one; and two more, one on the 8th, and one on the 10th of July.

"On the 10th of August, at 4 P.M., he had four fits of a very severe nature, in quick succession, three occurring in less than five minutes, and the fourth in about a quarter of an hour. When seen, he was in a state of profound coma; pupils contracted and insensible; pulse small, weak, and irregular; surface pale, with cold clammy perspiration; breathing irregular, slow, and extremely laborious; the stertor was very marked; very little air seemed to pass into the lungs; the cheeks were puffed out during expiration. He was placed well over on his side, and propped up so that he remained about half way between the lateral and prone positions. There was an immediate flow of saliva from the mouth; and this was followed by a considerable quantity of sanio-mucous fluid. The breathing instantly became more free, and in less than a minute all stertor ceased. The other symptoms gradually subsided; and in an hour's time, the bowels having been freely acted on by two drops of croton oil, there was a partial return of consciousness. The next morning, he refused to stay in bed, and, though dull and stupid, was moving about more or less all day."

REMARKS. The symptoms at the time were considered as rendering a fatal termination more than probable. Whether such was really the case is immaterial. The sudden subsidence of the symptoms on the change of posture must, I think, indisputably prove that the cerebral congestion was relieved by it; and, further, we may conclude that the change in posture rendered a fatal termination *less probable* than if posture had not been attended to.

rogress of Medical Science.

AMAUROSIS WITH TÆNIA. Dr. Burgiss relates the lowing case. The patient, James Brown, a coloured in, 39 years old, six months ago suddenly began to ffer severe pain through the right eye, and over the ht side of the face and head. About this time, he scovered that he had paralysis of the right side of the e. The pain continuing, most severe through the be of the right eye, he soon began to experience a udiness of vision. For the first few days, all objects wed with the right eye alone seemed of a bright llow colour; at the end of five or six weeks, its wer of vision was entirely obscured. Now began similar set of symptoms in the left eye, result- g finally in total loss of sight in this eye also. is condition was reached in about four months after e first attack. Two months later, the eyes had staring, vacant aspect, the globes being prominent as pressed forward from within; the pupils were largely lated, and but little sensible to light. There were no idences of any disease in the external tunics of the es. The deeper portions, as seen through the pupils, esented a greenish colour. Paralysis of the muscles the right side of the face, with partial paralysis of the ngue, still existed; and pain similar in character, ough much less severe than that which had ushered the disease, still continued. He also described a oublesome sensation as of "something crawling about the top of his brain". He had chancre four years be- re, but had never suffered from any consecutive symp- ms. A few days after this, he passed from his bowels ints of tapeworm. He had observed similar joints, ingled with fæcal matters, almost constantly for three ars. Two ounces of pumpkin-seeds, grated, were ad- inistered to him upon an empty stomach, and followed eight hours by a dose of castor oil and turpentine. his resulted in the expulsion of a tænia solium nine- en feet long. Two or three days after this event, he gan to distinguish shadowy, indistinct outlines of ob- cts moving around him; and from this time the haze pidly cleared away from his vision, so that within a eek more he could see plainly enough to recognise his quaintances. At this time the power of vision was re- rning only to the right eye, the one which had first ffered. After a short time, however, the left eye be- n also to show evidences of returning vision. At the d of thirty days, the patient could see well enough to ad the newspapers; the pain had mainly disappeared; d both eyes had a perfectly normal appearance, save e glaucomatous hue of the inner chambers, which still isted. Paralysis continued, but was somewhat less ident. Two years and a half later, the patient's sight ill remained unimpaired, or nearly so; and the para- tic effects had all disappeared. The treatment adopted efore the existence of the tænia was known consisted the administration of the iodide of potassium in an perient mixture, and repeated vesication over the mas- id process. (Dr. Burgiss, in *American Med. Times.*)

ABSORPTION OF CATARACT BY THE FREQUENT EVACUA- ION OF THE AQUEOUS HUMOUR. Mr. J. G. Hildige ives the following account of a case in which he put in ractice the method proposed by Professor Sperino of urin. Mrs. C., aged 45, had soft cataract in both eyes. hat in the right eye was perfect; the internal portion f the retina was insensible to light; the other tissues of he eyeball were tolerably healthy. The vision of the ight eye was still good enough to permit her to go bout alone, and to see large objects. The general ealth was pretty good. Mr. Hildige punctured the left eye with a broad-bladed needle at the external junction of the cornea with the sclerotic, and allowed the aqueous humour to escape. On the following day, he repeated the puncture, introducing the needle at the inferior part of the cornea. The eye was slightly inflamed on the third day, the pupil contracted, and other symptoms of irritation were present; so that he was obliged to allow two or three days to intervene before resuming the treatment. He repeated the operation eleven times, allowing one, two, and three days to intervene, according to the amount of irritation present, with the following result. The cornea had become slightly conical, so that the anterior chamber was much deeper than in the normal condition; the iris was of a much deeper tinge than that of the other eye; pupil contracted; and small dots of pigment, detached in all probability from the posterior part of the iris, were deposited on the anterior capsule of the lens. On dilating the pupil with atropine, one side of it was observed to be adherent, and masses of pigment were attached all round its circumference, protruding as it were from the posterior surface of the iris. The lens was in every respect in precisely the same condition as it was previously to the commencement of the treatment, presenting the same degree of opacity, without the slightest symptom of absorption having taken place in any portion of it. The effect of the frequent paracentesis was certainly to produce hypersecretion of the aqueous humour; this, however, instead of causing absorption of the cataract, produced a more or less staphylomatous condition of the cornea, the anterior chamber not being capacious enough to contain the quantity of aqueous humour secreted. (*Dublin Med. Press.*)

A NEW MODE OF CARRYING ABOUT VACCINE LYMPH IN THE MOIST STATE. Dr. John R. Ferguson of Dublin, observes that the old manner of taking lymph on square pieces of glass is very inconvenient, as it requires much care to keep the two pieces together, and takes up too much time when visiting from place to place. Rolling up a number of points still wet with lymph and putting them in paper, is also a bad plan, as it both injures and wastes the lymph. He has invented a little apparatus consisting of a box, about an inch and a half long by an inch and a quarter broad. The inside contains a transverse piece of wood covered with leather, and notched for twelve ivory points, which may be inserted into those notches with the fresh lymph, and remain safe until required for use. The inside square shell of the box comes out, and underneath it there is room for six or eight unarmed ivory points. A lid fastened by a hook keeps all safe. (*Dublin Med. Press.*)

EPILEPSY AND CHLOROFORM. M. Zuino relates the following cases, which seem to answer in the negative the medico-legal question proposed by Giacometti, Can chloroformisation diagnosticate simulated epilepsy? 1. Early in 1858, Inebriani, an artilleryman, subject to epilepsy, entered the wards of Professor Foderaro. With the view of postponing and moderating the violent fits, M. Zuino caused him to inhale, night and morning for seventeen days, three *grammes* of very pure chloroform poured upon the corner of a handkerchief. During this period, not only was he free from convulsions, which previously had occurred once or twice a week, but he felt benefited by the inspirations which momentarily suspended the functions of relation. 2. M. Volpe, an architect in Naples, afflicted for several months with frightful epileptic fits, submitted, in 1859, to inhalations of chloroform—at first in small doses, afterwards to as much as nine *grammes*. At first, he experienced only slight nervous shocks without muscular contraction; then the period of anæsthesia became established. 3. Borghetti, 17 years of age, son of a leading official of the municipality of Naples, an epileptic, submitted to this mode of treatment, and was not afterwards contorted—a fact which was verified on several occasions. 4. A young girl, 13 years of age, subject to epilepsy from infancy, became affected with violent paroxysms upon the advent of puberty. Under the use of chloroform the fits became less frequent, and diminished in intensity. Moreover, by submitting her to anæsthetic inhalations upon the appearance of the premonitory symptoms, these ceased, and the convulsion was averted. By an opposite effect, M. Zuino has seen a student, who had been free from epileptic fits for two years, seized again at a lecture on chemistry where the protoxide of nitrogen was prepared to demonstrate the intoxication it produced. He had scarcely respired it, when he fell in horrible convulsions which lasted half an hour, and were reproduced afterwards periodically. (*Giornale di Med. Mil.* and *Dublin Med. Press.*)

ABSCESS OF BONE. Dr. Cooper, Professor of Surgery in San Francisco, observes that abscess, as well as other forms of disease of bone, are rife on the Pacific coast. It is a very common thing for a patient who has received a slight injury of a bone situated immediately under the skin, like the tibia, to have a severe form of disease result, not unfrequently being that of disorganisation of a portion of the entire shaft. Fractures of bones frequently result, likewise, in change of structure and permanent disease. After exsections, also, a reappearance of disease of bone often occurs. In one case, it involved the newly-reproduced bone, so that exsection from the same place was performed twice. A major portion of the substance of four inches of the shaft of the tibia was removed with a part of the os astragalus. The patient, after nearly recovering, at the end of some months, had the disease renewed, and, at that time, the fibula was more particularly involved, so that, on operating again, the incision was made upon that side. After cutting away all but a small slip of three inches of the lower end of the fibula, the tibia and astragalus were again affected; and though bone was reproduced throughout the entire space whence the exsection had been made, it was found diseased, and a considerable portion had to be exsected again. The patient did well for a while after this; but, ultimately, the former inflammatory symptoms were, to some extent, renewed, and fears were entertained of having to amputate. This was not, however, done; and the patient is now comparatively well, though still a little lame. Over two years elapsed after the last operation before the disease of bone subsided. It has been often observed that patients labouring under diseases of bone in other states and countries, before coming to this coast, and who have entirely recovered, as they supposed, become affected again, shortly after their arrival here, and, when operated upon, show an extensive disease of bone. This may be said particularly in regard to abscess of bone. (*San Francisco Medical Press.*)

UNUNITED FRACTURE OF THE HUMERUS OF TWENTY-SEVEN MONTHS STANDING SUCCESSFULLY TREATED BY EXCISION AND SILVER WIRE. Professor S. D. Gross relates the case of a man aged 32, on whom pressure, friction, and injection of iodine had failed to produce union. After chloroform had been administered, a straight incision, about four inches in length, was made through the posterior portion of the triceps muscle, exposing the membrane which had encased the fracture. On severing this, it was found that the oblique extremities had been rounded off, and become encrusted with semi-cartilaginous tissue, so as to form a very perfect false joint, which was lubricated by an abundant thin, glairy fluid, through nothing like a synovial membrane could be detected. They were each in turn brought through the opening thus made, and cut off at right angles, by means of a delicate saw introduced behind them. It was necessary to take about half an in from the lower fragment, and nearly three times as mu from the other. One ligature made of three strands the usual sized silver wire was passed horizonta through each section of bone, and another diagona across the edges, which after having been tigh twisted, were cut off short, and the ends bent up so to lie close beside the body of the humerus. The in sion through the skin was then approximated clos with interrupted sutures, and the whole arm placed well-padded curved splints of binder's board. On t third day, the arm was attacked with erysipelas, whi was prevalent at that time in the city and in the hos tal. Extensive suppuration followed from the should to the forearm, and the splints were necessarily omitte Under supporting treatment, he finally recovered, a the splints were reapplied. When last seen, nearly fo months after the operation, the union was almost co plete; a large quantity of callus had been thrown o the elbow-joint had regained its motion, and the gener health was excellent. (*North Amer. Medico-Chirurgic Review.*)

FUNCTIONS OF THE CEREBELLUM. Dr. Brown-Séqua makes the following criticisms on Wagner's conclusio as to the functions of the cerebellum :—1. The cerebe lum is neither a centre of perception of sensitive in pressions, nor a place of passage for the conductors these impressions. But in consequence, perhaps, pressure on the pons, and perhaps by influencing othe parts of the brain, anæsthesia is sometimes a sympto of a lesion of the cerebellum. 2. Vomiting is more fre quently a symptom of lesion of the cerebellum than the pons Varolii, and in many such cases cannot b accounted for by pressure on the pons. It is produce by irritation of the cerebellar tissue. 3. Convulsion may be produced by inflammation of the tissue of th cerebellum. 4. Although this organ cannot be viewe as a centre of vision or hearing, it has a special influ ence on vision. In sixty cases collected by Dr. Brown Séquard, in which the cerebellum was the seat of lesion, there was amaurosis in one or both eyes. In many of these, the latter could not be accounted for b pressure on the tubercula quadrigemina. Like vomiting, amaurosis may be caused by irritation of the cerebellum. 5. Dr. Brown-Séquard agrees with Wagner's opinion as to the psychical relations of this organ. 6 The cerebellum is *not* an organ exclusively motor fo the muscular apparatus of animal life. 7. It is certain that the cerebellum has *not* an essential part in the co-ordination of the symmetrical movements of the body. The experiments even of Wagner himself prove that the loss of coordination may be restored in a few days or weeks. Slight pricks produce as much disturbance of the voluntary movements as ablation of the organ. The disturbance is due to irritation of the various peduncles of the medulla oblongata and the pons. Vivisections prove—1, that, notwithstanding absence of the cerebellum, voluntary movements can be regularly performed; 2, that, without lesion of the cerebellum, irritation of the neighbouring parts can produce disorders of movement even more considerable or more complicated than those which we see after removal of the cerebellum. Pathological facts support these conclusions. 8. In reference to an influence over abdominal viscera, everything in this field of experiment needs revision. *The cerebellum possesses none of the functions which have been attributed to it.* (*Journ. de la Physiologie* and *Edin. Med. Journ.*)

ON THE ALTERATION OF TINCTURE OF IODINE, AND THE MEANS OF PREVENTING IT. It is known that tincture of iodine does not long preserve its colour, a portion of the iodine changing to hydriodic acid. M. Dropet endeavours to show that the hydrogen necessary or the reaction comes from the water, and not, as is upposed by other chemists, from the alcohol. Among ther experiments, he has shown that a tincture preared with almost absolute alcohol, 34 *centigrammes* out f 3 *grammes* of iodide, were in eighteen months transormed into hydroiodic acid. Another tincture, prepared ith the same proportion of alcohol at 95°, lost 41 *centirammes;* and a third, with alcohol at 86°, 67 *centirammes.* These tinctures were preserved together in a imly lightly cupboard. M. Dropet concludes that, in aking tincture of iodine, it would be better, for two easons, to replace the alcohol at 86° by that at 95°. In e first place, the tincture keeps better; in the second, is made more quickly, since iodine is much more luble in concentrated than in weak alcohol. (*Chem. ews.*)

British Medical Journal.

SATURDAY, JUNE 14TH, 1862.

IS ALCOHOL FOOD?

E are not on the present occasion about to discuss e alcoholic question in its social aspects. We ould now only beg to suggest to our readers that, ientifically speaking, we possess no proof posive of the fact so very generally assumed by memrs of the profession; viz., that alcohol is a food. e recur to the subject, first, because there is evintly a considerable degree of misconception preiling in the minds of many of those who have disssed the question; and secondly, because we would k, and would gladly receive from any of our ethren who may be in possession of such data, any cts which can throw light on this very obscure bject; and, we must add, because we have been rprised to mark the very illogical reasoning and e loose and inefficient data accepted by some iters on this subject as the basis of their conclums.

Sick persons, for example, we are told, swallow ge quantities of alcoholic drinks, and in some ses, as it is averred, for many days together take thing else besides these drinks; and therefore, it argued, alcohol is a food, and sustains life. But a arer consideration of the matter will clearly show that the conclusion is too hastily drawn. Even ough it were admitted that the alcohol was in ch case active as a preserver of life, it by no ans follows as a matter of course that alcohol is d. No one would call the galvanic excitement which a semi-asphyxiated person is brought back life a food; neither are we justified in asserting at alcohol is food, until it be proved that alcohol es not act simply and solely as a stimulus in proging the life of the sick, as above referred to. may be most fairly suggested, until the contrary shown, that alcohol acts by stimulation of the vous system, by hastening and assisting the vital functions, the wear and tear of the body, the disintegration of the tissues, and the manufacture of lymph; and that by such disintegration of tissues the wasting body supplies itself with food during the period of sickness—in fact, lives upon itself. The alcohol, we may argue, is the stimulant and promoter of the disintegration. It is indirectly the cause of the production of food, but assuredly not (*if such be its only action*) food in itself. Until the contrary be shown, this, we affirm, is the only fair and legitimate conclusion to be deduced from the premises before us.

Now, if proof could be given that a person existing for some days solely upon an alcoholic-drink regimen gained in weight, or even did not lose in weight, then we should possess strong *primâ facie* evidence that alcohol is a food. But when we find that the person who has been kept alive all these days by alcoholic drinks—*i. e.*, by water *plus* alcohol —has lost greatly in weight, has become emaciated, has used up his own flesh and blood in the preservation of his life,—in such case, we have assuredly no right to say more of the alcohol than this: that it acted a useful, or even, it may be admitted, an essential part, in the struggle for life. We repeat it, we have no proof that, under such conditions, it did more than act as a stimulus.

Hence, then, as it seems to us, the clinical facts which some writers have produced as demonstrative of the food-nature of alcohol are, as such, worth absolutely nothing. The proof here must be rigid—one of the scale and balance kind. Let us be told what the weight of the patients was *before* the experiment was commenced, and what *after*. Let us know how much water was swallowed with the alcohol; and be satisfied that nothing but diluted alcohols were taken while the experiments were going on—that rigid abstinence from other things was positively maintained. The analysis of such facts would enable us to arrive at something positive on the subject.

We have no hesitation in saying that to call alcohol food, in the present state of our knowledge of its effects, is an abuse of language. Those substances only can rightly be called food which are essential for the purposes of life; which form a part of the healthy body; which are capable (under the influence of the organic processes) of being incorporated, wholly or in part, decomposed or undecomposed, with the body—assimilated, as physiologists call it. We do not call tonics, which assist the primary digestion in the stomach, food; and if (which we say not) it be true that alcohol is of use only as aiding, by stimulation, in the secondary digestion—the disintegration of the tissues—neither can we call alcohol food. Let it be clearly understood that we do not in this deny that alcohol is a food. What we affirm is, that we possess no particle of satisfactory and scientific evidence to show that it is such. Those who affirm it to be should give us something like a tangible proof of the fact—something beyond the mere vague surmises of their own opinions. Let them show that a body fed solely on alcoholic drinks for several days has gained, or at least not lost, in weight ; and they will have some facts upon which to found the assertion. But to say that an emaciated creature who rises from his bed of sickness, and has swallowed during his sickness large quantities of water and alcohol, is a living proof that alcohol is food, is manifestly an unfounded assumption. We have, as already stated, just as good, and in truth much better, grounds for saying that the alcohol acts solely by its power in assisting secondary digestion, in aiding the wasting of the body, the wear and tear of it, and thereby producing materials—lymph—for the support of the system at a time when disease has arrested the functions of primary digestion, etc.

We would now ask those of our brethren who have opportunities for observing (with clinical precision) the effects of alcoholic drinks in disease, to favour us with any facts of the kind here alluded to which may haply fall under their observation, and which may tend to elucidate this most interesting but obscure subject.

THE WEEK.

We have been lately honoured with various lengthy communications from gentlemen who profess themselves to be practitioners of homœopathy. We trust they will in future save themselves the trouble of wasting so much good ink and paper. We really, indeed, are surprised that they should think their arguments, as they call them, could possibly find admission into our pages. What they say is just the tale we have all heard so often, and know by heart. Galileo was persecuted, and Harvey and Jenner* mobbed and pelted by their professional brethren ; *therefore* we homœopaths are splendid martyrs to science. Then, again, they say : One set of you doctors bleeds, blisters, and purges in pneumonia ; and another pours in brandy ; and another set does nothing in the positive way in the treatment of pneumonia : *therefore* homœopathy is a grand fact, and a glorious means of cure. The patient swallows tr. op. 10 dil., or sp. camp. 40 dil. ; the right *simile* is shot at the *simili*, and he recovers from his illness : *therefore* homœopathy cured the patient. The patient gets well of his disease after swallowing its appropriate remedy ; *therefore* the remedy was his cure ; *post hoc* and *propter hoc*, in the logic of homœopathy, being apparently convertible terms. But why are these gentlemen, possessed of this great and fructifying fact for ever hankering after an attachment to the skirt of medicine ? Why will they call us Lynchers, because we refuse conscientiously to have any medica dealings with those who, in our opinion, are deluding, and therefore injuring, the sick ? We neve interfere with homœopaths or any other irregular who thus delude mankind. To argue with th credulous is to steep them deeper in their credulity The world is large, and the credulity of mankin vast enough to supply an ample field for the practice of their talents by them. Let them thrive an operate there to their heart's content. We neve pursue them there ; and for the simple reason, tha it is simply a waste of time and breath to argue o a matter of credulity with those who are alread convinced of its truth. When people once believ in that which is contrary to reason—in homœopathy for example—their belief is greater in proportion t the utter unreasonableness of the thing they believ in., *Credo quia impossibile est*, is here a literal fact But we cannot have these gentlemen interferin with the business which Hippocrates practised— with the medical profession. That there are honourable and conscientious homœopaths we doubt no for a moment ; and of them we can only say, tha we regret their mental crotchets should have le them astray. But we must add that, if the practitioners of homœopathy would have the name o honest retained for the practice of it, they must se about purging their body from the many most equivocal (to use a gentle term) proceedings now connected with it—for example, the giving of remedie and the treating of disease as medical men give remedies and treat diseases ; and the practising o (what is called) allopathy or homœpathy indifferently, according to the fancy of their clients.

There is undoubtedly, and has long been, a feelin in the minds of those who are acquainted with D Taylor's way of giving evidence in cases of crimina prosecutions, that Dr. Taylor acts too much th part of an advocate. In a late fearful case of murder of infants in which he was engaged, we mus venture to say that, as an interpreter of scientifi facts, Dr. Taylor would have done much better if h had confined himself to an interpretation of the fact before him. When experts do as he then did—exercise their imagination, and propound hypotheses t explain things scientifically inexplicable—they invariably put themselves in a false position, and carr a bad name for scientific evidence, or rather add t the bad reputation under which it undoubtedl labours in courts of justice at the present moment Neither Dr. Taylor nor any expert should eve appear to play the part of prosecutor in the witness

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* We need hardly tell our readers that this eternal jingle about Harvey's and Jenner's persecution by the profession is utterly untrue. No men could have desired a kinder reception or better rewards than they both received during their life-time, both from the profession and from the public.

ɔx, even when they are giving evidence on the part
the prosecution. Calm philosophy should teach
ich witnesses to curb all feeling of party, and espe-
ally so in those cases of criminal prosecution
here a man's life is literally hanging in the balance,
pendent on the colour of a test-tube. And hu-
anity should teach them that a liberal interpreta-
ɔn should be given to the data elicited by their
ientific investigations; and that, instead of strain-
g those data in doubtful cases to meet the hypo-
esis of the criminal's guilt, they should rather put
em aside as not fitting to be used for such an end.

E understand that the friends of Mr. Turner of
anchester intend to bring that gentleman forward
a fit and proper person to be one of the represent-
ives of the Fellows in the Council of the Royal
llege of Surgeons of England. It is probable
at Mr. Turner's supporters do not intend, upon
e present occasion, to press his election, but
erely by their movement to let the profession know
e feeling which they entertain towards Mr. Turner;
that on the occasion of a future election his name
ıy appear more early before the profession as a
ıdidate for the honour. Every member of the
ɔfession must admit that Mr. Turner's position in
profession fully entitles him to come forward as
andidate.

E Royal Medical and Chirurgical Society intend
call a special meeting for the purpose of discussing
subject of Suspended Animation and its Remedy,
ich (as our readers will recollect) has now, for
ne time, been under the investigation of a Com-
ttee elected by the Society, for the purpose of
dying and reporting upon it.

sincerely trust that the profession will, for once
a way, be unanimous in their support of the me-
al man whom they may deem the fittest person to
lertake the duties of coroner for Middlesex. We
e no hesitation in saying that the chance of re-
ııing the post of coroner, held by the late Mr.
ıkley, in the hands of the profession, will be but
ıll, if all those of our brethren who have votes
influence in the matter do not concentrate them
one worthy candidate. The lawyers are at work
h an energy, with money, and with a skill which
der them most dangerous opponents, especially
us, notoriously unbusiness-like men. Surely, we
st be, all of us, unanimous in the wish that this
ɔortant post should be held by a member of our
fession; let us, therefore, not commit the suicidal
y of destroying all hopes of success by division
our forces. Dr. Lankester is, at the present mo-
ıt, undoubtedly the favourite medical candidate
the coronership of the central division, and his
ims to the post, and his capabilities for the proper performance of its duties, are unchallenged. In thus prominently bringing forward his name, we believe we are expressing the sentiments of, at all events, a very large body of the members of the British Medical Association. Disunion and division of forces in this matter will most assuredly bring with them certain defeat.

THE following resolutions were unanimously adopted at a meeting of the Royal College of Surgeons of Edinburgh on the 6th inst.:—

> "1. That the College has learned with surprise that the General Medical Council has declined to express disapproval of the course pursued by the Royal College of Surgeons of England in issuing regulations in regard to preliminary and professional education, which are at variance with the recommendations of the General Medical Council. That the College regrets this proceeding on the part of the General Medical Council as unjust to this College, which has hitherto adopted all the recommendations of the General Medical Council in the faith that the Council would not fail to show a determination to require their adoption by other licensing bodies, and as tending to discourage this College in its efforts to raise the standard of preliminary and professional education.
>
> "2. That it be remitted to the President's Council to consider what alterations of the present regulations of the College are demanded in consequence of the position in which the College is placed by the recent proceedings of the General Medical Council, and to report to the College without delay."

M. RÉVEIL some months since pointed out, in a paper to the Academy of Sciences, the numerous materials, mineral and vegetable, detrimental to the health, which were constantly used in cosmetics and articles of the toilette. M. Trébuchet, in reporting thereon, advised that official visits should be made to the shops of the fabricators of those articles, and inculpated individuals brought to trial for the manufacture of them. Hereupon arises the important question, How far ought a wise government to interfere in such matters between buyer and seller? *L'Union Médicale* thus lays down the two sides of the question.

> "There is the administrative tendency, which would regulate everything; the protective, restrictive, and prohibitive system, which would take under its tutelage the public health, and defend it at all times against all attacks, and especially against the aggressions of ignorance, cupidity and fraud; and there is the tendency to liberty, to freedom of human action, which would leave to every one the responsibility of his own acts, and the right and duty of avoiding the tricks of every kind of charlatan, and which rejects the interference of government in the private affairs of life. The first system sets out in the principle that the ignorant and weak in mind are numerous, and unable consequently to protect themselves. The second system is founded in a generous desire of freedom of mind, a deep sentiment of the dignity of human nature, which can only be developed in a perfect condition of liberty. The administrative system is adapted to the infancy of societies. The system of liberty is of modern date, and springs out of the progress of civilisation."

M. Trébuchet, as we have seen, and being himself an official, votes for the interfering system. *L'Union Médicale* naturally takes a mean term. Let us, it says, regulate the sale of food, the condition of habitations, and, in fact, everything which is indispensable to life, and whose deterioration may injure health. The hygiene of luxuries, on the other hand, may be left to itself.

The Empress of Austria, after a consultation of four physicians, has gone to Kissingen. Neither Skoda nor Oppolzer were summoned to the consultation; whereupon the daily papers say that Skoda was not called in because on a former occasion he made a wrong diagnosis.

M. Sappey has been elected to the Section of Anatomy in the French Academy of Medicine.

In addition to the Chairs of Comparative Medicine and of Histology lately established in the University of Paris, two more are now spoken of as likely to be founded, one of Syphilography, for M. Ricord, of course, and of Teratology for M. Guérin. But for one single adverse vote, it is hinted, these Chairs would have been already in existence.

A Parisian professor once remarked that everything worth knowing contained in all the books of medicine written before his own works were published might be summed up in a couple of pages.

A curious trial lately occurred at Turin. A sum of 50 *francs* were to be accounted for by a Government *employé*, and Rosa, a somnambulist, was applied to for information as to who had possession of them. She indicated a M. Pietro. Thereupon M. Pietro brings an action for defamation. When the trial came on, every one asserted their innocence. The somnambulist declared that she could not be found guilty for having spoken in her sleep; and the magnetiser declared that he had never opened his lips. They, however, as well as the party who sought their advice, were severally condemned to pay 100 *francs* damages.

M. Diday, in the *Gazette Médicale de Lyon*, sums up the experimental evidence which exists relative to the transmission of syphilis by inoculation of blood. His deductions from these facts are, we think, very lame and unsatisfactory. He says it would appear that the quantity of the blood used in the inoculation is of much importance; that the operation is successful only when the blood is employed in large quantity.

A new journal has appeared at Genoa with the title of *Italian Pharmaceutical Review*.

The Pathological Anatomical Institute, writes the *Wiener Medizin. Wochenschrift*, which may be considered as a monument of the labours of Rokitansky, was solemnly inaugurated at Vienna on the 25th ult. The honours of the day attach less to the magnificent building and to the Vienna school, than to the man, who for upwards of a quarter of a cer tury has laboured to the renown of Austria in wha may be called a den. The former dead house ol served no better name. Rokitansky, by his discours delivered on the occasion, showed that he was sti young; that he had not—like many of his co leagues, who are so pleased to hear their name coupled with his—ceased to be a true worker in th field of science. His life is devoted to study an investigation, and will be, so long as life and th use of his faculties are spared him.

Augsburg, says *Wiener Medizin. Wochenschrift*, ha resolved at last to put an end to the monstrous div sion of patients into Catholics and Protestants, whic has hitherto prevailed in the wards of the hospita there.

M. TROUSSEAU ON CONSTIPATION.

We understand by the term constipation, scanty evac ation of fæces with absence of mechanical impediment t defæcation. If there be mechanical impediment, ther is retention of the fæces. The two conditions are ve different. Some individuals may pass two motions eac day, and another one motion only every two or thre days; and this without there being any derangemer of the bowels in the one case, or constipation in th other. The number of the motions depend, normall on the varying proportions of salivary, hepatic, an pancreatic juices, which are mixed with the residue c the alimentary matters. With regard to the resistanc offered to defæcation by the sphincter, M. Troussea remarks, that in the infant at the breast this resistanc is very slight. At a more advanced age, the resistanc is more strongly marked. Voluntary opposition to de fæcation causes the fæces to accumulate in the rectun distending it and injuring its contractility, and causin its action to be sluggish; and as there is sympathy i action between all parts of the tube, the peristaltic mo tion is arrested in the upper part of the intestines, an thus the constipation is increased. The first fact, ther to be noted is, that every person who voluntarily constipates his bowels exposes himself to the risk of bein morbidly constipated; and, on the other hand, that whoever regularly obeys the call thereby prevents the accident of constipation.

At different ages this call is very differently felt. I is little felt in old age; and, consequently, the fæces ar apt to accumulate to an excessive degree in the aged We all know the result of this constipation; but it i not enough known that the stercoral accumulation sometimes occasions diarrhœa, through the local irritatio produced by the hardened fæces. In old age, also, constipation is favoured by the feebleness of the muscles of expiration; and in this respect women who have ha many children are in a like condition. The power o straining is lost.

Certain diseases again are the cause and effect o constipation. Hæmorrhoids, which are sometimes, and anal fissures, which are always, painful, cause constipation, through the pain which defæcation excites in the subjects of those affections. Displacements of the uterus also cause constipation.

Great eaters regularly evacuate their motions; small eaters are generally constipated. Animal food is more constipating than fresh vegetables and fruits. Thus some women are only constipated in winter, when de rived of fruits. From all this it would appear that the reatment of constipation is, for the most part, physioogical. It is certain, at all events, that two conditions re indispensable in the treatment; viz., great firmness n the part of the physician, and extreme docility on he part of the patient. There must also be an inclintion in the patient to go to the closet; and all obstacles o the carrying out of the inclination should be removed. M. Trousseau mentions the case of a young woman ho was "horribly constipated"; and he accidentally iscovered that she was so because of the filthy condiion of the closet. He reproached the husband; who hereupon "transformed this filthy hole into a convenint and even elegant cabinet." This change entirely ured the constipation of the young wife. The patient, oreover, should go every day at the same hour to the loset, and under the same conditions. He should atempt to pass fæces for five or ten minutes; and if, on e first day, his efforts are useless, he should commence gain the same plan on the following day at the same our. If the second attempt fail, an injection of water hould be used; and this treatment should be pursued n the third and fourth days, if necessary. This treatent is usually successful. The best hour for going to e closet is in the half hour succeeding to the most opious meal, in virtue of the old adage that one nail rives out another. The peristaltic action tends to olicit the physiological and mechanical action required n defæcation. Lavements should be given only every econd day; and if the fæcal matter is very hard, eggs ay be added to the water, to replace by their viscidity e mucus. M. Trousseau also prescribes suppositories f soap, honey, etc., in such cases. About six drachms of oney are heated, and powdered gum added in sufficient uantity for the suppositories.

Vegetable diet is the best in these cases. Green egetables and raw fruit, so far as the stomach will bear em, should form the basis of the food, without, howver, excluding animal food. Some persons are purged y a cup of milk, some by milk-coffee, and some by eer: each may be used. Brown bread, so much used England and America, is also an excellent laxative. here are persons who only have a motion after smokg a pipe or a cigar; consequently, M. Trousseau ften prescribes a cigarette after breakfast to some of is female patients who are of robust constitution. I. Bretonneau says that the extract and powder of elladonna mixed together is a sovereign remedy in conipation; and the action of nicotine is much like the tion of belladonna. Castor-oil comes in to the aid this. Then, in refractory cases, we have purgative ills. These pills are, as a rule, formed of aloes, rhuarb, colocynth, and a solanaceous plant. Hydrotheraia also assists us with its glass of cold water in the orning, and its douches and sea-bathing; so that erapeutics are not without weapons in constipation. he means of attacking it are numerous; and the skill the physician is shown in his power of selecting the ppropriate means.

Evil Spirits. One of the most urgent wants of the rofession of New York is a dépôt where spirituous quors of a reliable quality can be obtained for medinal purposes. Heretofore it has been next to imposble to secure on prescription any form of ardent pirits that was not of an inferior quality, if not posively adulterated with the most injurious ingredients. everal of the leading physicians of this city have eneavoured to secure an agency here which should supply e profession with at least one article—Bourbon hiskey—of a perfectly reliable quality. They will ave done the profession a good service if such proves, we believe it will, both medicinal and palatable. (*Amecan Med. Times.*)

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirtieth Annual Meeting of the British Medical Association will be holden at the Royal College of Physicians, in London, on Tuesday, Wednesday, Thursday, and Friday, the 5th, 6th, 7th, and 8th days of August.

Philip H. Williams, M.D., *General Secretary.*

Worcester, May 14th, 1862.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Midland. [Annual.]	Guildhall, Lincoln.	Wed., June 18, 2 P.M.
Birmingham and Midland Counties. [Annual.]	Hen and Chickens Hotel, Birmingham.	Friday, June 20th, 3.30 P.M.
Lancash. & Cheshire. [Annual.]	Royal Institution, Manchester.	Wednesday, June 25th, 12 noon.
South Midland. [Annual.]	The George Hotel, Bedford.	Thursday, June 26th, 12.30 P.M.
South-Eastern. [Annual.]	Public Hall. Reigate.	Thurs., June 26, 2 P.M.
East Anglian. [Annual.]	Stowmarket.	Friday, June 27th, 2 P.M.
North Wales. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 1, 12 o'clock.
Metropol. Counties. [Annual.]	37, Soho Square.	Tuesday, July 8th, 4 P.M.

WEST SOMERSET BRANCH: ANNUAL MEETING.

The annual meeting of this Branch was held at Clarke's Hotel, Taunton, on Wednesday, June 4th, at 2 P.M.; Henry Alford, Esq., President, in the Chair. There were also present fourteen members and one visitor.

The minutes of the last meeting were read.

The Secretary reported that no events of importance or requiring special notice had engaged the attention of the Council during the past year. The number of members in the Branch remained the same; namely, thirty-three. Mr. Trevor, of Dulverton, had withdrawn his name; but a new member, Mr. S. Farrant, of Taunton, was elected in April last.

The Treasurer's Report was presented, received, and adopted.

The *Next Annual Meeting* was resolved to be held at Wellington; and C. P. Collyns, Esq., of Dulverton, was elected President for the next year.

Secretary. Dr. Gillett resigned his offices of Secretary and Treasurer. Much regret was expressed at his resignation, and a cordial vote of thanks was awarded him for his services and the important aid he had rendered the Branch. Dr. Kelly (of Taunton) was elected as Secretary and Treasurer.

Advertisements. It was unanimously resolved—

"That this meeting expresses its entire disapproval of the advertisements in the Journal of the Association of medicinal preparations whose composition is kept secret; and that a copy of this resolution be sent for insertion in the Journal."

After dining together at Clarke's Hotel, the usual loyal and professional toasts were drank; some interesting medical matters were discussed; and the party then adjourned by invitation to a *conversazione* at Mr. Alford's (the President's) residence, where the evening was spent in a very agreeable pleasant manner.

Reports of Societies.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.

FRIDAY, JUNE 6TH, 1862.

W. FAIRBAIRN, Esq., F.R.S., President, in the Chair.

DEPARTMENT OF PUBLIC HEALTH.

THE PRESIDENT opened the proceedings of this Section with an appropriate address.

Dr. LETHEBY then delivered some observations on the Duties of Medical Officers of Health, and read a report from Dr. Ballard, shewing what the association of medical officers in London had accomplished in the way of sanitary reform and the removal of nuisances.

The City Chamberlain, Mr. BENJAMIN SCOTT, read a paper in which was exhausted all the information attainable with regard to Ancient Conduits, Pumps, and Modern Drinking Fountains. Of the latter Mr. Scott observed: "The frequency of application to these sources of supply attests both their utility and the severity of the want which existed, and, to a great extent, still exists. It has been ascertained that, on an average day of sixteen hours, there were 4,560 drinkers at the Royal Exchange fountain, 7,000 at that on Snow Hill, and no fewer than 9,000 at the Bethnalgreen fountain. As many as 11,000 draughts daily have been taken at the latter fountain. About 2,000 draughts *per diem* is the average number at the fountains in by-streets. From these data, it would appear that as many as 200,000 persons, at least, avail themselves daily of the comparatively limited supply at present existing. To furnish the whole metropolis adequately, some 300 additional fountains would be required. The classes of persons resorting to the fountains are mostly those engaged in drawing trucks, conveying burdens, and running on errands, together with shop-boys and humbler clerks, who partake of their meals amidst the hurry of business, and often as they walk the streets. The young appear greatly to predominate as drinkers."

Dr. WALLER LEWIS read a paper on the Health, past and present, of the Working Classes of the General Post Office, which gave rise to an interesting discussion.

SATURDAY, JUNE 7TH.

W. FAIRBAIRN, Esq., F.R.S., President, in the Chair.

Sir JOSHUA JEBB, in the unavoidable absence of Miss Nightingale, read an account of the appropriation of the Nightingale Fund, which was raised by public subscription after the Crimean war. The money was invested in the Funds, and now yields an annual income of about £1,400. Although Miss Nightingale was unhappily debarred, by the delicate state of her health, from taking any share in the active management of the memorial, it was at her suggestion that the fund was devoted to the practical training of a superior class of nurses. The first step towards the realisation of this scheme was taken two years ago, when several educated women were admitted into the wards of St. Thomas's Hospital as probationers, in order to qualify themselves by actual experience. The experiment had proved an undoubted success.

Mr. DURHAM, in his paper on the Comparative Hygienic Arrangements of the French and English Hospitals, unhesitatingly awarded the palm to his countrymen. Notwithstanding the much larger proportion of slight cases admitted into the French hospitals, their rate of mortality is, it appears, much higher than in England. In amputations, for instance, the percentage of deaths is 25·3 in London, and 45·6 in Paris. In special operations the disproportion is far greater, the percentage of deaths in amputation of the thigh for disease being 17·5 in London and 60 per cent. in Paris. Th excessive mortality in Paris Mr. Durham attribute rather to deficient hygienic arrangements that to an want of surgical skill. The Parisian hospitals are ver imposing in outward appearance, but within are ove crowded, ill-ventilated, and filthy beyond descriptio On the other hand, the English hospitals, which ar planted in inferior situations, and are comparativel mean in external aspect, are as a rule spacious, clea and airy. The diet in London is much more liberal an varied than in the French capital, but our cooking is no equally satisfactory. Mr. Durham laid great stress upo the importance of consulting the inclination of patient as to their diet, and of rendering it as varied as possibl

A similar view as to diet was expressed by Dr. STEEL in a paper on the subject, and met with general approv from other speakers.

Dr. TURLE next raised the question—What are th proper situations for our metropolitan hospitals? Th perplexing choice would seem to lie between hospital in a bad atmosphere, but easy of access to those fo whom they are intended, and hospitals in a pure countr atmosphere, beyond the reach of patients. Dr. Turl suggested that the hospitals should be some six mile out of London, and that there should be a dispensar with a competent staff, at each of the chief railway stations to treat urgent cases. Other papers were communicated by Drs. Guy, Markham, and Dobell.

MONDAY, JUNE 9TH.

LORD TALBOT DE MALAHIDE in the Chair.

On the 9th inst., Dr. MILROY read a paper contribute by Mr. GREEN of Birmingham, setting forth, amon other noticeable facts, that fevers, usually typhoid, ofte showed themselves in an aggravated form in that district of Birmingham which was most rural, mos elevated, and least densely populated. The only solution of this apparent contradiction lay in the fact tha the main sewers had not yet reached that part of the town, and that private drains were almost unknown The local experience of Mr. William Till, borough surveyor of Birmingham, enabled him to furnish details connected with the sewerage of that town, to which increased interest was given by the previous paper. In the general discussion which followed, it was asserted by nearly all the speakers that in cases where houses in naturally healthy situations were exposed to the ravages of fever, it was found that nuisances or other causes of insalubrity existed in or under the dwelling. In many parts of the country, respectable farmhouses proved less healthy than labourers' cottages, because of their proximity to the manure-heap; and persons had been known to catch fevers in overcrowded watering-places where they had gone to enjoy the natural advantages of a fine coast situation.

In a paper on Town Sewerage and House Drainage, Mr. ROBERT RAWLINSON, C.E., showed that the first cost for town sewers need not exceed £1 per head of the population for towns at and below 50,000 inhabitants, unless in exceptional cases. Sewers and drains, constructed on proper plans, added to the value of house property more than their cost.

The virtues of Charcoal as a Disinfectant were lauded anew by Dr. STENHOUSE, who described a "charcoal air filter" which had been applied to street sewers with success during the last three or four years in West Ham, Worksop, Swansea, Glasgow, and other towns.

Mr. GODWIN, F.R.S., read a paper on Overcrowding in the Metropolis, and the Remedial Measures Practicable. Pointing to the good effect of the Common Lodging-house Act, Mr. Godwin urged the application of similar powers of inspection and supervision to all houses occupied by more than two families. He entered into tailed particulars of the work-rooms in many parts of ndon, showing that attention was urgently demanded ere as well.

Tuesday, June 10, 1862.

The Rev. Charles Hulme in the Chair.

Dr. **Miller** read a paper On Some of the Disadvan- ges which Affect the Insane Poor. It is said that ese diseases had not received sufficient attention; and was persuaded that the errors of the existing arrange- ents must seriously interfere with the welfare of per- ns who were unable to help themselves. On the 1st January, 1860, there were 31,543 persons of unsound nd in England and Wales wholly or in part main- ned out of the poor-rate, and the disease had for some ne been increasing at the rate of 1300 per annum. e believed that a large number of cases were curable; d, instead of the insane poor being sent to asylums on e accession of the attack, they were sent to work- uses, where they were kept until they became trouble- me, and when the probability of cure was seriously ninished by delay. He urged legislative interference this question; that the disease should be grappled th on its first appearance; and the costs defrayed by ate on the Consolidated Fund.

Mr. Reynolds expressed his firm conviction that in- nity was owing in a great measure to the consump- n of tobacco. Dr. Martin (of Warrington) agreed th Mr. Reynolds; and Dr. Lankester and Dr. Randall d there was no foundation for the statement that to- cco was the cause of insanity, although it might pro- ce indigestion.

Mr. **Rawlinson**, C.E., read a paper by Dr. W. Bullar, ysician to the Royal South Hants Infirmary, On the ngers, from Sanitary Defaults, to Travellers in Search Health.

A two o'clock, other business of this department was spended for a meeting of the Ladies' Sanitary Asso- tion. The Lord Mayor was in the chair. The section s most numerously attended by ladies.

In the evening, a meeting was held at Burlington use, for the purpose of discussing the Effects of Oc- pation on Health. Mr. Simon presided.

Dr. **Greenhow** would direct attention principally to lmonary diseases. The causes which produced them classed as follows:—First. The inhaling of an at- sphere charged with dust or other mechanical im- rities; secondly, the breathing in an atmosphere of leterious gases, etc.; thirdly, the inhaling of an at- sphere artificially heated, and over-dried; fourthly, working in rooms imperfectly ventilated; and fifthly, injurious position of certain classes of operatives at rk. In speaking of the cotton manufacture, the eaker said it was a rule carried on under arrangements lculated to preserve health; but in some cases it was ended by very injurious consequences. Having re- rred to the occupations of miners, potters, grinders, ., he said the causes of the mortality were very largely eventible. He concluded by moving the following re- lution:—

"That, in the opinion of this meeting, the principle regulating labour already adopted by the legislature certain mines and factories, should be extended to all er kinds of industrial employment where several per- ns are employed in the same factory or work-place, th the especial purpose of endeavouring, as far as pos- le, to obviate conditions dangerous to the health or ety of the employed; and that the council of the as- iation be requested to consider whether it can, with opriety and advantage, represent the importance of the bject to the legislature."

Mr. Charles Hawkins seconded the resolution.

Dr. Richardson was unfavourable to the interference government as recommended in the resolution; and moved an amendment to the effect that it would be expedient for the government to issue a commission to inquire into the influence which occupations exercise on health.

On the vote being taken, the resolution was carried by a majority of 1.

Wednesday, June 11, 1862.

W. Fairbairn, Esq., F.R.S., President, in the Chair.

Mr. **Symes Prideaux** read a paper On the Pollution of the Atmosphere of our Manufactories by Smoke. The writer of the paper illustrated his views by a model which he explained while reading it, showing that the evil was preventible if proper measures were adopted.

Dr. **Milroy** read a paper On the Health of the Army and Navy compared together.

Mr. **Ernest Hart** read a paper On the Sale of Poisons and the Prevention of Accidental Poisoning. He recommended that peculiar shaped bottles should be adopted for particular kinds of medicine, whether poisonous or not, for external or internal application.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, May 7th, 1862.

W. Tyler Smith, M.D., President, in the Chair.

PRACTICAL INQUIRY INTO THE PROPERTIES OF NITRATE OF SILVER; WITH A DESCRIPTION OF A NEW INSTRUMENT FOR ITS USE IN UTERINE DISEASES. BY ROBT. ELLIS, ESQ., M.R.C.S.

The object of this paper was: 1. To prove that nitrate of silver is of the nature of a proper escharotic; 2. To define its physiological action as such; and 3. To draw the attention of obstetrists to the value of the instrument with perforated caustic, invented by the author nearly ten years since.

In reference to the first point, the most opposite opinions are held by different writers; some maintaining that this substance is not an escharotic, but possesses simply stimulant and astringent properties; while others assert that it is really capable of destroying structure and vitality in the living body, and of producing a slough. The author was of the latter opinion.

The physiological action of nitrate of silver as an escharotic might be thus defined; it destroys life and structure to the depth of its penetrative power; but its power of penetration is extremely limited. This may be illustrated by the experiment of dropping fluid albumen into a strong solution of nitrate of silver. The albumen instantly combining with the silver forms a dense, white, semisolid substance; but on section it is seen that the penetration of the caustic has been very limited, the centre of the mass being unaffected by it. The same phenomenon occurs whenever lunar caustic is employed in surgery, a limited depth of structure only is killed. To this fact, and to the abundant presence of the chlorides in the structures of the living body, are we to look for an explanation of the apparently feeble escharotic action of this substance. The chlorides limit the action of the silver salt by the chemical affinity they possess for it. The peculiar structures of the os and cervix uteri afford a very large surface to the action of lunar caustic, and it is well ascertained that a considerable eschar may be thrown off by them, if this substance be very firmly applied and pressed down into the soft tissues around.

In order to determine this question, a variety of experiments were made on the web of a frog, and the action of the caustic watched under the microscope. The most conclusive evidence was obtained that a death and destruction of tissue followed the use of nitrate of silver (as a minute crystal placed on the web), the eschar dropping out of the web at the end of from seventy to eighty hours, and leaving a clean round hole in it. No such result followed the application of a minute portion of cantharidine.

The third division of the paper had reference to the various forms of nitrate of silver for surgical use, and especially to those introduced by the author some years ago. The varieties of "tough nitrate of silver" were described, and specimens exhibited. The methods of conferring this cohesive property on fused nitrate of silver were described to be:—1. The addition of a little chloride of silver; 2. That of nitrate of lead; 3. Of nitrate of potash. The writer had long ago suggested the admixture of a few fibres of asbestos as another valuable method of attaining this object. Without any exception, the forms of tough nitrate of silver failed to justify their claim to this denomination after being once or twice used. The substance then became penetrated by moisture, and its cohesive properties were thereby reduced at once to that of the ordinary fused lunar caustic. With the author's instrument and perforated caustic, the breaking of the latter was no longer possible. This instrument was first shown by the author at a meeting of the Western Medical Society more than eight years ago. The instrument was very simple, consisting of a short socket for the caustic, down which a platinum pin (passing through the caustic) was held and retained firmly by a small nut. It was thus impossible to break off the stick of nitrate of silver, or leave it behind to produce misery and excoriation to the patient. The handle was a large porcupine quill, the smoothness and elasticity of which constituted it one of the most admirable materials for this purpose. The cover was perforated at the end, by which contrivance the caustic was always kept dry and clean, its moisture evaporating through the aperture. The perforated caustic was used by the writer in the form of cylinders and also of bullets. The latter form was most useful in patulous conditions of the cervix. The simple method by which the central perforation was cast when the caustic was made was then shown in the moulds constructed by the writer. The economy of this invention was proved by the fact that it admitted of the caustic being used up to the last fragment. The security with which this instrument can be used, and the facility with which the cervical canal can be cauterised by it to its highest point, constituted its most valuable features as applied to obstetric purposes.

At the close of this paper, Mr. Ellis exhibited specimens of his instrument, with the caustic secured to it. There were also shown the moulds in which the cylinders and bullets were cast, together with some pure specimens of perforated caustic prepared by Mr. Squire.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 13TH, 1862.

B. G. BABINGTON, M.D., President, in the Chair.

ON JAUNDICE: ITS PATHOLOGY AND TREATMENT.

BY GEORGE HARLEY, M.D.

IT is universally admitted that the facility of the diagnosis of jaundice is only equalled by the obscurity of its pathology and the uncertainty of its treatment. In this communication, the author pointed out how the various morbid conditions which give rise to jaundice could all appropriately come under the two common heads of "jaundice from suppression of the biliary function," and "jaundice from the reabsorption of the secreted but retained bile." Dr. HARLEY also showed that the pathology of jaundice resulting from suppression is totally different from that arising from obstruction; and, consequently, that a line of treatment which would be appropriate and beneficial in the one form, would be detrimental, if not actually hazardous, in the other. Fortunately, however, there was a new method of distinguishing the two forms of the disease when all the ordinary means of symptomatic and physical diagnosis prove unavailing. The method consists in analysing the urine; which the author had found to contain different morbid products, according to the particular form of the disease. Thus in jaundice from suppression, the urine contains only those biliary ingredients which exist preformed in the blood. In jaundice from obstruction, on the other hand, the urine contains, in addition to these, the materials generated in the liver itself, and which have been reabsorbed into the circulation from the distended gall-bladder and ducts. A simple mode of distinguishing the two conditions is, to add to about two drachms of urine half a drachm of strong sulphuric acid, and a fragment of loaf-sugar the size of a pea. If at the time of contact of the two liquids a scarlet or purple colour be produced, it proves that the acids of the bile are present, and the case may consequently be put down as one of jaundice from obstruction. On the other hand, if no bile-acid reaction, but merely a browning of the sugar, be observed, the case is in all probability one of suppression. Care must be taken not to confound the two cases; as jaundice from obstruction, especially the severe form, often merges into jaundice from suppression.

The author confirmed Frerichs' statement regarding the presence of tyrosine and leucine in the urine of acute atrophy of the liver; and further stated that he had also found these substances in the urine of chronic atrophy, so that their presence might aid in the diagnosis of the latter as well as of the former condition of the hepatic organ. Several cases were cited illustrating the value of the different methods of diagnosis; and the author concluded by pointing out the class of cases in which mercury and other remedies were likely to be beneficial, and where they were likely to do injury. He specially recommended the employment of benzoic acid in jaundice from suppression, and inspissated bile in that arising from obstruction, in which latter class the patient frequently dies from slow starvation, in consequence of the absence of bile in the digestive process causing imperfect assimilation of the food to take place. Dr. Harley also called special attention to the fact that bile, as now employed, more frequently does harm than good; for, when given along with the food, instead of aiding the digestive process, it actually retards it by interfering with the action of the gastric juice. If, on the other hand, bile be administered, as the author proposes, at the end of stomachal digestion, it acts (as in the healthy organism) on the chyme, and renders it fit for absorption. In order still further to insure this desirable object, Dr. Harley has had bile specially prepared and put up into capsules, which are not readily acted on by the gastric juice, but which, on being dissolved in the duodenum, allow the bile to come in contact with the food at the proper moment, and thereby enable the physician to imitate nature, and supply an important element to the system.

The communication was illustrated with preparations and drawings.

TUESDAY, MAY 27TH, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

CASE OF ILIAC ANEURISM REMEDIED BY OPENING THE SAC, AND TYING THE COMMON ILIAC, THE EXTERNAL ILIAC, AND THE INTERNAL ILIAC ARTERIES.

BY JAMES SYME, ESQ., F.R.S.EDIN.

The author reminded the Society that ten years ago he had endeavoured to show reason for regarding the preference which had been given to the Hunterian operation for aneurism as too exclusive, since the circumstances which rendered it so advantageous in cases where the popliteal artery was affected might be so different in other situations as to reverse the grounds of choice—as in axillary aneurism, where the vessel is easily reached at the seat of rupture, and with great difficulty, as well as danger, tied above the clavicle. In reply to the doctrine usually taught, that the artery is not in a condition suitable for the ligature so far as the aneurismal sac extends, it was remarked that the size of the tumour does not depend upon the state of the vessel, and therefore cannot be taken as any measure of the extent to which its coats are impaired; while the formation of a sac, so far from proving injurious to the artery, must rather tend to strengthen and support it by consolidating the textures in its neighbourhood. Trusting to this view of the matter, the author had operated with success in various cases, and now desired to relate one of recent occurrence, which seemed strongly corroborative of the opinion he had expressed.

R. L., a seaman, aged 31, towards the end of November last received a blow on his left groin, which caused a painful swelling that was treated as glandular; and about a month afterwards strained himself on the same side in leaping from a ship that was about to sink, with the effect of causing the formation of another tumour some inches higher up than the former one. On this account he repaired to the Cumberland Infirmary, at Carlisle, and was then found to suffer from an iliac aneurism. After remaining a week in the hospital, he went home until the end of February, when he was admitted into the hospital of Dumfries. Operative interference having been there declined, the patient again went home, and betook himself to intemperate habits, with the effect of injuring his health and greatly increasing the tumour.

On the 18th of April he was admitted into the Royal Infirmary of Edinburgh, when the aneurism was found to extend from below Poupart's ligament considerably higher up the umbilicus, and from two inches beyond the middle line of the abdomen towards the right side, completely across the left iliac region, so as to overlap the crest of the ilium. There was a strong pulsation throughout the whole extent of the tumour, great pain in the course of the crural nerve, and considerable œdema of the thigh.

On the 20th, chloroform having been administered, the cavity was examined by introducing first one finger, then another, and finally the whole hand, without any trace of the artery being detected; whence it was concluded to be out of its usual situation. A screw-clamp, provided by Professor Lister of Glasgow, was then employed to effect compression of the aorta; and this having been ascertained to be complete, a free incision was made through all the textures concerned, so as to lay the sac fully open, and allow six pounds of blood and clots to be scooped out. It then appeared that the arterial orifice was in the roof of the aneurism, from the vessel having been raised in this direction by the blood effused under it; and this orifice being brought distinctly into view by dissection of the sac, was tied on both sides of the vessel. But as blood still issued, though not with the same force as before the ligatures were applied, it was concluded that the internal iliac originated from the portion of artery comprehended beween them; and this vessel also having been exposed, was tied by a thread passed round it. The wound was hen dressed superficially, and everything went on favourably. On the nineteenth day the ligatures separated, and the cavity gradually contracted.

Some observations were then made—1. On the importance of ascertaining that the aorta could be effectually compressed so as to prevent hæmorrhage from its primary branches. 2. On the sac not maintaining a profuse and protracted suppuration like the investment f a chronic abscess, but readily contracting so soon as he distending force ceased to act. 3. On the impossiility of affording relief in the case related by any other means than the one employed, and the danger which would have attended ligature of the common iliac at an earlier period from the aperture being so near the bifurcation.

In conclusion, the author expressed his hope that the cases of carotid, axillary, gluteal, and iliac aneurisms which had come under his observation would induce teachers of surgery to reconsider the propriety of representing the Hunterian operation so exclusively the rule of practice as it had hitherto been regarded.

ON NECROSIS AND EXTRUSION OF THE VESTIBULE AND COCHLEA DURING LIFE.

BY JOSEPH TOYNBEE, ESQ., F.R.S.

After referring to the frequent occurrence of caries in the petrous bones, and to the infrequent occurrence of necrosis, the author proceeded to give, from the experience of others and of himself, the particulars of six cases of necrosis of the petrous bone. In two of the cases related, the vestibule and cochlea were thrown out in one mass during the lives of the patients; in two cases the cochlea only was extruded; in the other cases the patients died from the effects of necrosis of the petrous bone, and the particulars of the dissections were detailed. The author entered at some length into the details of one of the cases which recently occurred to him, where the necrosed cochlea came away during the life of the patient, and in which the ear, though deprived of a cochlea, still retained a certain amount of hearing power. In conclusion, the author offered some observations on the treatment of diseases attended by discharge from the ear, and which are liable to terminate in caries or necrosis of the petrous bone. He also pointed out the desirability of not removing polypi from the ear in cases of diseased petrous bone.

CASE OF CANCER OF THE LEFT MALE MAMMA: WITH REMARKS. BY JOHN ADAMS, ESQ.

The subject of this case was a gentleman aged 72. He was a stout, florid, and healthy-looking man, and had suffered from pain in the breast of a lancinating character for seven or eight months. The nipple was retracted, and the sebaceous glands at its base were hypertrophied. The tumour, embedded in fat, could not readily be defined, but gave to the finger a feeling of great hardness. Mr. Middleton confirmed the author's opinion as to its cancerous nature, and it was removed on the 8th of April last. The patient's father was supposed to have died of cancerous tubercles in the liver. The microscope proved the disease to be genuine scirrhus in the rudimentary gland-tissue.

The author referred to various cases recorded in the volumes of the *Transactions* of this Society, and in the *Lancet*. He did not attempt to deduce any inferences as to the nature and progress of the disease in the male, but proved, by reference to the cases already collected, that the male mamma is obnoxious to every species of cancer to which the female breast is liable.

TEMPERANCE. The *strictest temperance* should be deemed incumbent on every member of the profession; for the practice of both the physician and surgeon, at all times, requires the exercise of a clear and vigorous understanding, and on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head, may be essential to the well-being, and even to the life of a fellow-creature. Philip of Macedon reposed with entire confidence and security on the vigilance and attention of his general, Parmenio. In his hours of mirth and conviviality, he was wont to say, "Let us drink, my friends; we may do it with safety, for Parmenio never drinks!" Let us admonish you, gentlemen, to be like Philip's general. For a physician who has confided to his care the lives of many should never drink. (*Professor Baker's Valedictory.*)

Correspondence.

LONDON PUMPS.

Letter from Lionel J. Beale, Esq.

Sir,—I do not know whether the following remarks are exactly suited to your columns; but the subject has been mooted in the Public Health Section of the Social Science Meeting at Guildhall; and, thinking the medical public the most fitting arena for a fair and full discussion, I send the paper to you.

Soon after the appointment of Medical Officers of Health, a circular was addressed to them, asking their opinion of the London pumps; and there was a very general condemnation of them. Being a large water drinker, and having for forty years drank of London spring water, I could not join in this general condemnation; and took up the position that each well should be judged for itself. Admitting much impurity in many of the London surface wells, I raised the question whether much might not be done to improve them, and to render the water more generally available for drinking purposes. Part of a report of mine on the subject, which had been copied into some of the newspapers, was quoted yesterday; but as it was not corrected by me for the press, I should prefer a more faithful record of what I think on this subject.

Whatever may now be the case, there is no doubt that up to a recent period, the spring water from the surface wells in London was among the finest in the world. Of late years it has been demonstrated that some of the wells are contaminated by proximity to drains and sewers. There is no question but that the water of a large number contains a considerable quantity of saline, and also of organic matter. Much of the saline matter may also be traced to the decomposition of organic remains. I yield to the fact that our London spring water is not in all places so good as it was formerly; but I ask the question, Can nothing be done to restore its former condition?

I think that the merits of every well should be judged separately, and that my pump water ought not to be condemned because that of my neighbour has been fouled by a cesspool or bad drainage. The pumps near our modern squares should not be placed in the same category as those of the overloaded graveyards of the City; but even for those latter, I do hope that some means may yet be devised to preserve them for the water-drinking part of the community.

In this age of ingenuity and of science, surely we may contrive means to retain the supply of some of our beautiful London spring water. The well might be so isolated by brickwork and cement that no contamination from a drain or sewer could be possible; or it might be placed at sufficient distance from any contaminating agency. One charge against the London pump water is, that it contains saline matter that must have come from organic decomposition; but if the decomposition has been so complete that the saline matter be really incorporated with the water as a salt, that can be no reason for condemning the water. Such saline matter may not be injurious to health; on the contrary, there may be a large portion of the drinkers of water who not only like the nitrates now complained of; but assert that they and innumerable other mortals have drunk such water for years with pleasure to their palate and benefit to their health.

If we are to condemn natural substances because they contain elements or principles resulting from decomposed organic matter, we ought to eat neither flesh, corn, nor vegetables. The celery and cabbages grown round London have as many of the elements of organic matter in them as our London pump water. Decon position and regeneration is a natural law; out of deat comes life; and, perhaps, every particle of our ow bodies may have gone through the process of decompo sition of former organic beings. The mere presence c nitrates or other salts in spring water proves nothin against it; all spring water contains more saline matte than river water, to which, no doubt, it owes its sparklin refreshing character; but it is yet to be proved tha such saline matter is injurious to health. If the de composing organic remains are bodily mixed with th water there can be no doubt that it is injurious t health; but it is remarkable how few are the instance on record of any known mischief from drinking th London pump water, even when the pump is close to churchyard. The well in Broad Street, St. James's during the last outbreaks of cholera, no doubt, was th means of propagating the disease, and of literally po soning a large number of persons who drank the water But it was discovered that the contents of some neigh bouring water-closets actually mixed with the well wate from imperfection in the brick work.

No one who knows anything of disease would doub the propagation of typhus fever, and perhaps other disease as well as cholera, from such a cause. This is the prin cipal practical case against our London pumps; ther may be others where evidence of disease can be traced t the water of our London wells. I mean actual instance of effect and cause, where illness can be traced to th drinking of London pump water; but they are few in comparison with the large body of people who still indulge in the spring water of our London surface wells In theory the water ought to have upset the health o many of us; but practically has it done so?

In my district there is a pump the well of which is a no great distance below the paving-stones of the street the water contains a large quantity of saline and som organic matter. It is so suspicious a pump, that I hav authority from our vestry to close it at any moment. I is close to a densely populated court. I have diligentl sought for evidence against it; I have desired our inspector of nuisances to learn all he can about it; bu the neighbours so like it that, during the last six years they have repeatedly exhausted its supply of water without any injury to health; and it would be distressing to the people to close it, for, when it is out of order a few days, they petition for its speedy reparation. I am however, ready to admit that, in the event of an outbreak of cholera or even of bad diarrhœa, this and many other pumps ought to be closed; but, I ask, is the evidence of practical evil against the London well-water sufficient to justify its total condemnation? And can we do nothing to preserve it?

The movement for drinking-fountains must be grati fying to all who take an interest in whatever may improve the health of the community; but, if we could supply the public with good spring-water instead of the mawkish stuff supplied by our present water-companies the boon would be enormously increased; and I cannot but think that means may be devised to make the spring-water under London available for drinking. It is supposed that the rainfall on the open London churchyards, percolating through the soil, carries with it many of the impurities which lie in its passage to the strata from which the surface wells draw their water. This source of impurity could be prevented by covering all the City churchyards with Yorkshire stone well cemented. We cannot suppose that much of the water which supplies the London surface wells is obtained by percolation from the ground on which London stands; the paved streets and courts prevent this. The open ground of our squares permits some of the rainfall of London to pass directly into the gravel below; but the greater part of the rain which falls in London passes into the sewers, and is carried away. Bad brick drains and sewers may leak, and the fluid pass into the water which supplies the London wells; but our sewers ought o be impermeable to leakage; and our brick drains ought to be all removed, and replaced by impermeable pipes. In a few years we may hope that such a thing as a brick drain will be unknown; for it is so much the interest of all dwellers in houses to carry away their ewerage by earthen pipes, instead of allowing it to accumulate in the elongated cesspool formed by all old brick drains, that this source of possible contamination o our spring-water will cease.

If any percolation of rain into our springs took place hrough the soil of our streets, the water would be impregnated with gas; for such is the constant leakage rom the gas-pipes, that every square foot under the paving-stones is full of it. And this, by the bye, is another argument for trying to utilise the London spring-water; for every empty water-pipe attracts into it the as which escapes, and there are very few houses where he water supplied by the London water companies is not thus tainted. If any one will be at the trouble of melling that rush of air out of the water supply pipe which always precedes the flow of the water, he will erceive that much of it is coal-gas. But I must caution such observers not to take a light to assist their exlorations, because several explosions have thus occurred. The only means of keeping the gas out of the water-mains is to keep these always charged with water; for o sure as a water-pipe is empty, so surely it will imbibe ome of the gas always escaping from the neighbouring as-pipes.

I hope I have made out a case for inquiry before we condemn altogether our London spring-water. A benevolent person, who has the time to agitate and go into his question, could not do a more useful thing than to ake up this question. If the London pump-water is njurious to health, let us all give up the use of it. I ave myself for more than thirty years drank at least a int *per diem* of the water supplied by the pump in ovent Garden Market, and I still continue to do so, ogether with multitudes of other people; and I have ever heard of any injury to health in consequence. he well of this pump is near the church; but the raveyard is not so numerously tenanted as those of the ity; and that part of it which is near the pump is so overed with Yorkshire paving, that there can be no perolation from the surface for a very considerable disance. I am, etc., LIONEL JOHN BEALE,

Medical Officer of Health, St. Martin-in-the-Fields.

Long Acre, June 1862.

THE LATE MR. STANLEY'S PRACTICE.

LETTER FROM CHARLES KIDD, M.D.

SIR,—I think there are few St. Bartholomew's men hat will not grieve for the sad loss of Mr. Stanley, even s though they had lost a kind personal friend or an steemed relative. I do not believe there was ever a inder man to pupils and patients. Whilst his death is esh in the recollection of the profession, I would wish o refer to a couple of facts of great practical value (as suppose them) which I heard him state in one of his ast clinical lectures. These lectures were curiosities of esearch, and of that intuitive wisdom, or deductive prohecy, quite invaluable to students,

> "To which old experience doth attain."

One of the facts was this. On going lately over all is notebooks from Mr. Abernethy's time up to last ear, he found a very large number of surgical operaons which he had personally performed; but, curiusly enough, they were divided into two parts equal in umbers—one before, the other since, the chloroform scovery. The cases were amputations for knee-joint isease in large numbers; hernia, etc. He found the rate of mortality was *greater since chloroform.* He asked me to explain it, which I may at some time; but the fact is very remarkable. Mr. Bryant of Guy's has been examining the same point as to lithotomy; and, if he and Mr. H. Thompson could give us the result of one thousand cases of lithotomy before and since the year 1846, it would be very valuable.

The other point, on which Mr. Stanley was very clear, was the best after-treatment of strangulated hernia operation cases. He took a peculiar pleasure in bringing down to the hospital, on lecture days, a great pile of old notebooks of cases dating back from the time of Mr. Pott and Mr. Abernethy, when he was house-surgeon, and an evident favourite of these great men. I have heard him describe over and over again, with a sort of shudder as he looked back, the orthodox treatment of those early days; what huge doses of "jollop" were ordered, together with Mr. Abernethy's specific grey powder and salts, *nec temeré, nec timidé*, as soon as the strangulation operation was over; but the patients all, or nearly all, died. Mr. Stanley's method of late years was one pill of soap and opium; and, according as he adhered to that and eschewed purgatives, the patients all, or nearly all, recovered. He had also given up ice and tobacco (he had his doubts also of warm baths)—everything for chloroform and his soap and opium pill. I believe Mr. Stanley did not live in vain, as he sent out a thousand students with these ideas. As he said so often, with his usual firmness, he had "bushels" of such cases at both sides. I am, etc.,

CHARLES KIDD.

Sackville Street, May 27th.

Medical News.

ROYAL COLLEGE OF SURGEONS. The following gentlemen passed their primary examinations in Anatomy and Physiology, at meetings of the Court of Examiners, on June 3rd and 4th; and, when eligible, will be admitted to the pass examination.

St. Bartholomew's Hospital.

Cheese, Frederick
Henderson, Hector Graham
Hughes, William Frederick
Lawrence, Henry Cripps
Randell, Edward Benjamin
Robinson, John

St. George's Hospital.

Anstey, Arthur Newland
Staff, George Thomas Albert

Guy's Hospital.

Brackwell, John
Richards, Vincent

King's College.

Cartwright, Samuel H.
Saville, John James

University College.

Clift, George
Woodforde, Alfred

Westminster Hospital.

Sanderson, Marwood

Aberdeen School of Medicine.

Redfern, Thomas
Roath, Samuel

Belfast School of Medicine.

Logan, William
Mussen, Arthur

Birmingham School of Medicine.

Greene, James Sherwin
Perks, Charles

Dublin School of Medicine.

Atkinson, James
Close, Charles Stratherne
Harkin, John
Hawkes, Anthony Mann
Madden, Thomas More
Mulock, John Bury
O'Sullivan, Edward
Parks, Charles Holman
Thomas, William Robert
Wallace, Arthur Kennedy

Edinburgh School of Medicine.

Conyers, James Saltus
Eddison, John Edwin
Taylor, John William

Glasgow School of Medicine.

Jones, William

Hull School of Medicine.

Goodsir, Thomas Henry

Leeds School of Medicine.

Field, Albert

Manchester School of Medicine.

Caldwell, John Thomas
Longbotham, William
Wardle, James Henry
Woodcock, John Rostron

Newcastle School of Medicine.

Gammage, Robert George
Kelly, James
Snowdon, John Pringle

University of Oxford. Degree of M.D. conferred in a Congregation holden on June 7th :—

Wood, Barnes, Trinity College

APPOINTMENTS.

Bowen, Thomas A., Esq., appointed House-Surgeon to the Birmingham and Midland Eye Hospital.

Browne, Charles W., Esq., appointed House-Surgeon to the St. Marylebone General Dispensary.

Craven, Robert, Esq., appointed Medical Officer to the Southport Convalescent Hospital and Sea-bathing Infirmary.

Hawkins, Clement J., Esq., appointed Surgeon to the Cheltenham General Hospital.

Knox, Robert, M.D., elected Curator of the Museum of the Ethnological Society.

Sutton, Henry G., M.D., appointed Assistant-Physician to the Metropolitan Free Hospital.

Royal Army. The following appointments have been made :—

Best, Surgeon T., 68th Foot, to be Surgeon-Major, having completed 20 years full-pay service.

Carson, Staff-Surgeon W., M.D., retiring on half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.

Eaton, Surgeon D. W., 3rd West India Regiment, to be Staff-Surgeon, *vice* P. A. McDermott.

McDermott, Staff-Surgeon P. A., to be Surgeon 3rd West India Regiment, *vice* D. W. Eaton.

Odell, Staff-Surgeon-Major W., M.D., retiring on half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.

To be Staff-Assistant-Surgeons :—

Hunt, Assistant-Surgeon J. H., 63rd Foot.

Street, Assistant-Surgeon J. P., M.D., 62nd Foot

Royal Navy. The following appointments have been made :—

Anderson, James R., Esq., Assistant-Surgeon, to the *Dauntless*.

Coogan, John, Esq., Surgeon, to the *Cormorant*.

Harvey, William, Esq., Acting Assistant-Surgeon, to the *Rapid*.

Johnson, Arthur B., Esq., Assistant-Surgeon, to the *Antelope*.

McSwiney, John, Esq., Surgeon, to the *Sanspareil*.

Pendrith, Donald G., Esq., Surgeon, to the *Rapid*.

Piercy, Frederick, Esq., Assistant-Surgeon, to the *Cornwallis*.

Thomson, Jas., Esq., Assistant-Surgeon (additional) to the *Fisgard*.

Webb, Samuel W., Esq., Surgeon, to the *Asia*.

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers) :—

Allen, P., M.D., to be Surgeon 5th Administrative Battalion Lancashire R.V.

To be Honorary Assistant-Surgeon :—

Paterson, W., M.D., 1st Bute A.V.

MARRIAGE.

***Vise**, E. B., Esq., Surgeon, of Holbeach, to Elizabeth, widow of the late John **Phipps**, Esq., of Holbeach.

DEATHS.

Bell, Charles W., M.D., at Borlaston, Staffordshire, aged 51, on June 6.

***Burt**. On June 9th, aged 77, Hannah, wife of George Burt, Esq., late of Camden Road.

Coathupe, Charles T., Esq., Surgeon, at Clevedon, aged 30, on June 2.

Mason, David, M.D., at Savanna-la-Mar, Jamaica, on April 6.

Mason. On June 8th, aged 15, Edward W., second son of Joseph W. Mason, M.D., of Red Cross Street, City.

Moss, J. W., M.D., at Hill Grove, near Wells, on May 21.

Roberts. On June 6th, at Brighton, Sarah, widow of Avery Roberts, M.D.

Rogers, George, M.D., at Camberwell, aged 65, on June 7.

***Smith**, Thomas, Esq., at Crawley, Sussex, aged 58, on June 9.

Royal National Lifeboat Institution. A legacy of £100 has been left to the society by Dr. C. T. West, of Kingston-upon-Hull.

Royal College of Surgeons. Professor Gulliver will recommence his lectures on the Blood of Vertebrata on Tuesday, the 17th inst., and continue the same three days a week until the close.

Vacancies. The following appointments are vacan —Physicians (two) to the West of London Hospita medical officer for the northern district of the Whittl sey Union ; physician to the Lincoln Dispensary ; medic officer to the Exmoor district of the South Molte Union ; and assistant house-surgeon to the Huddersfie Infirmary.

Sporting Philanthropy. Mr. Bond, a gentlema well known in racing circles, has again renewed h munificent offer made to the stewards of the Jockey Clu in September 1860, of contributing 1000 guineas to th London Hospitals, providing the fortunate winners of th Derby and the Oaks will kindly consent to an allocatic of ten per cent. of their winnings; but should such l deemed excessive, Mr. Bond will be happy to add a amount equal to a deduction of five per cent. upon the stakes respectively.

The Ravages of Pleuropneumonia. A gentlema in describing one of the pleuropneumonia infected st tions, writes: " The hecatombs of the ancients we nothing compared with the huge sacrifices now bein made at Yarra. Five thousand beasts are heaped o one gigantic fire, and the gully runs down with molte fat. At present the cattle are burnt in their hides, bu this system is found not to answer. If time were n object, there would be great economy in boiling dow the beasts, but before the melting-pots could be erecte the disease might be all over the country." (*Goulbur Chronicle.*)

Royal College of Physicians. The President an Fellows on the 9th inst. held one of their session *soirées* with the intention of doing honour to the disti guished foreigners now in attendance on the Soci Science Association, the Congrès de Bienfaisance, an the National Exhibition. Some rare and curious ol jects were displayed, among which may be specified portion of the spoil taken from the Summer Palace the Emperor of China, and a few Japanese curiositie Several Burmese articles were also much admired. Som beautiful illustrations of the effect of polarised ligh were displayed, and the laryngoscope of Professor Cze mak attracted general attention.

Photographs of the Eye. At a late meeting the American Photographical Society, Dr. Henry Noyes exhibited a negative showing the optic nerve an interior of a rabbit's eye. The impression was obtaine by a newly invented instrument devised by himself an Mr. Grunow, a practical optician. Such a photograp has never been obtained before in this country, althoug it is said to have been done in France. The interior the eye, namely, the retina and optic nerve, has bee disclosed to observation in the living person, by an in strument invented in Germany, called the Ophthalm scope. This has been in use for ten years; but it i only now that the interior of the eye has been photo graphed. (*American Journal of Photography.*)

Presentation of a Testimonial to Mr. Sands Co At the weekly board of the Queen's Hospital on the 6t inst, the following resolution, enclosed in a massiv silver box, was presented to Mr. Sands Cox:—" At meeting of the Committee of Council of the Queen Hospital, Birmingham, held the 25th of April, 1862, Mr Samuel Vincent Horton in the chair, it was resolve unanimously: That the grateful thanks of the Counci be recorded to the founder, William Sands Cox, Esq. F.R.S., upon the completion of the new wings at an ex pense of £1679 : 11 : 2, raised solely by the founder i public contributions of penny postage stamps; an even evincing a degree of devoted industry on the part of single individual, in aid of the suffering poor, unsurpassed in the annals of charitable institutions. Tha in honour and in commemoration of the event, the ne wards be henceforth called 'The Founder's Wards.' "

Qualifications for a Coronership. The correspondent of the *Gipps Land Guardian* states that Dr. Arbuckle intends resigning the appointment of coroner for this district. "We have," he observes, "three local practitioners; and without in the slightest degree reflecting on the other gentlemen, it is impossible to help seeing that the choice of the Attorney-General should fall on Dr. Peck, whose long residence in the district, and the general esteem and confidence in which he is held, would make the appointment a very happy one. A coroner requires to be not only a medical man of ability and experience, but also a gentleman of unimpeachable probity and decision of character, in order that he may well and faithfully perform the duties of his magistracy. We all know that in many parts of the colony, scenes, sometimes curious and sometimes disgraceful, have been enacted at inquests; and I think that were Dr. Peck elected to the office, this district will be secure from anything of the sort."

The Acclimatisation Society. The monthly meeting of the Committee of Management took place at the offices of the society, 3, Duke Street, Adelphi, on the 3rd instant. The secretaries reported the following transactions during the month:—1. Lord Pomfret had presented a lot of twenty-two rooks to be transmitted by the society to the Australian Society, that bird being in great request in our colonies there. His lordship will also present from twenty to forty brace of partridges for transmission to Australia. 2. Lady Dorothy Nevill has presented a number of eggs of the Ailanthus silkworm (*Bombyx Cynthia*); and M. Guerin-Melesville has presented cocoons of the same insect, and samples of the silk. 3. The Chinese sheep have been entered for exhibition at the show of the Royal Agricultural Society, on the 23rd inst. 4. Through the kind permission of the Zoological Society, Lord Gage has sent two maiden cows to the eland, by way of experiment. 5. Some peas had been received from St. Kitt's, for experiment. A letter was read from Mr. Snowden, Queenstown, Cape of Good Hope, giving a list of desirable mammals, birds, and plants. Mr. Gillbanks offered to present eggs of blackgame for transmission to Australia.

Coronerships for Middlesex. The Order in Council has been passed under the Coroners Act, 7 and 8 Vict., c. 92, for the division of the county into the three districts of Eastern, Central, and Western, in conformity with the petition presented by the Middlesex magistrates in April last. The eastern district will include an area about nine miles from north to south, by four and a half miles from east to west. The northern boundary will be by the parish of Edmonton; the east, the river Lea; on the south, the Thames, the liberty of the Tower, and the city of London; on the west, the parishes of St. Sepulchre, Clerkenwell, Islington, Hornsey, and Friern Barnet; the number of inhabitants being 722,224. The central district will be bounded—north, by Hertfordshire; on the east, by Enfield, Edmonton, Tottenham, Stoke Newington; on the south, by the city of London and the liberty of Westminster; and on the west, by the parishes of Kensington, Willesden, Kingsbury, Edgware, and Little Stanmore. The district is about fifteen miles from north to south, and about four miles from east to west, the number of inhabitants being 804,687. The western division is bounded on the north by Hertfordshire; east, by Hendon, Hampstead, Paddington, and the city and liberty of Westminster; on the south, by the Thames; on the west, by the river Colne. The district is fourteen miles from north to south, and thirteen miles from east to west, the population being 285,537. The freeholders of the two districts will have no lack of candidates from whom to select. For the coronership of the western district, application is made by Mr. T. Alley Jones, a Liberal agent in electioneering matters; Mr. F. Charsley, coroner for South Bucks; Mr. John R. L. Walmsley, Mr. James Bird, Mr. C. M. Roche, and Mr. J. W. Rudge—all members of the legal profession; while the medical candidates for this district are Dr. George Ross, Dr. W. B. Mushet, and Dr. G. F. Gwyn. In the central district, the medical candidates are Dr. Lankester and Dr. Challice; and the legal, Mr. Sleigh and Mr. C. E. Lewis, both well known members of their profession. Mr. Thomas Wakley, a son of the late coroner, who had announced himself as a candidate, has withdrawn, on the ground that the division of the western district will so much diminish the duties and emoluments as not to justify him in relinquishing his profession.

American War Items. It is stated that, at the battle of Pittsburgh Landing, the majority of wounds in the Federal troops were situated in the lower extremities. This is supposed to be due to the repeated order of General Beauregard to fire low, and cripple instead of kill, as it required two well men to care for each wounded one.—There is now an urgent want for hospital accommodations for those who are being brought to the port of New York by the Sanitary Commission, and too much haste cannot be made to secure suitable buildings for the purpose. There is not room in the city for those who should be removed hither. The military hospitals in Washington, Alexandria, Annapolis, and Baltimore are full to overflowing; and the city of New York will naturally be now fixed upon as the principal depôt for the wounded.—A new army hospital is in process of erection in Philadelphia. It is situated between Mill Creek, near the Baltimore turnpike-road, and Spruce Street; and is to consist of twenty-one one-story buildings, arranged in the form of a parallelogram, in the centre of which will be a building for the surgeons. Each ward will contain fifty beds.—A correspondent of the *Chicago Medical Journal*, speaking of the extreme hardness of the bread and biscuit furnished to the western troops, credits the statement of a soldier, who said that a surgeon, in adjusting a fractured leg, used *a hard cracker as a splint!*—The annual meeting of the Illinois State Medical Society has been postponed in consequence of the absence of many of its members at the seat of war. (*New York Medical Times.*)

OPERATION DAYS AT THE HOSPITALS.

Monday.......	Royal Free, 2 p.m.—Metropolitan Free, 2 p.m.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 p.m.
Tuesday.	Guy's, 1½ p.m.—Westminster, 2 p.m.
Wednesday...	St. Mary's, 1 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—Royal Orthopædic, 2 p.m.
Thursday.....	St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—London, 1·30 p.m.—Great Northern, 2 p.m.—London Surgical Home, 2 p.m.
Friday.......	Westminster Ophthalmic, 1·30 p.m.
Saturday.....	St. Thomas's, 1 p.m.—St. Bartholomew's, 1·30 p.m.—King's College, 1·30 p.m.—Charing Cross, 2 p.m.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—June 7.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week........................	Boys .. 915 Girls.. 878	1793	1114
Average of corresponding weeks 1852-61		1797	1108

Barometer:
Highest (Wed.) 29.965; lowest (Fri.) 29.513; mean, 29.766.

Thermometer:
Highest in sun—extremes (Wed.) 126 degs.; (Th.) 81.3 degs.
In shade—highest (Mon.) 73.5 degrees; lowest (Wed.) 45.7 degs.
Mean—58.6 degrees; difference from mean of 43 yrs. + 1.7 degs.
Range—during week, 27.8 degrees; mean daily, 19.1 degrees.

Mean humidity of air (*saturation*=100), 78.
Mean direction of wind, S.W.—Rain in inches, 0.25.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. British Architects, 8 p.m.

Tuesday. Ethnological, 8 p.m.—Statistical, 8 p.m.

Wednesday. Meteorological (Anniversary), 7 p.m.—Geological, 8 p.m.

Thursday. Zoological, 4 p.m.—Royal, 8.30 p.m.—Antiquaries, 8.30 p.m.—Linnæan, 8 p.m.—Chemical, 8 p.m.—Numismatic (Anniversary), 7 p.m.

Saturday. Asiatic, 3 p.m.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Recoveries in Lunatic Asylums.—Sir: My attention has been directed to a quotation from a report of Dr. Power, of the Cork Lunatic Asylum, contained in your number for May 24th last; *apropos* of which, you have offered some editorial remarks on the Turkish Bath. Dr. Power states that he obtained last year seventy-six per cent. of cures during the employment of that remedy; and he proceeds to say that this percentage is "more than double the number of cures produced in any asylum in England."

The quotation I have given, contains a *primâ facie* adventurous assertion, which I cannot permit to pass without criticism. In the Prestwich Asylum during the past year, the recoveries (fifty-two per cent. on the admissions) have a little exceeded the average of the previous seven years, which amounted to fifty per cent.

I have little doubt that many other English asylums would furnish notable exceptions to the comprehensive statement of the resident physician of the Cork Asylum.

I am, etc., Edmund Manley, M.B.Lond.

Prestwich County Asylum, June 6th, 1862.

Anæsthesia in Midwifery.—Sir: In the report of the meeting of the Obstetrical Society of London, on May 7th, in the last number of the Journal, it is stated that Dr. Priestley considered my apparatus for inhaling chloroform "too fragile" for the purpose. Allow me to state that, when Dr. Priestley said so, he had not *handled* the instrument, but only *seen it at a distance.* Let me add, that what he did see, was an instrument of my own rude construction, which, unfortunately, had met with an accident just before showing it to the Society. I can testify, from considerable clinical experience, that the apparatus will stand with impunity the roughest usage it is ever likely to meet. It saves from sixty to seventy per cent. of chloroform. I regret exceedingly that I was unable to comply with the request of the Secretary of the Society, to send him an abstract of my paper in time for the weekly medical press; let me trust, however, that I am not too late to state that Messrs. Maw and Son, of 11, Aldersgate Street, London, have made the inhaler and drop-tube to my entire satisfaction, if they have not greatly improved upon the original. Specimens may be seen at their establishment, as also in their cases at the International Exhibition, Kensington; prices from 7*s.* 6*d.* to 10*s.* 6*d.* complete. The inhaler for carrying inside the hat does great credit to the ingenuity of Messrs. Maw and Son.

I am, etc., Thomas Skinner, M.D.

1, St. James' Road, Liverpool, June 3rd, 1862.

COMMUNICATIONS have been received from:—Dr. Handfield Jones; Dr. Waters; Dr. Latham; Mr. T. M. Stone; Mr. J. Vose Solomon; Mr. D. K. Jones; Mr. H. Whitfeld; Dr. R. P. Williams; Dr. Kelburne King; The Registrar of the Medical Society; Dr. Porter; Mr. G. Padley; Dr. Greenhow; A Country Doctor; Mr. J. C. Clendon; Dr. Hillier; Dr. Holland; Dr. Drew; Mr. J. C. Prance; Dr. De Pascal; Dr. T. Williams; Dr. Radford; Mr. T. Taylor; Mr. A. Bolton; Mr. G. E. Blenkins; Dr. H. Marshall; Dr. Drew; Mr. G. Wallis; Messrs. Edmonston & Douglas; and Mr. J. Cornwall.

ADVERTISEMENTS.

Coronership for Middlesex

TO THE MEMBERS OF THE MEDICAL PROFESSION.

Gentlemen,—A Vacancy having occurred in the office of Corone for Middlesex, by the death of Mr. Wakley, I have been requeste to stand for the Central District. A member of the Medic Profession, and engaged for the last twenty-five years of my life i studying and treating those sciences the principles of which ar necessarily involved in the performance of the duties of a Corone I have determined to solicit the suffrages of the Freeholders of Ce tral Middlesex; but it is to you who have known me, and deem it matter of public duty that a Medical Coroner should be appointe that I look for success. If each medical man will undertake t exert himself to obtain the votes of Freeholders in his own distric then my election is certain.

I am, Gentlemen, your most obedient Servant,

EDWIN LANKESTER, M.D., F.R.S.

DR. LANKESTER'S COMMITTEE (FIRST LIST)

Chairman—J. PROPERT, Esq., F.R.C.S.

Aldis, Dr. C. J. B., F.R.C.P.
Burrows, G., Esq., M.D., F.R.C.P.
Busk, George, Esq., F.R.S.
Bidgood, Henry, Esq.
Birkett, John, Esq., F.R.C.S.
Barwell, Richard, Esq., F.R.C.S.
Ballard, E., Esq., M.D., M.R.C.P.
Bloxam, W., Esq., M.D., M.R.C.S.
Broad, Peter, Esq.
Budd, Geo., Esq., M.D., F.R.S.
Brinton, W., Esq., M.D., F.R.C.P.
Bohn, Henry, Esq.
Buchanan, Geo., Esq., M.R.C.P.
Campbell, Dugald, Esq.
Cooke, Edward, Esq., R.A.
Chadwick, Edwin, Esq. C.B.
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Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY
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PAIN REFERABLE TO THE GENERATIVE ORGANS.

THE abnormal sensations attendant upon or connected with micturition and defæcation have been duly discussed. There remain for consideration the various pains referable more particularly to the generative organs, and which are usually seated in the pelvis or in its immediate vicinity.

Pains referable to the generative organs may, for the sake of convenience, be divided into two classes, viz.: 1. Those associated with the performance of the function of menstruation—dysmenorrhœa; and 2. Painful sensations experienced irrespective of menstruation.

A. PAINFUL SENSATIONS ASSOCIATED WITH MENSTRUATION.

The term "dysmenorrhœa" has been long employed for the purpose of designating the symptoms now to be considered; it has been used to designate cases in which *pain* or *difficulty*, one or both of these, attend the performance of the function of menstruation. The term itself has had an injurious effect in giving the idea of a distinct disease for what is really a collection of symptoms due to causes variable in their origin and widely different in their nature. What we have now to do is in the first place to examine and analyse the symptoms in question, and to endeavour to lay down some rules for the due discrimination of the several causes which may produce them.

The phenomenon with which we have to deal is the presence of *pain*. And it is obvious that the first object we have in view both in endeavouring to understand the thing abstractedly, and in making a diagnosis at the bedside, is to try to understand what is the essence of this pain.

I propose, then, to devote a little space to the consideration of this question:—

WHAT IS THE CAUSE OF THE PAIN IN CASES OF DYSMENORRHŒA?

In reference to the pathology and treatment of dysmenorrhœa, this question is of primary importance; but it is nevertheless true that hardly any attempt has been made by systematic writers on this subject to give an explanation of the actual and precise nature and seat of the painful sensations experienced by the patient. The explanations which have been offered, and which are so far geneally accepted, are not so consistent either in themelves, or with the facts which come before us in practice, as might be wished.

Now what are the facts? Hardly two patients suffer alike during menstruation; and we see a regular gradation between cases in which there is very slight suffering, and cases in which the agony is such as to be almost unendurable. The pain also varies in its position, but it is for the most part referable to the uterus; and, in the cases where there is most pain, the pain is generally identical in position with that of this organ. Pains of various degrees of intensity may be felt at other parts of the body; but they are added, so to speak, to the other—the essential pain, which is situated in or about the pelvic region of the body.

What is the relation of the pain to the flow of the menstrual fluid? This, being the vital point of the whole question, demands our earnest attention.

We find in practice several varieties in respect to the manner in which these two things, the pain and the flow of the fluid, are related one to the other.

In some cases, it will be found that the menstrual fluid escapes from the uterus from the first; while the patient has a little, but only a little, to complain of during the whole menstrual period.

In other cases, on the contrary, the appearance of the menstrual fluid is delayed for a certain time, and in the meanwhile the patient suffers more or less severely from pain; the discharge appears, and the pain thereupon quite or almost completely ceases.

We have, then, two classes of cases—1. Those in which there is pain *and* difficulty; and 2. Those in which menstruation is simply painful, the discharge being apparently free.

1. The first class of cases are those more ordinarily spoken of under the general term "dysmenorrhœa", and it is to this class of cases that the observations now to be made are chiefly applicable. The word "dysmenorrhœa" is used widely enough; but it is usually taken to mean pain as well as difficulty in the process of menstruation, as will be evident from the following quotations from two works of standard authority—those of Dr. West and Dr. Rigby—which further contain descriptions of the symptoms of dysmenorrhœa as usually observed.

"The pain", says Dr. Rigby, "precedes the discharge, and rises to its acme just before the discharge appears. When this has taken place, the congestion diminishes, the pain abates, and perhaps disappears before the discharge has ceased. This, on the whole, is the most common mode of its appearance. In many cases, however, the discharge appears first; and, having lasted for a short time, it stops suddenly or diminishes considerably, and is then followed by an attack of pain which continues until the discharge returns." (P. 30.)

Let us hear Dr. West's description of the *congestive* form of dysmenorrhœa.

"During the first twenty-four or thirty-six hours of each menstruation, the discharge in general is but scanty, and the pain is very severe. At the end of this time, however, sometimes even sooner, the hæmorrhage often becomes abundant; and, as the blood flows, the pain abates, and then ceases altogether. . . . . Sometimes, in these cases, the menstrual flux at no time becomes abundant, and consequently the relief which nature gives is very partial. When this is so, the womb continues to ache and throb during the whole of the menstrual period, and is left afterwards tender and painful." (P. 71.) Further: "In some of the cases, the discharge, having continued for a few hours, ceases, and then comes on again; while, though *scanty*, it is intermixed with small coagula, owing probably to the blood having been poured out so slowly as to allow of its coagulating within the uterine cavity." (P. 71.)

It is impossible to read these descriptions—and we know that they are truthfully drawn—without being struck by the evident connexion of the *pain* with the *absence of the discharge.* "The pain rises to its acme just before the discharge," says Dr. Rigby. "As the blood flows, the pain abates, and then ceases altogether," says Dr. West. In fact, it is as clear as anything can well be, that the pain is dependent, in these particular typical cases, on absence of the discharge.

But how dependent? Is the pain caused by non-secretion of the fluid? or is it caused by *retention* of the menstrual fluid, there being some impediment to its escape from the uterus? Dr. West explains the matter thus:—

> "The congested womb ached till nature bled it, just as the head aches when the brain is congested, till the cupping-glasses or the leeches have relieved the overloaded cerebral vessels." (P. 71.)

This explanation of Dr. West's is the one which has been generally received and acted upon.

Dr. Simpson, a still more recent writer on the subject, says, in reference to the seat and origin of the pain in dysmenorrhœa, that it is "one of those points on which our knowledge is particularly defective"; and he refrains from dwelling on the subject. Dr. Simpson considers that there is an ovarian and an uterine form of dysmenorrhœa; and, further, that there is a neuralgic, a congestive, an inflammatory, a gouty or rheumatic dysmenorrhœa; a dysmenorrhœa caused by organic diseases or displacements; a membranous dysmenorrhœa; and, lastly, an obstructive dysmenorrhœa.

The explanation given by Dr. Simpson is to all intents and purposes the same as that of Dr. West and others, so far as cases of ordinary dysmenorrhœa are concerned; but, in reference to cases of "obstructive" dysmenorrhœa, Dr. Simpson associates the pain with the *retention* of the menstrual fluid, and with the distension of the uterus thereby produced. But it will be found, on examination, that the symptoms of ordinary dysmenorrhœa, as described by Drs. Rigby, West, and others, and the symptoms of "obstructive" dysmenorrhœa, are to all intents and purposes identical; and the arguments derivable from an attentive consideration of these symptoms lead to the conclusion—a conclusion which, I think, must be accepted—that the pain suffered by patients in ordinary cases of dysmenorrhœa, *i.e.*, where there is delay in the appearance of the discharge, is due to retention of menstrual fluid within the uterus, and to the distension thereon consequent.

Let us consider for a moment the normal condition and presumed physiological action of the parts concerned in menstruation.

The essential part of menstruation, so far as the uterus is concerned, appears to be, growth, thickening and increase of vascularity in the mucous membrane lining the body of the uterus, the tissue of the uterus itself being also congested, and the venous plexuses situated around the uterus being filled and gorged with blood. The menstrual blood is poured out, as is generally believed, by the mucous membrane of the body of the uterus. Now, where the body of the uterus and the cervical canal join, the canal is much narrowed; and, in cases where there has been n reason to suppose any morbid narrowing to hav occurred, it has frequently been found so small as t admit with some degree of difficulty the bulbed termination of the uterine sound. Hence it follow that, in a by no means insignificant proportion o cases, the internal os uteri, as it is termed, is s narrow that very little is needed to close i altogether, or at all events to so close it that th escape of fluid from the uterine cavity is rendered difficult.

It has been said that we find that "such a contraction of the os and cervix uteri as to impede th discharge of the menses *guttatim* is very unusual (Dr. West). But I would remark, that a canal whic may be a very sufficient outlet in one individual, o under one set of circumstances, may be inadequat in another individual and under different circumstances. There are many things to be considered, i respect to each of which considerable variations ar observed; there is the state of vascularity of th uterus itself; there is the state of vascularity or fulness of the surrounding organs; there is the quantit of blood poured out into the uterine cavity; etc. I reference to the variations in the quantity o blood poured out, Dr. Simpson (*Med. Times an Gaz.*, March 12th, 1859) makes some remarks whic are entirely in unison with my own ideas on thi part of the subject.

> "When the amount of fluid secreted is too great t allow of its easy escape, it becomes accumulated in th cavity, and causes pain by distending and exciting th uterus. . . . . In this way, retention and obstruction ma even occur with a comparatively wide os, provided th menstrual fluid be very rapidly secreted, and especiall if it be mixed up with solid masses of coagula or fibrine and, on the other hand, in cases where the uterus give out only and always a very small and scanty, or rather a very slow secretion, no pain may be experienced, although the os may be of the smallest calibre."

These observations, which are made by the autho in question in relation to obstructive dysmenorrhœa only, I would apply more generally to those cases o dysmenorrhœa in which pain and delay in the appearance of the discharge are associated.

But, further, the uterus is liable to certain morbid alterations in position and texture which may still more materially affect the patency of the canal o exit. Thus it may be bent on itself like a retort, by which the canal is necessarily somewhat constricted, or the axis of the canal so altered as to affect sensibly its patency. Within the tissue of the uterus frequently grow fibrous tumours, which may, and do frequently, encroach on the canal, and may thus constrict it. The same result may be produced by polypi growing within the uterine cavity itself; and occasionally we find the whole cervix uteri congenitally narrow, from an apparently defective development of this part of the generative organs. And a very important class of cases are those in which the lower segment of the uterus—the cervix, has become hypertrophied, indurated, and otherwise diseased: here the canal may be contorted and twisted in such a way that the extra amount of congestion which occurs at menstruation so swells out the cervical tissues as to seriously affect the patency of the canal.

All these considerations are sufficient to show that we have not far to go in order to find a number of conditions capable of producing constriction of that canal by which the menstrual fluid is evacuated from the uterus. Conditions of the kind alluded to are known to be associated with severe dysmenorrhœa; and the pain in such cases is completely accounted for by the retention, temporary or partial, which we may suppose to be present under these circumstances.

Further, it is probable that the congestion of the uterus which is present during menstruation, involving as it does a certain "erection" of the organ, may impede the escape of the secreted fluid by producing constriction of the excretory canal, and thus lead to menstrual retention. This would be more likely to be observed in cases where the canal itself was of less than the average calibre. The category of cases here alluded to may, in one sense of the word, be considered as cases of "spasmodic" dysmenorrhœa; and they are doubtless those with which we are familiar in practice as particularly amenable to an antispasmodic treatment.

Another argument for the truth of the explanations now offered may be drawn from the facts, that, in the first place, dysmenorrhœa of the kind now under consideration is generally associated with sterility; that, in the second place, it is not observed in women who have had children, unless in connexion with that actual recognised obliteration of the canal which is sometimes the result of the parturient process; and, in the third place, from the results obtained by what may be termed the mechanical treatment, consisting in dilatation of the utero-cervical canal, or incision of the same. It is incontestable that, in many cases of severe dysmenorrhœa, the pain has been removed by the treatment in question, which would, of course, have the effect of preventing the occurrence of menstrual retention by widening the canal of exit.

But, further, we derive important confirmation of the truth of the position here maintained—that the chief cause of the pain in these cases is obstruction to the passage of the blood through the internal os uteri—from a careful study of the symptoms and phenomena observed in cases where actual obliteration of the os uteri, permanent or temporary, has been known to be present, the menstrual product having been retained within the uterus, and unable to escape. In the recently published work of Bernutz and Goupil, we find collected a very large number of accurately observed cases in which the kind of menstrual retention now alluded to was unquestionably and demonstrably present, and means are thereby afforded for studying the subject analogically, so to speak. The resemblance is indeed very striking in the symptoms, in regard, at least, to the *kind* of the symptoms present—between these cases of complete retention of the menstrual fluid, and those more common instances which would, according to the view of the matter now maintained, be considered as cases of incomplete or partial menstrual retention.

An observation of Scanzoni's is very important in reference to the subject now under discussion. Speaking of nervous dysmenorrhœa, Scanzoni says:

> "The causes of this anomaly are still imperfectly known. . . . . Finally, in an etiological point of view, the following circumstance also deserves consideration, that the abnormal nervous irritation of the uterus may give rise to reflex movements of the organ, and to a convulsive contraction of the cavity of the neck. Hence the escape of the blood which is already effused, is impeded by an obstacle which irritates in its turn the motor nerves of the body and fundus of the uterus, and thus provokes painful contractions. This is what to us appears particularly to take place in cases where, after intense expulsive pains lasting perhaps several hours, the patients suddenly eject a considerable quantity of blood, partly liquid and partly coagulated, and find instantaneous relief." (*Diseases of Females*, American Translation, p. 345.)

The tendency in Scanzoni's mind towards an "obstructive" explanation of the pain is hereby made particularly evident.

And, lastly, it is known and admitted by standard writers that, in cases of dysmenorrhœa, the tumour perceived through the abdominal walls increases in size before the discharge appears—a fact which is perfectly consistent with the explanation now offered.

I have sought carefully, but have been unable to find any clinical facts which tend to disprove the truth of the position now maintained, that in ordinary cases of dysmenorrhœa, in which there are, first pain, and, after a variable time, appearance of a discharge, what we have before us is really *partial but temporary menstrual retention.*

Naturally, the cavity of the uterus is very small, and incapable, unless dilated, of containing more than a very small quantity of fluid. It is the result of experience, that different individuals bear dilatation of the uterine cavity very variously; and hence it follows that retention of menstrual fluid within the uterus may produce different degrees of pain and very various degrees of suffering in different individuals.

There is a class of cases, not very common, in which, as a result of menstruation, there is ejected from the uterus a membranous substance, when ejected entire forming a complete cast of the interior of the uterus. The pain present in these cases of "membranous dysmenorrhœa", as they are called, is evidently connected with the difficulty experienced by the uterus in expelling this membrane through the narrow internal os uteri; and this membrane itself may perhaps, by blocking up the canal of exit, give rise to partial retention of the menstrual fluid.

But it may be said there are surely cases in which the patient complains of pain during menstruation, and in which there is no evidence of menstrual retention, in which the discharge of blood is from the first continuous. This is undoubtedly true. And, further, we have evidence to show that in certain cases, when the uterus being absent, but the ovaries present, there have been periodically observed pain and symptoms slightly resembling those attending cases of dysmenorrhœa. But neither the one nor the other statement interferes with the reasonableness of the explanation here offered of the nature of the pain in ordinary cases of dysmenorrhœa.

[*To be continued.*]

An Embalming Undertaker. The following advertisement appears in the *London Gazette* in the year 1684:—"William Russel, coffin-maker, who hath the art of preserving dead bodies without embowelling, searclothing, cutting or mangling any part thereof, and hath used it to the great satisfaction of those honourable persons, by whom he hath been employed, lives at the sign of the Four Coffins in Fleet Street. Coffins ready made, and the body preserved for five pounds."

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

PRACTICAL REMARKS ON THE PATHOLOGY AND TREATMENT OF SKIN-DISEASES.

By C. Handfield Jones, M.B., F.R.S., Physician to the Hospital.

[*Continued from page* 625.]

Lepra and Psoriasis (*continued*). I will now refer to and relate a few illustrative cases.

Mr. Hunt's first case of lepra demonstrates satisfactorily the value of bloodletting and leeching, aperients, and the avoidance of all stimulants. His third is interesting, as showing how small a dose may sometimes be requisite. His second case of psoriasis shows the importance of a modified treatment, vegetable diet, and arsenic, trimming thus between sedation and stimulation. Mr. Green's first two cases of lepra and his two of psoriasis attest the value of bloodletting and aperients as preparatory to or assisting the operation of arsenic and the sulphur fume.

The following case shows forcibly the mischief which may be done by arsenic, if persisted with, in cases that are intolerant of it:—

Case i. Miss ——, aged 18; has suffered twelve years with psoriasis. No cause was known for its appearance. She had been lately under treatment by arsenic with purgation, which had rendered her stouter, but aggravated the eruption extremely. Her whole face, neck, most of her chest and arms, indeed most of her body, were covered; the skin was of a deep red, stiff and irritable, and cracked at the flexure of the left elbow, so that she could not extend the arm at all. She could not close her eyelids from the state of their skin. A copious desquamation was continually going on. Her general health was good. Wet packing was employed at first, with salines and wine of colchicum. Her sister informed me that the skin was quite pale for a short time after the daily morning pack. The sulphur-fume bath was used subsequently every night or alternate nights. She also took for some time an infusion of galium aparine.

In about three months, she had recovered from her former pitiable condition, with the exception of some scattered spots, which she had had before the arsenical course. The wet packing was applied by means of a mask to the face, and worn at night; it was of great service as long as the skin continued very irritable. The temporary pallor of the inflamed surface produced by the packing attests the sedative influence of moist warmth on the skin.

Case ii. W. D., aged 18, was admitted June 19th, with extensive psoriasis of eighteen months date. His health was good; the character of the eruption was non-irritative. Liquor potassæ (♏xx), chlorate of potash (gr. x), and bichloride of mercury (one-tenth of a grain), were each tried (being taken three times a day); but without good effect. Sulphur fume baths were also fully tried, but as fruitlessly.

On Sept. 9th, he began to take ten minims of liquor potassæ arsenitis, with three minims of tincture of opium in infusion of cascarilla; and, as improvement was slow, the dose was gradually increased, till on Oct. 14th it reached twenty-five minims of arsenical solution and four minims of tincture of opium three times a day. This was taken regularly, with the exception of one week's interval, till Dec. 23rd.

A week later, I saw him, and there were only remaining slight stains and congestion on the site of the patches. The medicine was then omitted; it had caused no apparent disorder the whole time, except, perhaps, one day. He took twenty minims of dilute sulphuric acid twice daily a month longer, and then ceased attendance.

How very different must the excitability of the skin (its vital property) have been in these two cases. In the one, a dose, I am nearly certain, not exceeding five minims three times a day, caused infinite deterioration; in the other, twenty-five minims three times a day caused as marked improvement. In neither were there injurious effects produced on the general health. The sulphur stimulus, decidedly beneficial in the first, was ineffectual in the last. Now, who can over-estimate the great and essential difference in these cases, on which the whole treatment turns? Is it not clear that, in a disease of this kind, there is question of much more than the state of the blood, which was presumably the same in both (according to the poison theory)? Is not the vital condition of the tissue practically the important matter?

Case iii. E. W., aged 13, was admitted June 7th, 1855, with very extensive psoriasis, guttata et diffusa, on her arms, legs, and thighs; some, but less, on the trunk and forehead. There was much itching. The eruption had lasted four or five months. Her health was fairly good, except some headache. She did not like animal food. She took for fourteen days one-twelfth of a grain of bichloride of mercury in decoction of elm-bark without benefit; and then was ordered a grain of hydrargyrum cum cretâ every night, and half a drachm of sulphate of magnesia in an ounce and a half of citrate of potash mixture thrice daily. She improved steadily, and was discharged well August 6th.

The next year she had a relapse, was admitted June 23rd, was treated by arsenic, and recovered pretty readily. Since then I have not seen her. It is clear that her pathological state was very different on these two occasions.

In the case of a girl, aged 12, who had suffered ten years with psoriasis, and who recovered ultimately under the use of arsenic with an issue in one arm, there was the unusual complication of chorea. According to the mother's account, the chorea had appeared on several occasions when the eruption had got better. The chorea was rather of the paralytic kind while she was under my observation; both it and the psoriasis got well together.

Does the fact that arsenic is a real remedy for chorea alone point at all to the concernment of the nervous system in psoriasis? Does it not in some measure countenance the opinion I have expressed as to the action of arsenic on the cutaneous nerves? In one of my cases, a weakly female, aged 24, rather menorrhagic, weakly, suffering with palpitation and considerable dyspepsia, arsenic was well borne by the stomach, and cured the eruption. In another female, also treated beneficially by arsenic, fresh spots of eruption always appeared at the catamenial periods. As this is a time when the general power is lowered, and all sorts of disorders are intensified, it is only what I should expect that psoriasis would be so too. The fact, however, is not very accordant with eliminatory views.

In some cases of asthenic character, citric acid has appeared useful. I have employed it mostly when, from some cause, arsenic was inexpedient. I have often remarked that, after the patches have all but returned to their healthy state, remaining only a little stained and congested, it is extremely difficult to get rid of this last trace of the disease. In fact, the capillaries seem to have become dilated, and lost their healthy tone; and *pro tanto* there is actual organic alteration of the tissue. In one of my cases, well marked psoriasis was associated with well marked eczema. Both were ultimately cured by arsenic; but its administration had to be interrupted for about a month, in consequence of some asthenic ulcers which refused to heal while it was being taken, and soon got well afterwards. The ulcers would not form granulations as long as arsenic was given; was this owing to the contraction of the cutaneous arteries and diminished supply of blood? Sulphur ointment, ointment of iodide of sulphur, bismuth ointment, glycerine, bichloride of mercury lotion, have all appeared to me useful occasionally. Cazenave speaks favourably of the mercurial iodide.

Pityriasis. Pityriasis may be shortly described for our purpose as essentially a chronic somewhat modified psoriasis. The patches are more extensive, less congested, and covered with thinner and smaller furfuraceous scales. Mr. E. Wilson thinks it owes its origin to some unknown modification of innervation of the cutaneous textures; and is developed, mostly, in persons remarkable for the delicacy and susceptibility of their skin. Local irritants, he admits, may give rise to it on the face. As far as I can see, there is no important difference between this and the other squamous affections; their pathology is essentially the same; and, of course, the same principles must guide the treatment.

I quite coincide with Mr. Wilson in his appreciation of Rayer's remark, that "it is with general pityriasis, as with almost the whole of the chronic diseases of the skin that are independent of appreciable causes; a solid and enduring cure is only to be obtained by a general change of the constitution, brought about by dietetic means long and regularly pursued, effected naturally by the progress of years, and the modifications undergone by the organisation; or accidentally induced by some intervening disease, such as measles, scarlatina, etc. Here it is plainly laid down that no mere elimination is either possible or sufficient; but that an entire renovation, so to speak, of the nutritive action of the skin must be effected. I say of the skin, because there is often no disorder elsewhere. This is, of course, no easy matter; and treatment by drugs alone must often fail. Inveterate cases of squamous disease seem to me more analogous to superficial lupoid affections than to any other. They are, to a great extent tissue-affections, and much more enrooted in the vital actions than the exudative. These have more the character of a temporary disturbance from general causes; the other of a more permanent and local change. The following illustrative case is worth perusal:—

Miss ——, aged 14, had had skin disease, more or less, since she was six weeks old. She had been often treated, but nothing had done good. She was very short, stout, and puffy looking. Her limbs and face had a plumpness which seemed to proceed rather from œdema than from fat, at least in part; her eyelids swelled at times. All her scalp, the back of her neck, and the upper part of her forehead, were more or less congested, rough, and covered with squamous formation. The hair was thin, but did not fall off. She was markedly pallid, and rather languid. The skin-disease was hereditary for three generations; the great-grandfather had it, but not the grandfather. The urine, examined five days later, deposited well marked oxalate of lime octohedra with vesical epithelium. It was not albuminous, moderately acid, of normal colour. She took at first ten minims of tincture of sesquichloride of iron three times a day; which was changed, after a month, for potassio-tartrate of iron in infusion of calumba. She used the sulphur fume bath steadily, and, besides, a spirit of rosemary wash and dilute citrine ointment. In less than four months, the skin had quite recovered, and her health was improved.

Ichthyosis. Of this disease, it is only necessary for me to say that I quite coincide in the view taken by Dr. Warburton Begbie, that white ichthyosis is a distinct affection from *ichthyose brune* and *ichthyose porc-épic*, the terms employed by M. Devergie. The former belongs certainly to the scaly diseases; the two latter to affections of the sebaceous glands. White ichthyosis is mostly congenital, affects the whole surface, is not attended with heat, itching, or inflammation; but with a dry, unperspiring state of skin. The general health is unaffected. Treatment is futile. In all these particulars, it seems to me that we have evidence of primary disorder of the nutritive action of the cell-bearing surface of the skin; but nothing to show that this is occasioned by any abnormal state of the blood. It is more like a malformation than a disease.

[*To be continued.*]

Original Communications.

INCARCERATED INTUSSUSCEPTION IN A CHILD SUCCESSFULLY TREATED BY INFLATION.

By Edward Cousins, Esq., F.R.C.S.

[*Read before the North London Medical Society, March 14th, 1862.*]

February 23rd, 1862, A.M. A male child, aged 13 months, at 10 A.M., apparently in good health, after having had the breast, suddenly vomited all the contents of the stomach, including the undigested first meal of boiled bread, and immediately fell into deep syncope. Half an hour later, it vomited a thin serous fluid, and relapsed into a semicomatose state; surface generally pale, but rosy over scalp. The gums were lanced over two molar teeth which were approaching the surface. Castor oil was given, and at once vomited. After this, the child vomited immediately everything it took, and repeatedly vomited serous liquid when not recently fed; at last it refused food.

From one o'clock until the evening, it had several fits of tormina every ten or fifteen minutes. During these, its face was pallid, anxious, and distressed; it writhed, and pulled violently at its nose, ears, lips, and penis. The fits of tormina were not accompanied with tenesmus; they lasted two or three minutes, and were succeeded by semicoma, during which the eyelids met imperfectly, and the child was vexed if disturbed. Sinapisms were applied. Enemata were retained for a time, and then escaped without fæcal matter.

5 o'clock. The abdomen was flaccid, and not oversensitive to pressure. The tormina were not accompanied with tenesmus or dejections. Examination *per anum* discovered nothing; but the finger, on being removed from the anus, was followed by some slightly bloody mucus. There were no febrile symptoms or thirst. A half-drachm of castor oil had previously been given, with a minute portion of Dover's powder, and at once rejected. The absence of more marked symptoms of intestinal obstruction led to a momentary error in diagnosis; and hæmatoxylum with opium was prescribed. Aromatic spirits of ammonia, carbonate of soda, and brandy, were given occasionally.

A later examination, at 7 P.M., exhibited increased prostration; absolute inappetency; shrunken face; cold extremities; finger-nails somewhat livid; pulse running, small, and frequent; fontanelle depressed; tormina frequent, without tenesmus; no dejection. An elongated horizontal firm tumour was felt to form and harden under palpation in the region of the right half of the transverse colon, then vanish gradually, and again become sensible, with contemporaneous indications of tormina; and a firmer tumour, apparently disconnected from the former, existed in a direction vertically upwards above two and a half inches from the right iliac region; this latter being persistent, not intermitting, in character. Brandy and water were given frequently. Considering that the symptoms established a diagnosis of intussusception, I at once had recourse to inflation of the bowel, before graver symptoms than those present should occur; and, with the assistance of the relatives, was preparing to administer the insufflation *per rectum* by means of a stomach-pump, when Mr. Erichsen arrived, who had been summoned by the father of the child, and who at once entered into my view of the diagnosis and treatment, and gave me his valuable assistance.

The inflation was carried to such an extent as to require considerable pressure to retain the tube in the anus; and, after allowing the escape of the air, little perceptible effect on the iliac tumour discovered as the result. A repetition of the trial caused a perceptible diminution in the length of the tumour; and the transverse tumour ceased to be felt. The child seemed distressed by the distension, and strained slightly during the proceeding. A third repetition was conducted with great slowness, till the distension of the bowel should be complete, when a somewhat sudden stroke of the piston was followed by an audible movement of flatus in the small intestine, and loss of the sense of resistance to the succeeding stroke. The syncope increased alarmingly. The stimulants were readministered.

There now remained a tumour of somewhat less firmness in the iliac region, not more than half an inch in length, which a fourth injection failed to remove; and, by reason of the syncope, our efforts were discontinued. A cautious prognosis was given, and the stimulants and Dover's powder were continued.

After we left the child, it slowly rallied; never vomited; slept several hours; awoke, and passed blood-stained mucus, and again at midnight; but was tranquil and eager for the breast, and gave no signs of pain or vomiting.

Feb. 24th, 1 A.M. The child passed a fæcal stool, nearly bloodless, but containing a seed of *Abrus peccatorius*, which was brought to me in the napkin, with the information that the child had voided a bead. The desire for food was increasing; there had been neither vomiting nor tormina, syncope nor blood. The child was cheerful, and even playful. Abdominal respiration was perfect. The abdomen was large, insensitive, and revealing no tumour on prolonged and very careful palpation. An ounce of almond oil was ordered, and a quarter of a grain of Dover's powder twice a day.

Feb. 24th, 6 P.M. The skin and pulse were healthy; the appetite good. Previously, however, to my visit, the child had refused everything since 1 P.M., vomiting the milk; he then sucked, and took a meal of barley-water afterwards. At 1.30 P.M. he passed an acid curdled stool, not bloody; no stool had been passed since. He had had fits of tormina three times since one o'clock. A very slight fit of tormina occurred during my visit, during which no hardness was discernible in the cæcal region; but there was a distinct rigidity of all the transverse colon, which ceased after a time, when the child resumed a natural aspect, and would dance in the nurse's hands.

Feb. 25th. There was continued improvement; no vomiting. The child was playful at times, alternating with sleep. Some tenderness existed in the iliac region. Rigidity of the transverse colon was felt on careful and prolonged examination occasionally. There was absolute softness in the cæcal region. Four stools of discoloured mucus mixed with bile had been passed. He vomited once after taking the Dover's powder.

Feb. 26th. The improvement continued. The child passed two stools decidedly bilious, and free from trace of blood to the eye. The abdomen was cool, free fro hardness or tenderness; the skin of the extremitie fuller, mottled; appetite moderate; sleep free from di tress, as heretofore. The child was convalescent.

REMARKS. In commenting on this case, I wish t remark on the completeness of the symptoms enu merated:—

The suddenness of access in a healthy child, whic was quietly reposing in its mother's arms, after takin the breast.

The fulness of the vomiting, shown by the secon emesis bringing up only a serous fluid.

The alternations of severe paroxysmal pain wit syncope or semicoma.

The character of the distress exhibited; the chil pulling fretfully at its nose, ears, etc.; crying out a with a subdued scream.

In the absence of dejections, the discovery of blood, mucus on an examination *per rectum*.

On the other hand, the absence of tenesmus (unti insufflation) for a long time rendered the diagnosi difficult.

Constipation cannot be looked for in a recent acut case; and diarrhœa did not exist.

Time had not occurred for the development of inflammatory symptoms; hence the insensitive abdomen.

The digital examination *per anum* revealed no obstruction, because the accident was limited to the righ half of the colon; and there was, of course, no reason that we should wait, as Mr. Clarke suggests, to complete the diagnosis until the invaginated bowel reached the anus, or at least the sigmoid flexure. In this case palpation of the abdomen discovered the elongated evanescent, paroxysmally hardening tumour, synchronously associated with the paroxysmal distress and tormina, which, combined with the past history, established the diagnosis. This tumour is not well described in authors; and Dr. Ballard's description is not adequate for its discrimination from a tumour of obstructive and hardened contents.

In treatment, I did not delay to use other measures than inflation, because all others appear to be infructuous. Expectancy, with the use of measures to arrest vomiting, as Dr. West suggests, in opposition to Hunter, would be hazardous in a child as profoundly prostrate as in this case; and I question whether the antiperistaltic action of vomiting is not part of the natural process of relief at least, it must tend to reduce the danger of further descent through influence of the ordinary direct peristaltic movement; and I do not believe that the action of the abdominal muscles can be exerted to drive in the bowel, which the vomiting arising from inverted action propagated from the seat of disease itself is opposed to.

I would next insist upon the slowness with which the air must be delivered, to allow of its reaching the ascending colon; as rapid inflation might produce fulness of the sigmoid flexure to a great degree, and a *quasi* valvular stricture be formed, which would prevent the passage of air further up: next, upon the retention of air for some time, so as not merely to distend the invaginating bowel, but to exert pressure on the strangulated part, so as to reduce at once its vascular and œdematous turgescence: lastly, upon the sudden delivery of an additional sharper stroke, to promote the separation of any adhesions, which, in an older case, may have formed.

As to the etiology of the affection, I fear there is much to learn. It is interesting to find that, where an apparent cause has presented itself, it has been not a large or solid bulky matter, but some singularly small foreign matter, insusceptible of digestion—in our own case, a hard seed.

RARE CASES IN MIDWIFERY.

By Edward Copeman, M.D., Physician to the Norfolk and Norwich Hospital.

[*Continued from page* 491.]

Case xiii. *Rupture of Uterus.* In the year 1861, I was summoned by special train at 2 a.m. to a lady, whom I found on my arrival to have been dead nearly an hour. The medical gentlemen present gave me the following history of this melancholy case.

Mrs. —— was quite well at 8 p.m., playing with her children in her drawing-room; but, being in hourly expectation of her labour, she told them not to make her laugh so much, as it made her uncomfortable. Shortly after this, she suddenly felt a very powerful and painful movement of the child, became very faint, and could only just manage to get to her bedroom before she was violently sick, having at the same time a good deal of pain in the body. The gentleman who was engaged to attend her, was immediately summoned, and, finding her so faint, very naturally supposed there was hæmorrhage, especially as she had suffered from hæmorrhage in some of her previous confinements. There was none, however, externally; but on examining, he thought he felt the placenta, and summoned to his assistance a friend and former medical attendant of the patient. When he arrived, he saw at once that the case presented some unusual difficulty; and a message was immediately despatched for me to come without delay. Before I could arrive, matters had become so urgent, that another gentleman, near at hand, was summoned, who thought she was labouring under some unaccountable shock, and that the presentation was a breech, and not placenta. During this time, no serious hæmorrhage had occurred, no clots, only bloody water. In an examination, the membranes were ruptured, but very little liquor amnii escaped. She was all this time very faint; and, as stimulants failed to remove the exhaustion under which she laboured, it was thought better to deliver. It was a breech presentation, and not without some difficulty was delivery accomplished. Indeed, when the placenta was removed, she was *in articulo*, and died almost immediately. She never from the first lost the pain in the abdomen; and, although she had intermittent labour pains, they never pressed the child down upon the os; neither did she ever satisfactorily rally from the first attack of syncope. The child was a male, stillborn.

On the following day, we examined the body. The uterus was about half contracted, being nearly two inches in thickness in some places; its structure looked healthy, although pale; and there was no blood in its cavity, except the clots which adhered to the part where the placenta had been attached. There was no blood in the abdomen, nor any breach of continuity to be observed on the exterior of the uterus; but, on examining its interior, we found the uterine structure ruptured longitudinally to the extent of four or five inches, the rent beginning about an inch above the os uteri, and extending upwards in its anterior wall, leaving only the peritoneal covering between it and the abdominal cavity. This was the situation of the original pain; and my opinion is that a sudden violent movement of the child's foot against the wall of the uterus just above where the pubes would make resistance or counterpressure, the uterus itself containing but very little liquor amnii, produced the rupture we discovered; and that this occasioned the persistent syncope and exhaustion so soon followed by a fatal termination. She had not had a child for nearly seven years. One of her labours was followed by puerperal inflammation; several by hæmorrhage; and the last but one was premature. Had the structure of the uterus undergone any alteration disposing it more easily to give way, in consequence of the attack of inflammation some years before? We could detect no such lesion; and the rest of the abdomen was healthy, though its various organs had a bleached appearance.

Case xiv. *Thrombus.* On December 12th, 1861, I was summoned into the country to a labourer's wife, who had been confined a few hours before with twins, it being her first labour. The labour was neither very tedious nor difficult; but after it was over, the midwife discovered a large swelling "at the birth," the nature of which she did not understand; so she sent for a surgeon living in the neighbourhood for assistance. He arrived late in the evening, and found an enormous swelling of the right labium, which was much lacerated. He removed some coagula from the wound; and, to use his own expression, was almost immediately covered with blood, the hæmorrhage being so severe that he immediately plugged, as well as he could, both the wound and the vagina, and sent a messenger off for me. Arriving there in the middle of the night, I found the right labium enormously distended with blood, with a large jagged wound, and very dark over its whole surface. The woman was very faint, although previously quite strong and healthy, and was in great danger of her life if the hæmorrhage continued. There was still rather free oozing in spite of the plug, with increasing distension of the labium; I thought it, therefore, best to remove the plugs, and endeavour to make out the source of the hæmorrhage; for it was still going on, and the patient had a scarcely perceptible pulse. Her surgeon thought this a dangerous proceeding, from a fear that a similar gush as before should take place, and she might die; but afterwards, with his consent, I withdrew the plug from the vagina; then the other from the wound in the labium, and rapidly emptied it of the clots it contained; then, with two fingers in the vagina and my thumb in the wound, I turned the labium, as it were, inside out, and sponged the exposed surface in search of a bleeding point. I saw one spot where the blood had a brighter scarlet appearance than elsewhere; and, with a dip of a tenaculum, fortunately caught up a large artery, transfixing it at a distance of a few lines from its open extremity. We tied a thread ligature around it, and the hæmorrhage entirely ceased. We observed a great many large veins in the labium and groin; but could make out no history of swelling of the labium previously to labour, although I think there must have been some enlargement in that situation. The woman had lost so much blood as to require our careful attention for some time to restore her pulse, and get her safely out of her extremely exhausted condition. She had, however, no *uterine* hæmorrhage, and had gone on well as regarded the uterus; but we feared there might follow extensive sloughing of the injured labium and infiltrated cellular tissue.

Three weeks afterwards, I was informed that nothing untoward had occurred, and that the woman was rapidly recovering her health and strength.

This is the only case of the kind that has come under my own personal observation; but several have been related to me by professional friends, which have terminated unfavourably, either immediately from hæmorrhage, or subsequently from sloughing and secondary hæmorrhage. I believe that, in the present instance, had any other plan been adopted for putting a stop to the hæmorrhage, it would have been ineffectual; and that, even if it could have been restrained by pressure, the parts would not have borne the amount of pressure required, without considerable inflammation and sloughing being the result. I find but very little recorded experience of this accident; but, though rare, it is a very formidable one, requiring prompt and decided measures. The best description of it which I have recently met with, is in a German work by Drs. Chiari, Braun, and Spaeth, published in 1853, and reviewed by myself in the number of the *British and Foreign Medico-Chirurgical Review* for January 1855; but the treatment they recommend consists of the application of cold, and of pressure, the results being very unsatisfactory; whereas the great practical lesson conveyed by my own case is, that it is possible, with care, to find the open vessel and secure it with a ligature, and that, in the event of this being accomplished, the patient may have a good recovery.

[*To be continued.*]

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON THE IMMEDIATE TREATMENT OF STRICTURE OF THE URETHRA.

By Augustin Prichard, Esq., Surgeon, Clifton.

[*Read May* 1*st*, 1862.]

The British Medical Journal for Feb. 22nd, 1862, contains a short notice of Mr. Barnard Holt's little work on the immediate treatment of stricture; and as the tone of that article was calculated to discourage a trial of the means described,* without any actual disparagement in words, and as I have a high opinion of the merits of the plan, I am glad to have an opportunity of bringing forward a few cases of stricture treated in this way.

The article alluded to states with truth that the method requires some further test of its applicability, safety, and permanency.

The instrument, which I now show you, is a steel guide capable of being opened by the passage of tubes of various sizes, so as to stretch or split open the strictured part of the canal.

It is required, of course, that it be passed through the stricture before it can be made available; and it is intended to replace the tedious process of dilatation, as well as to avoid the perils of the external division or perineal section.

There is but a small and sharp curve to the instrument as it is usually made, and this peculiarity, with its tapering form, renders its passage more easy than that of most sounds of the ordinary make. The greater weight in the handle is also of considerable advantage in passing it, when the patient is lying down; in which position it should always be used. For the same reason, the large lithotrites glide gently into the bladder, the weight above being sufficient to overcome the natural resistance of the urethra; while the position of the chief weight at the handle causes any little alteration in direction to be exaggerated at the other end, if the instrument be supported, rather than held, an inch or two below the heaviest part.

When once the guide is in the bladder, the passage of the tubes is a sufficiently simple process, and the case is within reach of a speedy cure; for this it may assuredly be called, if we can arrive in ten minutes at what generally requires many weeks; viz., the power of passing a No. 9 or No. 10 catheter, without resistance, into the bladder.

I will narrate three cases of ordinary and one of traumatic stricture of the urethra, treated by Barnard Holt's instrument, and they shall be very short; for no daily report is required in them. They are all I have thus treated.

Case i. D. S., aged 57, came under my care in May of last year, in consequence of swelling of the perinæum, of an inflammatory nature, with signs of suppuration. At my first visit, I only examined the perinæum; being influenced by the fact of his being so much beyond the age of our usual cases of perineal abscess and infiltration of urine; but the next day, wishing to pass a sound, I found that I could only introduce a fine probe into the orifice of the prepuce; and on further examination, I found that it was entirely adherent to the glans penis, and, therefore, proposed an operation under chloroform. This I performed the next day. I snipped off the end of the prepuce, and dissected it back to the corona glandis; leaving it all tolerably free, and the entire surface raw. I then slit up the orifice of the urethra about a quarter of an inch, and opened the abscess in the perinæum, letting out about three ounces of fœtid pus and some gas.

Two days afterwards, I tried a No. 6 catheter, which passed about half way down the canal, the urine flowing through the wound in the perinæum. A sharp rigor followed this proceeding. After trying in vain to get a small sound or catheter through the stricture, I determined to use Barnard Holt's instrument; and after some time, succeeded in getting it through the stricture and well into the bladder. I forced on the tubes until the canal was well stretched, and then inserted a No. 7 catheter easily. From this time he went on well; but no efforts could prevent the granulations from springing up and bringing back the foreskin to its former place over the glans. When he went away, his health was wonderfully restored, and he could pass for himself a No. 9 steel sound; and was able to make water in a full and continuous stream, which he had not done for nearly forty years.

In this complicated case, the patient had suffered from phymosis and stricture for the greater part of his life; and at last an abscess formed outside the urethra behind the stricture, leading to extravasation of urine; and if I had not been able to cure the stricture speedily, as was done by the aid of this instrument, his convalescence would have been extremely tedious.

Case ii. A. B., aged 33, came to me with a very irritable stricture at the membranous portion of the urethra, of eleven years standing, through which no instrument had ever been passed, although he had been under varied and skilful surgical treatment. There was so much irritability, and pain, and bleeding, that the ordinary plan of treatment was quite impossible. I introduced the guide under chloroform, and failed in reaching the bladder; but as it appeared to be involved in the stricture, I stretched it well, and withdrew the instrument to try the catheter again; and succeeded in getting No. 3 into the bladder. I then passed the guide, and stretched the entire stricture, when I withdrew it again, and passed in a No. 9 catheter freely.

After the operation, I passed Nos. 6 and 8 about once a week; but he was not very regular in coming to me; for his business required a constant supervision. He improved greatly in his health, and with the occasional aid from his catheter he passes water satisfactorily. This case cannot be reported as cured; for I think a further stretching or splitting of the stricture will be necessary; and although he gets on comfortably, I have advised him to undergo a second operation.

I consider stricture of the urethra to be one of the diseases which, if left to itself, almost always, whatever be the patient's general health, progresses steadily from bad to worse.

Case iii. W. S., aged 42, had been the subject of stricture for twelve years, and his health had suffered a good deal. He had been under the treatment of many surgeons; but our late associate, Mr. Godfrey, was the only one who ever passed an instrument into his bladder, before he became my patient.

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* [So Mr. Prichard thinks; but his idea of discouragement is scarcely compatible with the fact that the review contained a brief account of the operation, and a statement (which Mr. Prichard acknowledges to be true) that it required trial at the hands of other surgeons. We would not pronounce absolutely in favour of Mr. Holt's operation; but we had no desire to discourage a trial of it. The remarks made in the review, however, have had one good effect—that of eliciting the experience of so able a surgeon as Mr. Prichard. Editor.]

On April 3rd, I managed to get in the guide, and stretched the stricture to the extent of four of the tubes, and passed in No. 7 catheter at once. Instruments were passed for him occasionally until the 25th, when I introduced easily Nos. 9 and 10, without the least discharge of blood, or other inconvenience, and he could make water freely and forcibly.

Case iv. *Traumatic Stricture.* W. N., aged about 50, fell across the edge of a ship and injured his perinæum, causing difficulty of passing his water, which was bloody. He was relieved by baths and other treatment, and returned to his work. This was about eight months before he became my patient, during which period his power of making water had been failing rapidly. After trying in vain catheters and sounds of all sorts and sizes, I managed to pass Barnard Holt's instrument, and split up the stricture at once; but I did not use the larger tubes. He speedily became better, and is now in comparative ease and comfort, the urethra being capable of holding a No. 6 catheter easily.[†]

These are some of the most satisfactory stricture cases which I have ever treated; and although no long time has elapsed since they were under surgical care, they nevertheless help to prove the safety and applicability of the method of treatment; and as to permanency, I am not sanguine enough to hope that any instrumental operative treatment will cure a stricture so effectually that the occasional introduction of a sound will be unnecessary, except, indeed, in very rare instances.

I regret that I did not use the larger tubes in every case.

Reviews and Notices.

On Long, Short, and Weak Sight, and their Treatment by the Scientific Use of Spectacles. By J. Soelberg Wells. London: 1862.

The discovery of spectacles is generally referred to the thirteenth century, but there is reason to believe it is of more ancient date. Sir David Brewster, at a meeing of the British Association held at Belfast in 1852, gave a description of a plano-convex rock-crystal lens, which was found in the ruins of ancient Nineveh. The convex side of the lens had not been ground in a disk-shaped tool, after the modern method, but appeared to have been shaped on a lapidary's wheel, or in some similar manner.

In 1604, Kepler, who was imperfectly acquainted with the laws of refraction, laid down certain principles for the application of convex and concave glasses. He attributed the adjustment of the eye for near objects to elongation of the eyeball, occasioned by contraction of the ciliary ligament.

This opinion was confuted, in 1759, by our countryman Dr. Porterfield (*Treatise on the Manner and Phenomena of Vision:* Edinburgh), who contended, on physiological grounds, that the supposed ligament was a muscle, notwithstanding its grey colour; and that from its anatomical disposition, when contracted, it would draw the lens forwards, compress the vitreous humour behind it, by which the lens would be pushed further from the retina—a view which Mr. Bowman (*Lectures on the Eye*, p. 60, 1849) endorsed after he had demonstrated, by microscopic dissection, the muscular structure of the so-called ligament. Porterfield has taken special pains to draw attention to the fact that contraction of the ciliary muscle and convergence of the optic axes are voluntary and associated movements. When long continued on near objects, they are, he says, attended by a sensation of fatigue; and in some trades short-sightedness is acquired, the ciliary muscle having become contracted or rigid. The cause of short sight he states to be, not a want of accommodation of the eye, but an excess of its refracting power, resulting from abnormal convexity of the cornea or lens, and from the distance between the latter organ and the retina being too great. In another place, he refers the disorder to the distance of the cornea from the retina being too great, or, as we now designate it, elongation of the eyeball.

Nor has the myopia *en distans*, dependent upon spasm of the ciliary muscle, lately described by Von Gräfe as a novelty, and the importance of using a concave glass for its diagnosis, escaped this learned writer's notice. The effects upon vision of contraction, rigidity, spasm, and paralysis of the ciliary muscle, have all been treated by him.

The improvement which occasionally takes place in the range of accommodation of myopic persons, after they have passed the middle period of life, Porterfield refers to a decrease of the refracting power of the eye, from flattening of the cornea and lens. The narrowing of the pupil incidental to old age has also been noted by him. He has pointed out that the eyes of the same individual are apt to differ in their powers of accommodation; that the amblyopia of myopia is dependent upon apoplexy and dilatation of the vessels of the retina, and changes in its structure.

Presbyopia is ascribed by him to a too low refractive power, the cornea and lens being abnormally flat.

The eye, when at rest, or, as he terms it, "in its natural state", is accommodated to rays of light coming from an infinite distance. He has fixed the nearest point of distinct vision at five or six inches; and recorded that, twenty-two years before writing his work, he could read comfortably from seven to twenty-seven inches. He invented and has given a description of an *optometer;* and has laid down rules for "the scientific use of spectacles", which are illustrated by mathematical theorems. With this epitome of some of the facts and opinions which were known in this country more than a century since, we proceed to notice the labours of Donders and Von Gräfe in the same field of scientific inquiry, whose "views" Mr. Wells, in the work before us, "has chiefly followed". He has treated, in eight chapters, of—i. The Accommodation of the Eye; ii. The Range of Accommodation; iii. Myopia; iv. Insufficiency of the Internal Recti Muscles; v. Sclerotico-Choroiditis Posterior; vi. Presbyopia; vii. Hypermetropia; viii. Paralysis, Spasm, and Atony of the Ciliary Muscle.

The Accommodation of the Eye. Arlt, Helmholtz, Cramer, Donders, H. Muller, and Henke, are all agreed that the ciliary muscle is an important agent, in connexion with the lens, in the accommodation for near objects. Arlt contends it is assisted by the external muscles of the eye, which, being in a state of contraction simultaneously with it, elongate the axis of the eye, and effect positive accommodation.

[†] I have been informed that this patient's stricture is becoming ighter again, so that it will require further stretching.

Henke considers the two sets of fibres of the ciliary muscle to be antagonistic; that, in the adjustment for near objects, the circular fibres are contracted, and the radial relaxed; that, in accommodation for distance, the latter are relaxed, and the radial in a state of contraction.

A case recorded by J. Vose Solomon appears to favour this opinion. A young woman of 27, with a myopia of an inch and a half, and for features of eighteen inches only, gained by the operation of intraocular myotomy a fair point for reading of seven inches and a half, and for features of six feet. She was then allowed to resume the use of concave glasses, which were No. 11 English. At the end of somewhat more than three weeks from this time, the far point for features, which had increased at the rate of twelve inches per week, was found to have continued stationary during the whole period the spectacles were worn. On being deprived of them, her accommodation at the end of three weeks exhibited a range for features of ten feet, showing that about the former rate of progress had been made. (*Med. Times and Gazette*, Oct. 20th, 1861.)

Cramer considers the iris to be chiefly concerned in the arching forward of the lens; and that the ciliary muscle prevents the lens from being pushed backwards, and the retina from suffering an injurious pressure.[*]

Helmholtz found, by means of his ophthalmometer, that the eye undergoes the following changes during accommodation for near objects:—1. The pupil diminishes in size; 2. The inner edge of the iris moves forwards; 3. The peripheral portion of the iris moves backwards; 4. The anterior surface of the lens becomes more convex, and its vertex moves forwards; 5. The posterior surface of the lens becomes slightly more arched, but does not change its position. The lens, therefore, becomes thicker in the centre. He finds, from calculation, these changes are quite sufficient for all accommodative purposes. The lens is stationary, but changes its figure.

Von Gräfe has recorded two remarkable cases which show that the external muscles and the iris are not essential for perfect accommodation. In one, all the external muscles of the eye were paralysed; and in the other, the whole of the iris was removed by operation, without interference with the accommodative power.[†]

The distance between the furthest and nearest point of distinct vision is called the territory or *range of accommodation*. In normal eyes, the nearest point varies from three and a half to five inches; and the eye is then in its highest state of refraction. The furthest point is, for convenience of expression, spoken of as "infinite distance", from which, up to six yards, all rays are parallel, and the eye is at its lowest state of refraction.

The following formulary conveniently expresses the range of accommodation of a myopic eye, the far point (r) of which lies at 8″ (inches) from the anterior surface of the lens, its nearest point (p) at 4″.

$$A = \tfrac{1}{4} - \tfrac{1}{8} = \tfrac{1}{8}.$$

Donders's method of estimating the strength of concave glass suited for a case of myopia affords no advantage over that which has long been practised in this country. We make this assertion after having tested his plan. The greater the range of accommodation, the less harm will spectacles do; and *vice versâ*.

Diagnosis of Amblyopic Myopia. A person suffering from an uncomplicated myopia should, with a proper concave lens, be able to read No. 18 or 16 of Jäger's test-types at a distance of twenty feet. If he can only read No. 20 (letters of an inch to an inch and a half in height), he is also amblyopic. The less the concave glasses correct, the greater is the degree of the coexisting amblyopia; and *vice versâ*.

Myopia, we know from our own experience, may be confounded with hypermetropia; the diagnosis consists in the placing of a strong convex lens before the eye when looking at No. 20 type at a distance of sixteen or eighteen feet, the ciliary muscle having been previously paralysed by a solution of atropine (gr. iv to ℥j). If the patient be hypermetropic, the type will be clear; if myopic, it will not be distinguishable without the aid of a concave glass of suitable power.

In pure *presbyopia*, the eye is neither myopic nor hypermetropic; its refraction is normal, but the range of accommodation is narrowed. The *near* point is removed too far from the eye, and hence the difficulty of accurately distinguishing small objects. With a proper glass, the patient should be able to read brilliant type (No. 1 of Jäger) at about eight inches. If he can only decipher Nos. 4 or 6 (minion and bourgeois), or is obliged to hold the object very near, he is amblyopic as well as far-sighted.

The near point in the normal (emmetropic) eye of a person of forty years lies at about 8″ (inches); at fifty, at about 11″—12″; and so on. If the range of accommodation be good, glasses should be chosen which will bring the near point to 8″; but, if much diminished, it may be placed at 10″ or 12″ from the eye.

In *hypermetropia*, or, as it was first called, *hyperpresbyopia*, the refractive power of the eye is too low, or the antero-posterior axis is too short[*]; these two conditions may coexist. The effect of either one is, that parallel rays are brought to a focus behind the retina, convergent rays only being united upon it. With a convex glass, the slightly divergent rays coming from a distance are brought to a focus on the retina.

"We may often almost diagnose the affection by the peculiar shape of the eye; it appears smaller and flatter than the normal eye; it does not fill out the aperture of the lids, there being a greater or less space between the eyeball and the canthus, more particularly the outer canthus."

According to our experience, the disorder, although common in this class of eyes, is not confined to them, but is sometimes found in those which, as regards configuration and size, are directly the opposite. An hypermetropic patient, when working upon near objects, becomes affected with asthenopia, but considers he sees very well at a distance. If Jäger's large types be placed at a distance of eighteen or twenty feet, the patient can read No. 18 with the aid of a proper convex glass. The degree of hypermetropia may vary in the two eyes.

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[*] Nunneley conceives that the action of the ciliary muscle must be to draw the lens backwards. (*On the Organs of Vision*, pp. 178-9. London: 1858.)

[*] Volkman and Hueck had previously pointed out that the accommodation of the eye might be nearly perfect in paralysis of the third nerve, and where the whole iris was absent. (Kirkes' *Hand-book of Physiology*, pp. 530-1. London: 1848.)

[*] This answers to Porterfield's definition of presbyopia.

Considerable relief to ocular uneasiness is obtained by the constant instead of the occasional use of glasses in hypermetropia; and when, in young subjects, complicated with presbyopia, we have witnessed by this means the attainment of a normal near point in the course of a few weeks.

From the injurious results which occur in the eyes of persons who have relieved their hypermetropia by using convex glasses of high power (8″, 10″, or 12″ focus); and, from the excellent preservation in which the vision is maintained where weak convex spectacles have been selected and worn for twenty or even more years, we regard with much distrust the proposition of Dr. Donders to treat the disorder by neutralising all efforts at accommodation with glasses of a high positive focus.

Mr. Wells is in error in attributing to Dr. Donders the discovery of the remedial powers of convex glasses in asthenopia. Their use must be nearly as old as that of spectacles and the existence of curiosity in children. The following passage, written at a time when Donders was in the full enjoyment of a schoolboy's life, is of a sufficiently remote date to prove that he was not the discoverer. "Few patients, not even those who are mere children, continue to be long affected with asthenopia without making use of convex glasses." (*Ed. Med. and Surg. Journal*, 1843, vol. lx, p. 100.)

In conclusion, we congratulate the author on having rendered Donders's views on the application of spectacles easy of comprehension to surgeons, and on having produced a work which will prove an appropriate and useful *avant courier* to the Sydenham Society's translation of *Donders on Ametropie.*

British Medical Journal.

SATURDAY, JUNE 21st, 1862.

VENTILATION.

The subject of ventilation, like so many other subjects, was ventilated at the late meeting of the Social Science Association. Sir Joshua Jebb introduced the topic by a paper, in which he pointed out the way in which ventilation is carried on in government prisons and hospitals. His method of proceeding is founded on that resorted to for the purpose of introducing air into coal mines; and, as he informed the Public Health Section, was most perfect in action.

Dr. B. Sanderson followed with another paper to point out what a complete failure the system of ventilation—in principle precisely similar to Sir J. Jebb's—is which has been resorted to at a great expense in St. Mary's Hospital. He found, for example, on careful and scientific investigation, that there was a complete stagnation, *i.e.*, no current of air at all passing along the complicated air-pipes, which theoretically were supposed to be providing a charmingly fresh atmosphere for the benefit of the sick patients. On seeking for an explanation of this unpleasant fact, he ascertained that there existed two currents of air in the shaft connected with the furnace. This shaft is forty feet high, and in it is placed a furnace to produce an upward current, and so to draw air into the hospital, and along through the air-pipes, and pass it away up into the clouds. Instead of this being effected, Dr. Sanderson found that, in the peripheral portion of the shaft, there existed a downward current, which supplied the furnace, and then furnished an upward central current.

Several speakers followed; and all their remarks tended to one conclusion; viz., that up to the present day, the so-called scientific ventilation of hospitals, lunatic asylums, etc., has proved a complete failure; and that, in fact, the only method available and certain at the present moment is the rough and ready one; viz., that of opening the windows. It was also suggested, on the strength of these remarks, that if Sir J. Jebb's system was scientifically investigated, it might perhaps turn out that it was not altogether so perfect as would appear from Sir J. Jebb's account. At all events, this much is manifest, that wherever artificial and complicated plans of ventilation are resorted to, in hospitals, etc., and fail, serious injury is liable to be inflicted on the inmates, as in the case of St. Mary's Hospital. These contrivances then become delusions and snares, deluding people into the belief that the buildings are copiously supplied with fresh air; and thus ensnaring them into the error of not introducing fresh air through the windows, as they otherwise would do. But the most unsatisfactory part of the whole business is, that our architects have, as it would seem, nothing to offer us in the way of supplying our private dwellings with fresh air.

Is there not something very remarkable in the fact that, in the second half of the nineteenth century, and in the sixth year of the Social Science Association, and notwithstanding the invocations to the worship of the goddess Hygieia which greet us at every turn in modern life, not the very smallest attempt is made to introduce into our private dwelling-houses a proper supply of that first essential to life, air? The fact seems to us really a scandal to be scored up to the account of our architects. The quiet way, also, in which even the high preachers of hygienic principles, men of science, put up with the want of the thing in their own houses is something marvellous. We regret to say that at the Social Science Association, this subject of supplying dwelling-houses with air was not worked out. As the fact now stands, it would appear that the only well aerated individuals in this metropolis are our cut-throats and pickpockets — dwellers in model prisons!

The solution of this question becomes every day more urgent, on account of the extensive introduction of coal gas into our houses, whereby large volumes of other gases—products of its combustion, and most of them highly injurious to health—are introduced into our rooms. For the escape of these gases, and for their replacement by fresh air, no sort of provision is made in ninety-nine out of every hundred houses. So much for the advanced condition in this direction, in practice, of sanitary science.

Moreover, in speaking of the subject of ventilation of our houses on a previous occasion, we remarked that all that had hitherto been done in this way had evidently been done in the wrong direction; viz., in attempting to get rid of the foul air floating in the upper parts of the rooms. What we really want is a proper supply of fresh air introduced into our rooms. To this, as a rule, no kind of attention is paid. We firmly close our windows and doors; make a blazing fire; that is, send a large volume of air up the chimney and out of the house, and take no thought whatever about the source whence comes the air which must enter to supply the place of that which has taken its exit *viâ* the chimney. As a rule, it will be found that the supply of our houses in London is chiefly derived from the basement of the house, passing through the kitchen, the scullery, the larder, the cellars, and so forth; and if there be rat-holes, or any imperfection in the drains, a portion comes from the sewers themselves. Sometimes, indeed, when the draught of air from the basement is brisk, the air of the sewers is actually drawn up, even through the very traps (as they are called) of our houses.

Populus, however divine his voice, cannot understand that the vapours of coal gas are noxious, and that respired air is spoiled for the purposes of life. He is ignorant, because he cannot see the mischief in these invisible entities. It is, therefore, the business, one would think, of science to open the eyes of populus to the truth of the matter. But science, strangely enough, is almost as dumb as ignorance itself in this all important affair. We would suggest that science (if it cannot embrace two essentials at one time) should, for a season at least, give up its remarkable attentions to water-supply, and turn them upon an air-supply. Every week, learned chemists tell us, to the thousandth of a grain, the amount of impurities in our waters; might they not now more advantageously give us some returns, some idea of the condition of the air we breathe in our dwelling-houses? Populus will cry out when his water-supply runs short, and his eyes and his nose will tell him pretty roughly when the article is not as it should be; but neither his nose nor his eyes can gauge the foulness of the air he breathes. What is the object of these profound analyses of our water? Is it not that we may thereby attain to, or insure, a greater purity i the quality of the article? Well, then, why do no our chemists operate in the same sense, and with the same object, in the matter of the air we breathe Surely its purity is as vital a want as the purity o water.

Attention has, in truth, been so concentrated upo water-supply, that men of science have actuall proposed a scheme for bringing London its wate all the way from Wales; a scheme, by the way which will very probably one day be a great fact In the meantime, we would entreat some master o hygiene, in company with an architect, to tell u how to get the air which is outside our window inside them, and to get it in *cito et jucundé*, *i. e.* abundantly, and without the creation of a draught Surely science, which has lately actually demonstrated to us some of the chemical constituents o the atmosphere of the sun, and can trace the grea currents of air over the face of the globe, from pole to equator, and so on; surely science can condescen to the very homely business of superintending the formation of a due current of air into our houses!

ST. THOMAS'S HOSPITAL.

Whoever has noted the treatment to which the ancient hospital of St. Thomas has been subjected during the past critical months of its existence, will not entertain a very high opinion of the skill of its present managers. Indeed, the extraordinary fix into which the charity has been at length brought will lead people to ask, Who on earth are responsible for all this blundering? Who are the managing agents? What is the constitution of the Board which supervises the affairs of this magnificent institution? Who has the distribution of its immense wealth?

Truly, there is some excellent virtue in an open Board of Governors after all. Individuals, at such Boards, may be tiresome and refractory, and give much trouble by inopportune and impertinent discussion; but the affairs of the hospital, in the end, are all the better for the excessive ventilation they are subjected to. Let those who cry out in favour of close Boards of Governors remark how St. Thomas's property has been managed; into what a position the hospital has been permitted to drift, under the guidance of irresponsible unknowns.

Its Governors are, truly, either the most unfortunate or the very worst of hospital managers. Driven by law-pressure to a rapid conclusion, they now propose to take a two years and a half's lease of the Surrey Gardens, and, at a large expense, convert the music hall into temporary wards containing two hundred beds! This will give them sufficient breathing time to look out for a site on which to erect the model magnificent hospital which they have in mental perspective.

To this Surrey Gardens proceeding we are not surprised that all the medical officers of the hospital enter a protest, in the shape of a letter "To the President, Treasurer, Grand Committee, and other Governors of St. Thomas's Hospital," as the unknown power above referred to is designated. The medical officers feel it a "duty incumbent on them again respectfully to address the Governors on the present lamentable position of this ancient charity." The Governors have, it seems, thoroughly snubbed their medical men.

> "Questions of vital interest have come under discussion, for the elucidation of some of which, the opinion of the medical staff, as of those who must be the best, if not the only persons qualified to form a correct judgment, should have been sought. It is, nevertheless, true that our former address has remained unnoticed, and that our views have been either altogether ignored or misrepresented."

Their duty, nevertheless, forces them again to remonstrate against the forced closure of the present hospital, which would be "a public scandal and a great calamity." They, therefore, urge upon the Governors that they should do their utmost to obtain

> "Such a modification of the Bill before Parliament as shall secure the maintenance of this time-honoured charity in its present site, and the continuance of the priceless blessings which it dispenses, until another site can be procured and another hospital erected."

But we have now touched upon this hospital question, to draw a moral from the tale—to compare the management of open and of close boards; and, if by their fruits such things may be judged, we believe that the public will agree with us, that the case of close boards is condemned. We know not how our readers may take the following facts and figures; but most assuredly they have astonished us. We shall give them as they lie before us in printed reports, to show the working of two differently managed hospitals—St. Thomas's and St. George's. They speak for themselves, and need no comment from us. In 1860, 3,625 patients were admitted into St. Thomas's Hospital; and in the same year, by a curious coincidence, 3,625 patients were admitted into St. George's Hospital. The expenditure of St. Thomas's Hospital during that year was upwards of £32,000. The expenditure of St. George's Hospital during that year was under £16,000! So that, as regards in-patients, St. George's did as much work as St. Thomas's for half the money. Now, until some explanation be given of these astounding statements, we must conclude, either that St. George's Hospital patients are most niggardly, and therefore improperly provided for, or that a strong case for investigating the management of St. Thomas's Hospital is made out.

A MEDICAL CORONER.

In the fight for the coronership of Middlesex, the lawyers are straining every nerve to beat the doctors. We sincerely trust that they may be disappointed; and have no reason to doubt that they will be so, if the profession stick well to their medical candidate. We are glad to find that Dr. Lankester, in the Central District, is receiving the warmest support, both in and out of the profession; and that many of our medical brethren are not only backing him with their votes, but also supporting him with subscriptions necessary for carrying on this most expensive contest. The whole profession is interested in Dr. Lankester's success. If he succeed, the election of Middlesex will again be a key-note for the election of medical coroners throughout the country. If he fail, the failure will be a precedent which will be made use of hereafter at similar elections throughout the country.

We are also glad to see that Dr. Lankester has the support of most influential men out of, as well as in, the profession. Medical men have scarcely any public appointments of this character open to them; lawyers have more than their share. If, then, as is manifest, a medical man's knowledge especially fit him for the office of coroner, the profession is bound to do its utmost to keep the appointments of coronerships in its own hands. Therefore, for Dr. Lankester's sake, and for the sake of the profession, we sincerely trust that our metropolitan brethren will actively bestir themselves in his behalf, and so ensure his success.

The following expression of opinion on the part of Dr. William Farr, of the General Registrar's Office, is a strong confirmation of the claims of a medical man to the office of coroner.

> "I attach the greatest importance to the office of coroner, as, when properly filled, it prevents crime, dissipates suspicion, and discovers the causes of death.
>
> "Medical knowledge is necessary—firstly, in judging from the preliminary information whether inquests shall be held; secondly, in conducting the inquiry; thirdly, in deciding whether medical or scientific witnesses shall be called; fourthly, in instructing the jury; and, fifthly, in returning the causes of death, under the Registration Act. Death is in some cases an impenetrable mystery; and in nearly all cases its physiological causes are entirely beyond the ken of non-medical coroners, who thus are liable to mislead or to misdirect, or to fail in aiding the juries to sift medical evidence, and to return in their verdicts the true causes of death. The object of the office is thus defeated.
>
> "Inquests were held in England on 21,801 bodies, according to a recent return; and in only 482 cases was the verdict homicide. This shows how many of the inquests are purely medical. The coroner's jury instituting only a preliminary inquiry, the accused persons detected were tried by the judges of the land, and 109 were convicted. This part of the procedure is very properly conducted by the highest judicial authorities. The duties of a coroner are of a totally different character."

ROYAL COLLEGE OF SURGEONS.

As a misunderstanding exists in the minds of some of our readers concerning the powers of the Council of the College of Surgeons in the matter of election of Examiners, we will give the very words of the charter of 1852, under which the elections are made. We have, it will be remembered, distinctly asserted that the College has never in one single instance carried out the reforms intended and indicated by that charter, but has studiously and carefully pursued its old close-borough ways. Thus the charter says: "All future Examiners of the said College shall be elected by the Council of the College, either from the members of the Council, *or from the other Fellows of the said College*, or from both or either of them." The charter gives the Council permission to elect Examiners out of the general body of Fellows; but the Council has taken excellent care that the *bonne bouche* of an examinership should never pass beyond its own lips, and thus has never in any instance acted up to the spirit of the charter. *The Council has always elected the Examiners from out of their own body—i. e., from the Council.* The object of the framers of this clause in the charter manifestly was to enable the Examiners to elect out of the body of Fellows those who might naturally (by their age) be considered more fitted than the seniors of the profession—the members of Council—to examine candidates in some of the more purely scientific subjects connected with medicine and surgery—in physiology and transcendental anatomy, for example.

The other point in the charter of 1852, which we noticed as having been in a like manner entirely disregarded by the Council, was the permissive power given in the following words, and given for the express object of being practised:—"That the President and Vice-Presidents of the said College shall no longer be chosen exclusively from or out of the Examiners of the said College, but from or out of all the members of the Council indifferently, and whether Examiners of the College or not." This reads to us something like a positive order; but, as we have said, it has never in one single instance been attended to. Carrying out the terms of the charter would have been knocking on the head the close-boroughism which distinguishes the College management; but this was not agreeable to the majority of those who held power, office, and the pleasant rich rewards of office; and *therefore* things have gone on in the College just the same as they went on before the new (reforming) charters were obtained. And, alas for human nature! those who were wont in old days to be the loudest *patriots* and *chartists*, in the assaults made on the College, are now the most determined of conservators and preservators of ancient ways. The Royal College of Surgeons of England is, in truth, about the only corporation in the country which has kept up the old and corrupt system of self-election.

THE WEEK.

Mr. Bowman has, we hear, resolved on resigning his office of surgeon to King's College Hospital. It is not certain, if we are rightly informed, that a successor will be appointed to fill his place. There is some idea of dividing the whole in-door surgical work of the hospital between the two remaining surgeons.

At an Extraordinary Meeting of the College of Physicians of Edinburgh, to be held on the 20th inst., the following motion has stood on the business-order of the day for consideration.

"That on the 27th December, 1859, Lima Abraham La'Mert was admitted a Licentiate of the College after examination, and after having signed the following declaration, a holograph copy of which is in the hands of the Secretary of the College:

"'I, Lima Abraham La'Mert, M.R.C.S., do hereby promise that, if elected as Licentiate of the Royal College of Physicians of Edinburgh, I will never connect myself with any medical practice which is publicly advertised; and I further consent, that, if I depart from this engagement, I shall forfeit my diploma, and with it the title and rights of a Licentiate of the College. (Signed) Lima A. La'Mert, M.R.C.S. Glasgow, December 26, 1859.'

"That Mr. L. A. La'Mert having violated this pledge the College deprive him of his diploma, and of his title and rights as a Licentiate of the College."

This proceeding is highly creditable to the College, and evinces an honourable desire to purge the profession from the disrepute attaching to it by the conduct of unworthy members, which may well (and ought to) be imitated by other medical Colleges. To the constant appearance in the daily journals of the following advertisement may, we conclude, be attributed this movement of the College.

"Medical Advice. Dr. La'Mert, Licentiate of the Royal College of Physicians of Edinburgh, etc., continues to be consulted on the various disorders of a special character, and on the cure of all nervous and physicial infirmities, resulting from injurious habits or excesses.

"Dr. La'Mert, M.D., etc., has been engaged for twenty years in the treatment of these unhappy cases, which, through the disappointment of just expectations, seriously compromise family objects and prospects, and prevent the accomplishment of designs on which important interests depend. His essay on 'Self-Preservation' contains every information on these subjects, and may be had from the author, or from Mann, 39, Cornhall. Price 1*s*, post free for 13, or sealed ends for 20 stamps. At home from 10 till 2 and 6 till 8.—37, Bedford Square, London."

Our readers will remark that in this precious document there are skilfully combined two Dr. La'Merts. The first one is the youth who joined the College of Physicians during the year of grace, after becoming M.R.C.S.E. in 1859. Number two, with the twenty years experience, of course sails under the collegiate plumes of number one!

BRITISH MEDICAL ASSOCIATION.

[*June 21st,* 1862.]

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THE LAST INFALLIBLE REMEDY FOR EPILEPSY.

L'Union Médicale writes as follows in reference to a paper by Dr. Ogle, which lately appeared in the *Lancet*:—

"Our correspondent has heard at London that a special hospital for epileptics exists in France, and that a specific treatment with the galium album is there found successful in the cure of epilepsy. Astonished at these, to him, novel facts, he hastily forwarded us a translation of the curious episode published by Dr. Ogle. Unfortunately, to us, there is nothing new in all this. This pretended hereditary and family secret is no secret to any one here; neither is its want of success. Its use has, indeed, been loudly boasted about by the present possessor of the secret, M. Larnage, a zealous and skilful philanthropist. There exists at Leppe, in Ardêche, an establishment, founded in 1857, under the title of Asylum of St. Vincent de Paul for Epileptics, and placed under the *Religieuses* of that order. M. Pialla was the first doctor of it; and he has been succeeded by Dr. Perriat. Instituted (*soi-disant*) as a charity, to aid patients excluded from hospitals, the asylum admits all kinds of nervous diseases (excepting lunacy); and in virtue of the maxim, that the rich should pay for the poor, the price of the *pension* varies from 3600 *francs* and upwards *per annum* to 510 *francs* for the second class. From eighty to one hundred patients are admitted; lotteries and subscriptions being opened from time to time to enlarge the asylum. Whoever enters must promise to remain a year, at least. The juice of the *galium album*, obtained by pressure, is given in doses of 125 to 150 *grammes* at a time, at the first full moon of May and September, and in the interval, the use of lozenges of the juice constitutes the only active treatment of the epileptics. This, at all events, is the way in which the 800 or 900 out-patients who yearly go to Tain are treated, at the pharmacy where the religious sisters of the establishment deliver out the precious drugs, and sell them very dear. There are, however, other requisite precautions. Adults must have neither eaten nor drunk for twenty hours previously, and children for twelve hours. The same rules apply to the use of the lozenges; a box of twenty-four selling for three *francs*.

"The credulous reader must not, however, imagine that he can himself gather the plant, and squeeze out its juice, and successfully employ it. No. As the grapes of Hermitage yield a superior wine, so does the gallium obtained from a reserved spot in the mountain alone enjoy the virtues curative of epilepsy! As to the *modus faciendi*, and the composition of the lozenges, 'that is my secret,' says M. Larnage. Every one will admire this *tour de main*. But the one secret which is most obstinately kept is that of the cures effected. There is not an authentic one. To be sure, there are a few cases of ecclesiastics cured or improved; but they are nameless and without address, and no details or clinical observation verify the fact. 'I have seen,' says M. Pialla, the acting doctor, 'more than 4000 epileptics treated with the galium; and I do not hesitate in affirming that 3000, at least, have been cured or relieved.' Statistics simple and easy, after the fashion of the establishment. Hence, then, as regards the true use of the galium in epilepsy, nothing precise is to be learnt there. In the interests of truth and science, however, we can supply a few decisive facts. Some time ago, M. Larnage was ambitious to obtain for his remedy academic honours, and the benefits of a decree. He, therefore, addressed himself to M. Delasiauve, physician of Bicêtre, and author of an excellent work on *Epilepsy*. Eight epileptics were chosen in conditions of curability, and subjected to M. Larnage's lozenges; but they were neither cured nor relieved. A memoir sent to the Academy of Medicine on this subject (and which, unfortunately, has not been reported upon) proves this statement. The therapeutic action of the pretended specific is, therefore, definitively judged and condemned 'as *nil*.'"

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirtieth Annual Meeting of the British Medical Association will be holden at the Royal College of Physicians, in London, on Tuesday, Wednesday, Thursday, and Friday, the 5th, 6th, 7th, and 8th days of August.

Philip H. Williams, M.D., *General Secretary*.

Worcester, May 14th, 1862.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Lancash. & Cheshire. [Annual.]	Royal Institution, Manchester.	Wednesday, June 25th, 12 noon.
South Midland. [Annual.]	The George Hotel, Bedford.	Thursday, June 26th, 12.30 p.m.
South-Eastern. [Annual.]	Public Hall. Reigate.	Thurs., June 26, 2 p.m.
East Anglian. [Annual.]	Stowmarket.	Friday, June 27th, 2 p.m.
North Wales. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 1, 12 o'clock.
Metropol. Counties. [Annual.]	37, Soho Square.	Tuesday, July 8th, 4 p.m.
Bath and Bristol. [Annual.]	General Hospital, Bath.	Thurs., July 10, 4 p.m.

Reports of Societies.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.

Department of Public Health.

Thursday, June 12th, 1862.

W. Fairbairn, Esq., F.R.S., President, in the Chair.

Dr. R. D. Thomson read a paper On the Proper Source of Waters for Domestic Purposes. He said that the usual sources of water for domestic purposes were well-waters, agricultural river-waters, and pastoral waters. A general idea had prevailed, that, for the purposes of drinking, well-water was to be preferred to that derived from other sources of supply; and, although sanitary officers had made attempts to inform the poor that it was unwholesome, their efforts were greatly obstructed. He had examined shallow well and other waters for the supply of towns, and he found that they not only contained sewage, but they varied generally in their composition from day to day. He condemned in the most unequivocal manner the use of lead-cisterns, and lead-pipes, and said that they ought never to be used for the conveyance of water for domestic purposes. He recommended the use of pastoral waters, which were entirely free from pollution of sewage and agricultural impurities. It was becoming essential for the increasing population on the banks of rivers, that the supplies of cities should be derived from the waters referred to, as ey were not only free from animal *débris*, but were elivered in cities by the force of gravity, and thus saved large expenditure for pumping.

Dr. Milroy read a paper by Mr. Bains, On Excessive nfantile Mortality, which showed that the amount of fant mortality in England exceeded anything of the ind in the civilised world.

Dr. Leigh, of New York, attributed the cause of infant ortality in New York to bad milk.

Mr. Reynolds said if a cordon were built round Biringham, and all sources of addition to the population as shut out, if infant mortality increased as it had done uring the last ten years, at the end of thirty years irmingham would become depopulated.

Mrs. William Fison read a paper On the Causes that etard Sanitary Reform in Great Britain, which she ttributed to the drinking customs of the people.

Dr. Haughton read a paper On the Influence of musement on the Public Health, which showed the ecessity of recreation and amusement.

Friday, June 13th, 1862.

W. Fairbairn, Esq., F.R.S., President, in the Chair.

Sir Joshua Jebb read a paper on Ventilation, which e explained by reference to plans and diagrams, proving at by the use of a particular engine all buildings might e kept at a regular and cold temperature.

Dr. Sanderson read a paper, being Observations on e Natural Movement of the Air in Public Buildings imilar to Hospitals, and the application of Artificial leans of Ventilation, founded on an experimental inuiry into the ventilation of St. Mary's Hospital, Padington.

OYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 10th, 1862.

B. G. Babington, M.D., President, in the Chair.

OBSERVATIONS ON OLD DISLOCATIONS, AND ON THEIR REDUCTION.

BY BERNARD E. BRODHURST, F.R.C.S.

HE object of this communication was to show that disocations might with great advantage be reduced at a uch later period, now that chloroform is in use, than ormerly; yet the author contended that this fact had in reat measure been overlooked, and that the teaching of ir Astley Cooper—namely, eight weeks for dislocations f the hip, and three months for those of the shoulder, as still all but universally observed. He referred to the bstacles to the reduction of old dislocations, and he then onsidered the means of overcoming them. He pointed ut two great distinguishing features of old dislocations —namely, on the one hand, the recovery of motion and he formation of a new joint; and, on the other, a painful osition of the head of the bone, together with a motioness condition of the limb: and he suggested that intererence was to be deprecated when motion was being estored and the new joint was becoming perfect, but that eduction might at any time be attempted whilst the limb emained motionless and painful.

A case was related of a muscular man, aged 53, who, aving dislocated the humerus beneath the pectoral uscle, came under the author's notice when the dislocaion had existed nearly six months. The author reduced t on the 175th day. The reduction was most easy and mmediate; there was no disposition for the bone again o become displaced, and the patient recovered almost he entire use of the limb.

In conclusion, it was observed that extension ought ot to be employed primarily in the reduction of old disocations, and the argument adduced, was as follows:—

The adhesions around the head of the bone must always be ruptured prior to reduction. If they be ruptured by the use of the pulleys, so much force is required in extension, when the dislocation is old and the adhesions are tough, that there is danger of rupturing the muscles and breaking the neck of the bone; but if they be ruptured by to-and-fro-movements the pulleys are unnecessary to replace the limb, traction and manipulation being sufficient. With chloroform, no precise time could be set as a limit to the reduction of an old dislocation. When useful motion was being regained—when the new joint was being formed and pain had subsided, attempts at reduction might deemed unjustifiable; but while the limb remained painful and motionless, the dislocation was reducible, and it ought to be reduced.

THE TREATMENT OF ACUTE RHEUMATISM; WITH REGARD TO THE LIABILITY TO AFFECTIONS OF THE HEART UNDER DIFFERENT REMEDIES.

BY W. H. DICKINSON, M.D.

This paper was placed upon a tabular condensation of the cases of acute rheumatism which were admitted into St. George's Hospital during the five years ending on Dec. 31st, 1861, and in whom the heart was, on admission, unaffected by the disease. The method of treatment adopted in any particular case depended very much upon the chance of the patient coming under one physician rather than another; and a comparison of the results would, to a certain extent, be a guide to the value of the means used. The cases, therefore, were classified according to the treatment made use of. As the main object of the investigation was to ascertain the effect of remedies in preventing cardiac mischief, the arrangement was not altered by measures adopted in consequence of its occurrence. The tables were fourteen in number. The first gave the results of 8 cases in which venesection was early resorted to, other medicines being at the same time used. In 3 of the cases endocarditis or pericarditis was clearly recognised. In 1 there was incomplete evidence of cardiac derangement. The heart, therefore, was absolutely uninjured in only half the number. The patients remained in the hospital for an average period of forty-one days. The second table gives the result of 6 cases treated solely with repeated doses of calomel and opium. In two subsequent classes were seen the effects of the same medicines aided by saline draughts, with and without nitre. The progress of the disease under each plan appeared to be much the same. The total of 24 cases presented 6 of inflammation of the heart or its membranes, of which 2 proved speedily fatal. The average number of days in hospital under mercurial treatment was thirty-seven.

The action of some reputed specific remedies was then considered. With regard to opium, reference was made to some tables published by Dr. Sibson in the *Association Medical Journal*. 21 cases were here recorded, in which, when the treatment was commenced, the sounds of the heart were natural. Opium was given in frequent doses, sometimes as much as a grain an hour, besides other remedies supposed to have an effect in rheumatism. No less than 14 of the cases, or exactly two-thirds, manifested while under treatment symptoms of valvular or pericardial inflammation

The cases, 7 in number, treated with nitre alone, gave only 1 of cardiac complication. The average duration of the treatment was reduced to twenty-seven days. Further evidence in favour of nitre was deduced by comparing the result of cases treated with saline remedies alone, and those which had salines with nitre in addition. A table contributed by Dr. Basham to the *Transactions* of the Society was quoted. Of 67 cases of acute rheumatism treated with large doses of nitre, the heart being in each case unaffected at the commencement of the plan, 6 only had symptoms of inflammation of that organ.

In considering the treatment of saline remedies, the use of the term was limited. It was assumed that the salts which potass and soda form with the vegetable acids undergo such changes in the system as to become equivalent, or nearly so, to the same quantity of alkali in combination with carbonic acid. Whether a certain quantity of potass is given as citrate, tartrate, acetate or carbonate, the effect upon the urine and upon the system generally was held to be much the same. The arrangement was made accordingly. Those patients treated with an aggregate of such salts not reaching three drachms a day were considered as under saline treatment; those taking as much as three but less than four drachms, as under partial alkaline treatment; those taking from half an ounce to an ounce and a half, as under full alkaline treatment.

Sixty-two cases appear to have been subjected to saline treatment, alone or with other remedies. These afforded a proportion of heart-affection of 1 in 3·6. The conclusion was that salines in such quantities had but little influence upon the course of the disorder; when used in conjunction with more potent remedies, the result always corresponded with the observed effect of the additional medicines when used independently.

With the increased doses, which the author distinguished as partial alkaline treatment, no diminution of the heart-symptoms was observed, although the disorder terminated in rather a shorter time.

The full alkaline treatment was exemplified by two tables. It consisted in the adminstration of the salts which potass and soda form with carbonic and the vegetable acids, in quantities varying from half an ounce to an ounce and a half daily. Half a drachm of the acetate, with twice as much of the bicarbonate of potass, dissolved in the haustus ammoniæ acetatis of the hospital pharmacopœia, furnished an ordinary form of prescription. This was given every four or six hours, and sometimes made to effervesce by the addition of a little citric acid. Salts of soda were sometimes resorted to. The total of 48 patients thus treated passed through the dangers of the disease with only a single instance of any cardiac affection. In the exceptional case the murmur came on within twenty-four hours of the commencement of the treatment, and did not prove permanent. The average number of days in hospital, when this treatment was applied simply, was 25, the smallest of all; when other medicines, as colchicum, were used in addition, five days were added to the average period. Dr. Garrod's published cases, in which bicarbonate of potass was used alone, were quoted as rather less successful than those at St. George's, in which neutral salts were given in addition. Of Dr. Garrod's cases 24 afforded 3 of inflammation of the heart or its membranes. It was concluded that the carbonates of potass and soda, and those of their other salts which in the body are capable of being converted into the carbonates, exert an especial curative power in rheumatic fever, and, if given in time, will completely protect the heart from the dangers by which it is surrounded. Taking the proportion of heart-affection under the alkaline system, 1 in 48, and, with this as a standard, reviewing the other plans of treatment, the result was striking. 113 cases where other remedies were used gave 35 instances of cardiac mischief, or a proportion of 1 in 3·2. Nitre, next to the alkalies, was the most successful. The general symptoms were shortened under its use, and the frequency of cardiac inflammation was reduced to 1 in 10. Regarding the other remedies which have been credited with the cure of acute rheumatism, it simply became a question which were useless and which injurious. Mercury allowed a proportion of cardiac inflammation of 1 case in 4. Saline treatment gave a worse result. With bleeding, one-half of the cases became thus complicated. Under opium the mischievous influence of the disorder attained its maximum. Two-thirds of the cases so treated had the symptoms of endocarditis or pericarditis. With the exceptions stated, it was maintained that the more active the remedies, the more untoward, generally speaking, is the progress of the disease. It was shown that the use of colchicum retarded the recovery of the patient.

The practical deduction was, that acute rheumatism is best treated by giving at short intervals a solution of nitrate, acetate, and bicarbonate of potass in such doses that ten or twelve drachms of the two latter salts together are taken in the twenty-four hours. Half a drachm of the acetate, with a drachm or a drachm and a half of the bicarbonate, and ten grains of nitre, would answer the purpose.

A brief review of the history of the alkaline treatment of rheumatism concluded the paper.

Correspondence.

ELECTION OF COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

Sir,—It is obvious that, in the election of Councillors, the Fellows residing in London have advantages which provincial Fellows do not enjoy. Gentlemen living long distances from London—in Liverpool, Manchester, Birmingham, Yorkshire, Somersetshire and Cornwall, and elsewhere—are almost practically denuded of their right of voting. Some of them can scarcely reach London by the time when the ballot-box closes. The time consumed and fatigue of travelling long distances is a real vexation to many elderly sons of Hippocrates, seared by fifty or sixty summers; besides railway and hotel expenses, and, what is even worse, the necessity of leaving their practice—a truly serious difficulty where gentlemen have large country and consulting practices. If a leading surgeon in London travels on the wings of fame a hundred miles into the country to re-break a badly set leg, or give his advice when too late to a death-grasped victim, or performs some luckless operation which consigns his patient to the grave, he demands a thumping fee of a hundred guineas as compensation for his railway expenses, his loss of time, and the loss of fees which he might or might not have pocketed had he been quiety immured in his consulting-room at home. Compare these long-sufferings of country gentlemen with those cotemporaries who live at ease in Belgravia or Tyburnia, or in the districts twenty miles round London, who in one hour, at the cost of half a crown, can fly to Lincoln's-Inn Fields and record their votes after their morning's work is over, ready at five o'clock to digest white-bait, venison, and champagne at the Freemasons', while their bucolic compatriots are hastening to catch the next train to send them homeward bound before midnight.

This disparity of circumstances is an intolerable nuisance, and ought to be corrected forthwith by the generous sympathy of the Council, or by the stern and resolute demands of country gentlemen to maintain their right of voting. By the adoption of a simple scheme, they could vote by proxy on stamped voting-papers, instead of being practically disfranchised, as many now are, by the expense and inconvenience to which they are subjected. Surgeons are exempt from serving juries and parochial offices, by virtue of the principle that their obligations and duties to the public demand their presence at home: why should they not be equally privileged in their right of voting, without the necessity of voting *in propriâ personâ?*

The hardships of expense and toil and trouble, or disfranchisement, have been long keenly felt in the universities. Country clergymen have been for years harassed by the importunities of friends, and the urgent necessities of hotly contested elections at Oxford and Cambridge, to attend in person their Alma Mater, or forfeit their troublesome privilege, the right of voting.

The bitter language of complaint at last reached the merciful ears of a Minister of State; and Mr. Gladstone, with a generous compassion to suffering humanity and clerical *res angustæ domi*, opened up the path to the portals of the polling-booth by getting a short Act of Parliament passed to liberate the clerical bondsmen, and enable them to give their votes by proxy in an authorised form. It would be just as easy and as liberal if the College were to do likewise. A printed and stamped proxy-paper could be sent by the College to each Fellow, whose signature should be attested by some competent witness—a magistrate, or incumbent of the parish, or any peer or member of Parliament; and, in case of a forgery, the delinquent should forfeit his franchise for ever. Some such plan as this is essential for the relief of the Fellows, or the fellowship becomes to many "a delusion, a mockery, and a snare".

In this labour of charity, we call upon those country Fellows whose long standing in the profession and moral influence with "friends in Council" give a claim to be heard, to exert themselves to achieve the change of the present rule. Mr. Paget might lead the van; others will follow; and Sir John Fife, Messrs. James, and Soden, and Carden, and Hey, and the *omne hoc genus*, surgeons of the large provincial hospitals of Liverpool, Manchester, Birmingham, Bath, and Bristol, Leeds and Hull, Oxford and Cambridge, will assuredly step forward to do an act of consideration and justice to their less affluent compeers, and urge the College to bring this clause of amendment before the legislature without delay.

I am, etc.,
(R. W.) A Country Fellow.

June 13th, 1862.

GENERALISED EMPHYSEMA.

Letter from Thomas Hillier, M.D.

Sir,—In your Journal of last week, allusion was made to a memoir on this subject which had been recently read by M. Henri Roger before the Academy of Medicine in Paris. As these cases are not very common, I have thought that it might be interesting to the members of the Association to read the notes of the following case, which came under my notice at the Hospital for Sick Children in February last.

A delicate girl, aged two years and nine months, was brought to the hospital on the 3rd of that month, suffering from a very troublesome cough, with some pain on the left side of her chest and beneath the sternum. There were sonorous rhonchi all over the chest.

On the 10th, the child again presented herself, the cough having been very severe and of a paroxysmal character in the interval. On the afternoon of that day, she became suddenly worse; the breathing became extremely hurried and noisy—"like a broken-winded horse", the mother stated. Her hands and the surface generally became livid, and the child looked as if about to die. This attack of dyspnœa lasted for an hour or two, and gradually subsided during the night. The next day she was better, though still somewhat livid, and suffering from occasional violent paroxysms of cough.

On the 13th, she was again brought to the hospital, and admitted as an in-patient under my care. There was then found to be puffiness of the front of the neck, over the front of the sternum, and under both clavicles; together with distinct subcutaneous crackling on pressure. Her hands and feet were cold; the face rather dusky; and the nails blue. There was no general heat of skin. The left side of the thorax measured, on the level of the nipple, three-eighths of an inch more than the right; and there was extra resonance on percussion over the greater part of the left lung. There was audible, on auscultation, a sonorous rhonchus over both sides of the chest, with greatly prolonged expiration on the left side. She was treated with ipecacuanha and small doses of opium.

The next day (14th), lividity had decreased. The subcutaneous emphysema was less marked, but quite distinct.

On the 15th, the emphysema was scarcely to be detected; the extra resonance over left lung was less marked; and the left side of the chest measured the same as the right.

From this time the child gradually got better, nothing remaining but the evidences of emphysema in the lungs, with slight bronchitis. There occurred, until about the 10th of March, occasional paroxysms of wheezing, combined with dyspnœa, lasting for an hour or two at night, having, in fact, all the characters of asthma. A little tincture of lobelia was added to the mixture; and on the 19th of March the little patient was discharged, free from all chest-symptoms.

In this case, the emphysema no doubt commenced in the lung, traversed the areolar tissue of the mediastinum, and then became subcutaneous, as in M. Roger's cases. The signs appeared to indicate that some air had also escaped into the left pleura.

I am, etc., Thomas Hillier.

Upper Gower Street, June 11th, 1862.

LONDON PUMP WATER.

Letter from Edwin Lankester, M.D., F.R.S.

Sir,—I do not flatter myself that my excellent friend Mr. Beale has sought the opportunity when I was publicly engaged, to obtain some sympathy for our London pumps. It was whilst investigating the causes of the outbreak of cholera in the parish of St. James, in 1854, that I became convinced of the danger of using London pump-water, supplied from surface wells, for dietetical purposes.

Since that time my friends, Drs. R. D. Thomson and Letheby, and others, have analysed the water of above one hundred of these wells; and in all cases they have found large quantities of organic matter and salts arising from the decomposition of organic matter. These substances vary in quantity at different times in the same water; but their presence proves most conclusively that these waters are subject to a contamination which may at any time increase to such an extent as to become injurious to health, and even destroy life. It is, in the apprehension of such a fearful catastrophe as that which occurred in Broad Street, St. James's, that the Medical Officers of Health generally have condemned the use of surface well water.

There is no doubt that there is a great prejudice in favour of these waters among the populace; but this does not arise from their purity, but, in fact, from their impurity. The very substances which, at times, may become the source of disease, are the substances which give out the carbonic acid gas, and form the salts that produce the briskness and coolness of these waters.

It is especially in hot weather that they taste coolest, and are most especially liable to injure. In hot weather the free oxygen of the water, which oxidises and renders harmless the organic matters, is speedily dissipated, and compounds are formed which act as ferments in the susceptible system. It is true that the organic matters of water, as long as they are not decomposing, are no more injurious than the organic substances in soup; but, like decomposing soup, when these matters begin to putrefy, they produce most disastrous effects upon the system.

I do not see how any further inquiry can alter the position that has been taken with regard to London pumps. The analyses that exist are abundantly sufficient to indicate their composition; whilst the cases of injury from their use clearly show that at any time the public health may suffer from their use. It is on this account that I believe we ought, under no circumstances, to tolerate the use of these pumps, so long as water from other and less impure sources can be obtained.

In cases where there is a necessity for using this water, it ought first to be boiled, and then to be filtered; and this is chiefly the case in the summer season. I have observed that children more especially suffer from drinking pump water in the summer; and have seen cases where chronic diarrhœa has been arrested by having recourse to filtered Thames water, instead of the surface well water from pumps.

I have stolen a few moments from my canvass for the coronership to write these remarks, as I am convinced of the importance of the subject, and the necessity of the condemnation of all waters derived from surface wells in towns, situated, as many parts of London are, with a thin surface of gravel over a bed of clay.

I am, etc., Edwin Lankester.

8, Savile Row, June 14th, 1852.

[Dr. Dundas Thompson, in a paper read by him at the Social Science meeting last week, made out a distinct case condemnatory of the use of London pump waters. When questioned on the point, he distinctly asserted that these pump waters were daily becoming more unfitted for human drinking. That Mr. Beale has for a long time drank with impunity a daily pint of pump water containing a large amount of decomposed animal, etc., matters, is no proof that the water is fitted for general use. Editor.]

PHYSICIANS' FEES.

Sir,—In a letter in your last number signed "Bristoliensis," a complaint is made that the physicians of the present day lower their rank, and lower the profession generally, by reducing their charges to little above that of the general practitioner. In fact, that they take the guinea when they can get it; and when they cannot, they take what they can get. This complaint is but too true; but is the remedy not in the general practitioner's own hands? I believe it is. If it is necessary for the social status of the profession to have the rank of physician amongst us, why don't we give him the opportunity of supporting his rank? From a pretty wide experience, I can say that the way to keep the young physician from poaching on the territory of the general practitioner, is for the general practitioner now and then to give him a day's shooting. In other words, to call him in to see a case now and then. That is the most effectual remedy to the poaching system, and, at the same time, engenders a friendly feeling, which is by no means without its fruits. If "Bristoliensis" and his neighbours will adopt my plan, they will soon have no poaching in their district, and they as well as the poacher will find the benefit of it. I am, etc.,

One of the Old School.

Lunatics in New York. There are, writes the *American Medical Times*, in this State upwards of two thousand insane persons confined in almshouses, jails, penitentiaries, who should come under the personal examination of such commission; many of these unfortunate persons are the victims of the grossest ill-treatment. It seems impossible that, in an age so distinguished for its intelligent treatment of the insane, and in a state so renowned for its judicious philanthropy, the poor lunatic is to be found still bound by chains in a dismal cell, unwashed, uncleansed, and receiving his meagre pittance like the wild beast of the menagerie. Yet such a shocking spectacle may be seen in many an almshouse of this state.

Medical News.

Royal College of Physicians. At the Comitia M jora, held on Saturday, June 14th, the following gentl men, having undergone the necessary examination, ar satisfied the College of their proficiency in the scien and practice of Medicine and Midwifery, were duly a mitted to practise physic as Licentiates of the College :-

Alworthy, Charles, Bishop Auckland
Atwell, Gregory Haines, 13, Campden Hill Villas, Kensington
Carpenter, Robert Henry Spencer, Durham
Cotton, Thomas, M.D., Spalding
Garstang, Walter, M.D., Blackburn
Lloyd, Nathaniel Hellings, Tiverton, Devon
Moore, Edward, 15, Charles Terrace, Victoria Park
Newcombe, James, M.D.
Pridham, John Williams, Ringwood
Stevenson, Thomas, Rainton, Yorkshire
Worthington, Francis Samuel, Lowestoft

On the 6th instant,

Harley, Edward, King's College

passed the *first part* of the professional examination f the licence.

Royal College of Surgeons. The following gentl men, having undergone the necessary examinations f the diploma, were admitted members of the College at meeting of the Court of Examiners, on June 10th :—

Ashford, John Wilson, Hinckley, Leicestershire
Bradley, Samuel Messenger, Manchester
Carr, Copley Jabez, Iver, Bucks
Close, Charles Stratherne, Dublin
Dias-Bandarnayke, Abraham William, Colombo, Ceylon
Edger, Warren, Kirkby Stephen, Westmoreland
Fernandes, Albert Luis, Saudal Magna, Yorkshire
Harkin, John, Omagh
Hawkins, Robert Richards, Martins Town, Dorset
Hunt, Thomas, Hampstead
Jefferson, Thomas Jervison, Market Weighton, Yorkshire
Kelly, James, Corbridge, near Hexham
Lindop, John Drump, Newport, Shropshire
Logan, William, Ballyclare, co. Antrim
McDiarmid, Albert, Rochester
Madden, Thomas More, Dublin
O'Sullivan, Edward, Millcove, Berehaven, Cork
Rawlins, William Peter, Kentish Town
Redfern, Thomas, Chesterfield
Wallace, Arthur Kennedy, Dublin

Admitted Members on June 12th :—

Braine, Robert Speir, Nova Scotia
Cann, Thomas Martyn, Virginstowe Rectory, Devon
Carter, Jabez, Bedford
Ellison, Samuel Kitching, Poplar
Freeman, Alfred, Kennington
Lawrence, George Richard, Faccombe, Hants
Manook, Stephen Joseph, Calcutta
Moss, Charles Philip, St. Helena
Mulock, John Berry, Dublin

New Fellows. The following members of the Col lege, having undergone the necessary examinations, wer admitted Fellows, on June 13th :—

Bankart, James, Guy's Hospital: diploma of membership date December 23, 1858
Barratt, Joseph Gillman, Cleveland Gardens, Hyde Park: Ma 31, 1841
Catt, Alfred, Brighton: July 15, 1859
Chester, Arthur, Assist.-Surg. 74th Highlanders: April 28, 185
Cousins, Edward, Camden Road Villas: July 11, 1845
Ferguson, George, Giltspur Street: May 4. 1857
Fletcher, James Ogden, Manchester: October 6, 1848
Streatfeild, John Tremlyn, Upper Brook Street: June 11, 1852
Wordsworth, John Cawood, Queen Anne Street, Cavendis Square: April 11, 1845

The following members of the College, having been *elected* Fellows at previous meetings of the Council, were admitted as such on June 13th :—

Dale, George Cornelius, Adelaide Terrace, Bayswater: diplom of membership dated March 14, 1843
Pritchard, Thomas, Park Gate, Essex: April 23, 1830
Sadler, Samuel Campernowne, Purton, Wilts: April 6, 1832
Sherwin, William, Sydney: July 7, 1826
Thimbleby, John, Spilsby: April 22, 1840

APPOINTMENTS.

Bubb, John, Esq., appointed Surgeon to the Dispensary Department of the Cheltenham Lying-in-Hospital.

rcliffe, Henry, Esq., appointed Assistant House-Surgeon to the
Bradford Infirmary.

unton, Geo., Esq., appointed Surgeon to the City Gaol, Oxford.

yal Navy. The following appointments have been made :—

gen, William B., Esq., Surgeon, to the *Dædalus.*

wan, M. W., M.D., to the Portsmouth Division of Marines.

MARRIAGE.

mbrick, the Rev. Samuel S., Cholmondeley Parsonage, to Mary,
ounger daughter of *Thomas Haslehust, Esq., of Claverley,
alop, on June 17.

DEATHS.

ight, Edward, M.B., at Stafford, aged 81, on June 9.

cholson. On May 19th, at Antigua, aged 28, Caroline Sophia,
vife of Adam Nicholson, M.D.

Vacancies. The following appointments are vacant:—
edical Officer for the Lowestoft District of the Mut-
d and Lothingland Incorporation, Suffolk; Medical
ficer to the Wisbech Union Workhouse; Medical
ficer to the Royal Pimlico Dispensary and Lying-in
stitution; Surgeon to the Ely Dispensary; and Dis-
nser for the Royal Portsmouth, Portsea, and Gosport
spital.

Royal College of Physicians. On the retirement
Dr. Mayo from the office of President of the Royal
llege of Physicians of London, the following resolu-
n was unanimously agreed to by the Fellows :—"That
sincere and cordial thanks of the College be re-
ned to Dr. Mayo, the late President, for the indefati-
ble zeal and entire devotion, the never failing courtesy,
d the dignity with which he has presided over the
llege during upwards of five years, and especially for
great and disinterested services in promoting and
rying into effect, during his period of office, im-
rtant changes in the state and constitution of the
llege."

The College of Surgeons has published the follow-
names of the eligible Fellows who are candidates
seats in the Council of this College at the ensuing
ction on Thursday, the 3rd of July next:—Edward
ck, St. Thomas's Street, retiring from the Council in
ation. Thomas Turner, Manchester; nominated by
essrs. Ransome, Southam, Stubbs, R. W. Grainger, and
utflower. John Bishop, Bernard Street; nominated
Messrs. Hancock, Henry Lee, McWhinnie, Davies,
oper, and Wade. Thomas Paget, Leicester; nomin-
d by Messrs. Erichsen, Holt, Thompson, Teale,
een, and Benfield. John Adams, St. Helen's Place;
minated by Messrs. Curling, Paget, Critchett, Wiblin,
ichsen, and Le Gros Clark. Samuel Armstrong Lane,
osvenor Place; nominated by Messrs. Henry Spencer
iith, Norton, Ure, Perry, Lee, Johnson, Toynbee, and
ichsen.

Presentation of a Testimonial to Professor
ntley. On Monday, May 19th, a considerable num-
r of the present as well as former students met at the
use of the Pharmaceutical Society, for the purpose of
esenting Professor Bentley with a testimonial, con-
ting of a handsome salver, claret-jug, and cups, in
ver. The salver bore the following inscription:—
Presented to Robert Bentley, F.L.S., Professor of
tany, by 157 Students of the Pharmaceutical Society."
e testimonial was accompanied by an illuminated
dress on vellum to the following effect:—"To Robert
ntley, M.R.C.S., F.L.S., Professor of Botany and
ateria Medica to the Pharmaceutical Society of Great
itain, the accompanying testimonial is presented by
e following present and former students of the Phar-
aceutical Society, in appreciation of his zeal and
ility as a teacher, and as an expression of personal
spect and esteem."

OPERATION DAYS AT THE HOSPITALS.

Monday.......Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

Wednesday...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.

Friday....... Westminster Ophthalmic, 1·30 P.M.

Saturday.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Tuesday. Royal Medical and Chirurgical Society, 8.30 P.M.: Mr. Salter, "On Amaurosis"; Dr. Goodfellow, "On Arterial Obstructions"; Mr. Spencer Wells, "On a Syphon-Trocar for Ovariotomy"; Mr. Holmes Coote, "Case of Rupture of Left Ventricle"; Mr. French, "On Treatment of Boils."—Zoological, 9 P.M.

Wednesday. Society of Arts (Anniversary), 4 P.M.—Royal Society of Literature, 4.30 P.M.

Thursday. Philological, 8 P.M.

Saturday. Royal Botanic, 3.45 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—June 14, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week....................	Boys .. 900 Girls .. 882	1782	1119
Average of corresponding weeks 1852-61		1769	1119

Barometer:

Highest (Sun.) 29.86; lowest (Th.) 29.08; mean, 29.540.

Thermometer:

Highest in sun—extremes (Mon.) 117.2 degs.; (Th.) 70.8 degs.

In shade—highest (Sun.) 70 degrees; lowest (Tu.) 43.4 degs.

Mean—55.3 degrees; difference from mean of 43 yrs.—2.7 degs.

Range—during week, 26.6 degrees; mean daily, 17.4 degrees.

Mean humidity of air (*saturation*=100), 80.

Mean direction of wind, S.W.—Rain in inches, 0.92.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Mr. Bottomley deprecates the publication in the Journal of a paper entitled "The Hereditary Transmission of Mental and Physical Impressions: How and When Produced. By H. Whitfield, Esq."

"I was unfortunately prevented," he writes, "from attending the meeting at which it was read. Had I been present, I should have endeavoured to have suppressed a paper so full of absurdities. Such a paper should not have been permitted to be read at a meeting calling itself scientific..... I regret that nearly three columns of the Journal should have been so unprofitably occupied. As President of the South-Eastern Branch of the British Medical Association, I feel myself called upon to give my views upon the subject, that I might not be supposed to sanction such a paper."

P. S.—Our correspondent will by this time have learnt that he has blamed us for not having fallen into the same mare's-nest as that into which the *Lancet* and some other journals have found their way. The *Lancet* not only announced the fact of the Surrey Gardens being the site on which was to arise the future hospital of St. Thomas; but it also plumed itself on being the original discoverer of the appropriateness of that ancient region of song and wild animals for the purpose. The proposed lodgment, then, is merely of a temporary character—an Arab tent sort of affair.

A Lady of the name of Miss Garret has, we hear, petitioned the Edinburgh College of Physicians to be allowed to pass the preliminary examination, and to be registered as a student, with a view to the obtaining the Diploma of the College.

M.D.—We believe not. The regulations say distinctly that candidates must be unmarried.

Are the Hammer and Chisel used by Mr. Syme?—In some clinical remarks made in the *Lancet* of the 14th inst., by Mr. Fergusson, on a Case of Tumour of the Upper Jaw, Mr. Fergusson is reported to have said as follows:—

> "Here, as he had often done on other occasions, the operation was performed piecemeal,—that is, portions of the diseased parts were brought away at a time. This was a less rude process than using the *hammer and chisel* as described by Lizars and Syme. His (Mr. Fergusson's) operation could be performed without either removing or injuring the healthy tissues. He was content at the first to take away the larger portion of the tumour, partly with the cutting pliers and partly with the forceps, especially the lion forceps. He could thus remove the chief of the disease—*getting to its centre, and then easily to the circumference.* There was no other instrument in surgery which would enable the operator to do this but the semicircular cutting forceps."

In this passage, Mr. Fergusson maintains a principle of operating directly opposed to that which was lately recommended by Mr. Syme in this Journal. It is not our province to decide such practical questions; but we may remark that Mr. Fergusson should not connect Mr. Syme's name with hammers and chisels—which, so far as we know, he never used nor recommended.

A very Proper Suggestion.—Sir: The coming meeting of our Association in London, when we may hope for a more than average attendance of the members, is opportune for the consideration of any change that may be thought desirable. I therefore take the present opportunity of suggesting, that on this and on future occasions arrangements should be made for holding a special service at the commencement of our annual meetings. The custom of an introductory service is always observed by the members of the British Association, and by those of the National Association for the Promotion of Social Science. It has possibly been through forgetfulness that the British Medical Association has hitherto omitted to pay this reasonable tribute of acknowledgment to the Giver of all wisdom. Let us no longer give this occasion for the reproach *Ubi tres medici ibi duo athei.*

I am, etc., X. P.

My name is at the service of the Council, if it is asked; but it will be more in accordance with my own feelings, and with what is due to the members generally, if this suggestion appear in the Journal simply with an initial.

How to gain a Consulting Practice.—Sir: I received this morning the enclosed note from an old and valued medical friend, who expresses himself very strongly upon the subject.

Dr. Wallace is a gentleman who has lately settled in Colchester. When he called upon me, I was certainly surprised at his leaving with me a copy of testimonials. I never before heard of such a practice being adopted by physicians in search of a practice. Whatever may be the opinion of the profession as to the propriety of this, I feel confident that it will not be deemed within the rules of etiquette to send such testimonials, with a note like that below, to medical men far and wide in the counties of Essex and Suffolk. If I am wrong, publicity will be the means of setting me right; and perhaps some standard may be laid down as to how far this mode of advertisement may be safely carried. Whatever may be the opinion of any particular member of the profession, I must, in the strongest possible language, express my own dissent from such practice; I think it degrading to the order to which we both belong; and I cannot illustrate this better than by asking What would be thought, said, and done, were a barrister to enclose a list of his testimonials to every lawyer in the country?

I am, etc., C. R. Bree, M.D.,
Physician to the Essex and Colchester Hospital.
Colchester, June 3rd, 1862.

[copy.]

Dear Sir,—Having recently left London and settled in Colchester, as a consulting physician, I beg to send for your perusal a copy of testimonials, which have been at various times accorded to me; and I shall have much pleasure in embracing the earliest opportunity of making your personal acquaintance. I wish also to mention that, having set apart Monday and Wednesday mornings for gratuitous advice, I shall be happy to see any poor patient at those times, gratuitously, for whom you may desire a sec opinion, provided you will kindly send by the case a note or y card for my information.

Believe me, yours truly,
Alexander Wallace, M.D., F.R.C.P.,
Late Physician to the St. Pancras and Northern Dispensa

[It is a sad thing to have to note the high moral tone put fo in Introductory Lectures as innate, proper, and belonging to "noble and high-minded" profession; to hear how careful l turers are to impress upon the student's ingenuous mind the cl distinction which exists between his honourable profession a trade. We say it is painful to note this, and at the same time witness the frequent recurrence to the commonest trade m nœuvres exhibited by members of our profession. What m the aforesaid ingenuous student think when he comes to comp his lecturer's theory with his own experience in practice? T tradesman issues printed circulars as proofs of his skill, or goodness of his wares. When a member of our profession d the same, we cannot for the life of us see that he can be regar as other than a tradesman; that he does anything more or l than reduce his profession to a trade. Why does not Dr. Wall quietly bide his time, and prove himself worthy by his indus and labours of the confidence which he would seize from hands of his professional brethren by the violent *coup-de-main* issuing testimonials to them? Editor.]

Dr. Taylor's Evidence.—Sir: With all due respect for yo editorial functions, I venture to call in question the correctn of the opinion you have offered, in the Journal of June 14, up the character of a highly distinguished gentleman. It is due science, and to the members of the Association, that, havi chosen your own point of attack, you should afford suffici details to put your readers in possession of the whole cha which you have brought against Dr. Alfred Taylor.

You make a general statement, that "There is undoubtedly, a has long been, a feeling in the minds of those who are acquain with Dr. Taylor's way of giving evidence in cases of criminal p secutions, that Dr. Taylor acts too much the part of an ad cate." This general statement you appear to support by particular instance (the censurable points of which you do give) of "a late fearful case of a murder of infants in which was engaged." (As principal, or as witness?)

Having read the reported evidence of scientific witnesses most of the important medico-legal trials, for several years pa I cannot participate in your opinion, that Dr. Taylor has earn "a bad name for scientific evidence"; "has exercised his imagi tion, and propounded hypotheses, to explain things scientifica inexplicable." I believe that most of your readers will agree wi me, the exactly opposite characteristics would be applicable Dr. Taylor's evidence in general; and that the present hi standing of medico-legal science in this country is due to t impartial and truly scientific character of Dr. Taylor's evidence particular cases.

The attack you have made upon Dr. Taylor, is not, in opinion, a matter simply affecting personal reputation, but involves the interests of justice and of science; and for th reason alone, without referring to Dr. Taylor, as I fear he mig not notice it, I have presumed to address you thereon.

I am, etc., W. B. Kesteven.
Upper Holloway, London, June 14th, 1862.

COMMUNICATIONS have been received from:—Dr. Handfiel Jones; Mr. Kesteven; Dr. Lankester; Dr. Inman; Dr. T. Walker; Mr. R. S. Fowler; Mr. J. V. Solomon; Mr. August Prichard; Dr. E. Copeman; Mr. T. M. Stone; Mr. Willia Copney; Mr. G. Greaves; Mr. T. Haslehust; Mr. Edwa Cousins; Dr. Graily Hewitt; The Hon. Secretaries of th Med. Chir. Society; Dr. Chuckerbutty; Mr. C. Sharp; D Acland; W. A. R.; R. W. (a Country Fellow); and Dr. Gil lespie.

BOOKS RECEIVED.

1. Clinical Essay on the Mineral Waters of Eaux Bonues (Pyr nees) and their Value in Consumptive Diseases. By Dr. Lucie Leudet. London: 1862.
2. Manual of Midwifery. By Alfred Meadows, M.D. Londo 1862.
3. Veratrum Viride as a Therapeutic Agent. By Ephraim Cutte A.M., M.D. Cambridge (U.S.): 1862.
4. On the Use of Perchloride of Iron and other Chalybeate Salts i the Treatment of Consumption. By James Jones, M.D. Lo don: 1862.

General Remarks

ON THE

PRACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

XIV.—Pain.

What is Pain? It may Kill. Its Relation to Diseases various. Pain sometimes a direct Indication of Treatment. Sometimes not.

It would be a great thing to understand Pain in all its meanings. To understand it, first of all, in its largest or universal meaning; what it is in its own nature; how allied to the various morbid states and conditions in which it is found, how formed by them, how evolved from them. Then to understand it in its diagnostic meaning, as a symptom for practical use; how it serves to interpret the seat and the kind of any present disease. And then to understand it in its therapeutic meaning, as a symptom for the most practical use of all; how it may be taken to indicate the choice of remedies, and to direct their application and their aim.

An immense field of inquiry is thus opened to us. And, indeed, it would be an affair of high philosophy to expatiate worthily upon every part of it. But I come to the subject in the temper of one who witnesses Pain under the constant obligation of doing the best he can to mitigate or abolish it. Therefore I must be pardoned for passing briefly and lightly over much that presents itself of great speculative interest, if I can but convey to practical minds some just notion of what Pain is in relation to disease, and of its value and bearing as an indication of treatment. There are, however, a few general remarks which I first desire to make.

To any one who should insist upon its being stated in terms what Pain is, it would, I hold, be a sufficient answer to say, that he knew himself perfectly well what it was already, and that he could not know it the better for any words in which it could be defined. Things which all men know infallibly by their own perceptive experience, cannot be made plainer by words. Therefore, let Pain be spoken of simply as Pain.

Again, of the things which belong to simple perception, there is a wonderful agreement among mankind, as long as we are content not to talk too much or too curiously about them. If we do, people get doubting and misunderstanding their own feelings. And this is another reason for speaking of Pain imply as Pain. It is safer to appeal to men's perceptions than to their logic.

But, while upon these pleas, we are very fairly et off from defining Pain; we may perhaps be furher admonished not to make it appear other than t really is, by the mode we speak of it. This, howver, is a rather difficult business. Natural sensaion suffers offence from some cause or other; and hereupon it is altered, raised, exasperated, and so it becomes Pain; but it is sensation still, and nothing more. Nevertheless, it is and always will be somehing more in common apprehension. No man, wise r foolish, ever suffered Pain, who did not invest it with a *quasi* materialism. I have known many a philosopher, outreasoned by his feelings, take to rating and chiding *his Pain*, as if it were an entity or quiddity of itself. Really, for practical purposes, we must often let people think and speak of things as they seem to be, and not as they are, making a compromise between philosophy and common sense. We must let them so speak of Pain. There is no help for it.

These are some of the considerations, interesting and puzzling at the same time, which are apt to occur to us when we think of Pain in the abstract. But let us now suppose ourselves at the bed-side and within hearing, when Pain raises its cry of importunate reality. And the first thing to be noticed is the difficulty we have in judging of Pain as a symptom which we do not find in respect of other symptoms. The fact of pain being suffered at all must always be taken on the patient's own shewing. For there is such a thing as shamming Pain. Then, admitting our patient honest and his Pain real, how are we to make sure of its degree? Its degree cannot safely be reckoned according to the patient's own estimate of it. Some make much of a little, and some make nothing of a great deal. Pain, indeed, has or seems to have its many degrees, and its extremes of small and great. There is a Pain which barely disturbs the complacency of a child, and a pain which is too much for the strength of a giant. But are these really the same in kind, and different only in degree? Does the smallest Pain contain all that essentially belongs to the greatest, as the minutest atoms of matter have separately the same properties as their largest aggregates? Familiar language would seem to attest the common belief that it does. But small and great are spoken of Pain as in a figure. They belong primarily to things of bulk and substance. But the things of life and feeling are different from all things in the world beside. They can neither be weighed in a balance nor made to give answer of what they are to tests and reagents. Pain, itself a thing of life, can only be tested by its effects upon life, and the functions of life. And whether it be small or great (so to speak), or of whatever degree, it is to its affect upon life and the functions of life that we must look, if we would know the part it acts pathologically, and what it requires remedially in individual cases.

Playing upon the nerves as upon an instrument, the force which Pain can exercise over the movements of disease is very various. It can raise, and it can depress them. It can quicken them into twofold activity and liveliness, and it can subdue and bring them down as low as death. Moreover, still playing upon the nerves, it can so jar and spoil the concord of symptoms as to falsify the disease, and make it appear other than it really is.

In such manner, rather than by complaint of the patient, does Pain tell itself and its amount of great and small to the reckoning of the physician.

Pain may kill. It may overwhelm the nervous system by its mere magnitude and duration.

A poor fellow had suffered painter's colic for several days, when, by the use of certain remedies which he took, his bowels were scantily opened, and the Pain subsided. In a few days, however, the bowels became again constipated, and the Pain returned with more severity than ever. Then it was that he was admitted into the hospital under my care. I ordered him warm bath and laudanum. The next day, at my visit, the Pain was unabated, and the constipation remained. I did not omit to examine the abdomen carefully. I made equable pressure upon it with both my hands, and almost with the whole weight of my body; and, as long as that pressure was continued, he experienced relief. In the course of this day, he went several times into the warm bath. While he was in it, his Pain ceased; but it returned as soon as he was removed to his bed again. The constipation was not yet overcome. In the course of the night, he became first cold, then delirious, then pulseless, then insensible; then he vomited some dark fluid, and then he died.

Upon examination of the body, neither within the abdomen nor elsewhere did any visible appearance of disease present itself to which his death could be attributed. There can be no doubt, I presume, that the man was killed by Pain, and died from exhaustion of his nervous system.

In vol. xiv of the *Medical Gazette*, Dr. Borrett reports the case of a lady who died from the Pain of gall-stones. Her nervous system was overwhelmed by the agony arising from a gall-stone impacted in the cystic duct. After continued suffering for sixty hours, she became cold and pulseless and delirious, and so died. After death, nothing was found to account for it but this gall-stone.

In Dr. Merriman's *Synopsis of the Various Kinds of Difficult Parturition* is a case, furnished by Dr. Gooch, of a woman in whom the severest Pain and the most violent expulsive efforts still continued after the child was born, until she became cold and delirious, and her pulse gradually went out, and she died. After death, the Pain and the expulsive efforts were found to be owing to a polypus, which had its attachment to the mouth and some way up within the neck of the uterus. Dr. Gooch remarks upon the case "as a striking proof that mere Pain can destroy life".

There is an eminent instance of death from Pain—death by excitement and torture of the nervous system, followed by its fatal exhaustion, to which I will just allude. Perhaps it has often occurred to many minds.

In all civilised nations calling themselves Christian, capital punishments are now so contrived that death should result from a sudden arrest being put to the functions of an organ essential to life, and thus the criminal be mercifully spared (as far as possible) the pains of dying. But there was once a manner of capital punishment, esteemed the most ignominious, and reserved for the most criminal, which, when the Roman empire became nominally Christian, Constantine thought fit to abolish: I mean crucifixion. It is obvious that crucifixion did not at once put a stop to any vital function, but brought on death by pure, unmixed, protracted torture. The victim died from slow exhaustion of the nervous system by Pain.

"It was the *third* hour, and they crucified Him. And when the *sixth* hour was come, there was darkness over the whole land until the *ninth* hour. And at the *ninth* hour, Jesus cried with a loud voice, and gave up the ghost." (Mark xv, 25, 33, 34, 37.)

Six long hours of dying agony! The thought is very awful.

In that complex of action and suffering which belongs to injury and disease, small things and great, accidents and essentials, are often so crowded together as to defy analysis, and causes and effects get so mixed that one can hardly tell which is which. Therefore it is an occurrence to be made much of, when some great fact stands out and claims its sure and unmistakable agency in the great result. Here we have Pain and Death, and the sure connexion between them. And the rare and extraordinary cases, displaying the connexion, have their value mainly in this, that they show what, under given conditions, is possible, though it seldom come to pass. The result, complete and accomplished in the few, denotes the tendency which is wrapt up in the many; even the tendency of Pain to death, ever working towards it, and often making near approaches to it, but seldom arriving at it.

From the same or the like causes as the Pain that kills also comes the Pain that brings to the verge of death, and yet allows to live—from hepatic, renal, and vesical calculi—from morbid growths involving nerves—from some forms of colic. Pain from all these can produce the cold skin, the collapsed features, and the failing pulse. And when it does, who can mistake their meaning? Who can doubt what should be the treatment? The parts are various; the present actuating causes are various. But Pain is the common adjunct of them all; and so crying and so urgent as now to become practically in each case the representative of the whole malady—the sole indication of treatment, superseding and excluding all other indications for the time.

In this range of cases, the whole business of the physician is with the nervous system. All the power and all the expedients of his art are needed to lull it, and, if possible, to lay it to sleep in its agony, and at the same time to hold it up in its weakness, and prevent it from sinking into death.

But let us fully understand what it is that we do, and what it is that we do *not* do, in such cases, by administering exclusively to the pain. We abate an accident, but we do not cure a disease. The disease remains; if curable, to be cured by other treatment; if incurable and uncured, to have the same Pain engrafted upon it on a future day. The Pain is neither more nor less than an accident resulting from the mere mechanism of the parts, which renders them obnoxious to suffer offence from foreign bodies within them or about them. The foreign bodies happen to be the products of diseases within the body itself; and the parts are affected by them not otherwise than they would be by foreign bodies introduced from without.

But, in the vast majority of cases to which Pain belongs, it is no superadded accident, but a true part of the disease. It is involved in the morbid processes going on. It grows out of them, and is sustained by them, and lasts as long as they last.

Now the Pain which waits upon the essential movements of disease would be a pretty large theme to discourse about comprehensively, and too much for our present purpose. The view we now take can only be partial, but it need not be erroneous.

Whatever sick-bed we stand by, and hear severe Pain complained of, and find it the accompaniment of febrile or sudden or rapidly progressive disease we must not leave that bedside until we have satis fied ourselves whether anything, or what, is to be done expressly for the Pain. The result may be, either that we altogether decline to meddle with it, or that we make it our chief indication of treatment; but not without due deliberation in either case.

What a crowd of symptoms go to make up that best known and most distressing of all remediable maladies, the sick headache! I mean the thing which is acute and occurs in paroxysms. And the symptom which takes the lead of them all is the Pain. Yet, when we come to treat the disease, we seek no direct remedy for the Pain as such. Experience has warned us that *thus* neither would the Pain itself receive any mitigation, nor the whole malady be advanced towards its cure in the least degree. Symptoms there are, besides, pointing to those organs of the body which are above all others within the reach of remedies—to the stomach, and bowels, and liver, and imputing to them scanty, torpid, or disordered functions. Accordingly, our trust is in medicines addressed to them, and not in opium. And, the pain being thus got rid of, we do not merely abate an accident, we remedy a disease. The entire complex disease is swept away, and the Pain inclusively. True, the same patient may have the same sort of Pain again; but then he must first have the same disease.

But have we here a constant rule of practice? Whenever (to restate the premises) Pain is involved in the morbid processes going on, growing out of them, sustained by them, and lasting as long as they last, can it be laid down as a principle that it does not need a remedy for itself; but has its treatment always included in the right treatment of the parent disease? Indeed, it cannot be absolutely so laid down. The *duration* of the disease and of the Pain, as a part of it, according as it is long or short, must guide the judgment what to do, or what to abstain from doing, in respect of the particular symptom. In the cases just referred to, the disease is short. The pain, severe as it is, is endurable, while the disease runs its brief course and hastens to its end.

But there is still a wide range of cases equally displaying the subjection of the Pain, as in its nature so in its treatment, to the nature and treatment of the disease; equally showing the final cessation of the one dependent upon the cessation of the other, yet urgently calling in the meantime for something to be done specially for the Pain, for the sake of present palliation and relief. And it is still the *duration* of the disease which compels this practice too. But now its duration is *long* (it may be), very long, while the pain being severe (it may be), very severe, cannot be borne, until the disease has accomplished its entire course and brought tself to an end.

Take a severe attack of acute Rheumatism in a man previously healthy and at the prime of life. There are extreme force of vascular action, extreme heat, profuse perspiration, swelling of many joints imultaneously, and Pain, which is agonising and unremitting.

Now, if this disease had a certain stated period to un, and that a short one; if it could be trusted to ome to an end, or to conditions of sure mitigation in two or three days; then we might be content to treat it as a whole, and need not be fearfully calculating the tendency of its particular symptoms, or seeking remedies for them; we need not be making much of, and be specially treating, its Pain. Pain, severe though it be, so long as the nervous system bears it well and reacts upon it, may add celerity and force to the existing disease; it may quicken and invigorate all its actions, without disturbing their natural course and harmony.

But acute Rheumatism has no stated period to run. It is oftener long than short; oftener an affair of weeks than of days. And pain is its accompaniment from first to last; Pain (it may be) of the greatest severity, and such as the nervous system cannot long continue to bear well and to react upon. Two or three nights and days made sleepless by Pain tell fearfully through the nervous system upon the whole bearing of the disease. In proportion as the nervous system is brought under the mastery of pain, and is depressed, or subdued, or exhausted by it, the entire disease suffers fluctuation and change. The pulse, hitherto steady to a certain number, varies between great extremes; and hitherto strong, it becomes weaker. The heat of skin, which was uniformly high, becomes lower, and, at the same time, unequally distributed. And now strength begins to pass into weakness; and now one vital organ and now another gives notice of something wrong. This may be the semblance only of disease; but it may be the reality.

Observation, I think, may be trusted for the fact that Pain can do all this. Most rationally, therefore, does it become a special indication of treatment in acute Rheumatism whenever it seems likely to do it; that is, whenever it is in excess. Thus, in the conduct of a case of acute Rheumatism, the chief and greatest remedy sometimes is opium. It is almost always a necessary safeguard.

What has been said of the Pain of acute Rheumatism holds good of the Pain which belongs to other diseases acute in their kind, and of uncertain duration. It holds good of the Pain which attends acute Gout and acute Erysipelas; which attends the Inflammation, acute, severe, and involving many and various structures, produced by large burns, and lacerations, and fractures, and sprains, and by the complex of several in the same man. We know, indeed, that Gout, and Erysipelas, and Inflammation, are curable diseases, and that their Pain will cease whenever they come to an end. Nevertheless, in the meantime, their pain being more than the nervous system can well bear, calls aloud for relief and remedy. For the exhaustion conducing to death, and even actual death may come as much as from the attendant Pain as from the diseases themselves.

More need not be said. For I am not specifying rules, but declaring a principle—a principle that receives abundant illustration from the fact to which all successful practice can testify; namely, that oftentimes the medical treatment of these formidable affections has turned, from first to last, upon the right administration of opium.

What an easy and simple affair would be the practice of medicine, if we could always find out what and where the disease was, and then had only to lay hold of it (so to speak) in its seminal essence, and to treat it, and cure it; and thus could treat and cure exclusively all that belonged to it; its fever and all its disturbed functions of parts, and all its excitement or depression of blood-vessels and nerves, and all its Pains!

And, indeed, one has now and then seen all this accomplished. One has seen a hard and bounding pulse laid hold of as the sole indication of treatment, and an heroic bleeding brought to bear upon it as the sole remedy. And, forthwith, an acute Inflammation, just emerged, with its many formidable accompaniments, has been summarily swept away. Here surely a great deed has been done; enough to make a man proud of the power of his Art, and a little vain, perhaps, of his own skill in wielding it.

But disease in its progress, *after it has some time emerged*, is apt to split itself into fragments, and each fragment to become a several centre for new morbid actions and suffering, to radiate from, and to present a several scope, at which new remedies must take their aim. Pain is one of these fragments and one of these centres.

Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

GRAILY HEWITT, M.D.Lond., M.R.C.P.,
PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL; LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

PAIN REFERABLE TO THE GENERATIVE ORGANS.

[*Continued from page* 645.]

WE may now consider,

2. Cases in which there is pain, but apparently no difficulty, attending the discharge.

There are a variety of circumstances capable of giving rise to the presence of pain during menstruation, in cases where there is no evidence of the existence of menstrual retention. The rheumatic diathesis predisposes patients to suffering of this kind, as was particularly insisted on by the late Dr. Rigby. The patient suffering from this "rheumatic" dysmenorrhœa is liable to migratory pains in different parts of the body, more especially in the joints, a loaded condition of the urine, from excess of urea, lithic acid, and lithate of ammonia, together with flatulence and hæmorrhoidal congestion (Dr. Rigby). Then, again, the presence of a congested, overloaded condition of the abdominal viscera, in which the pelvic organs always participate more or less, is frequently associated with painful or uncomfortable performance of the function of menstruation; and in nervous, hysterical subjects, the degree of the evil is likely to be magnified. As a rule, the diagnosis between cases in which the painful sensations are due to these general causes, and those in which there is partial or temporary retention of the secretion, is not difficult, the character of the pain being different in the two cases, as will be presently shown.

We may now consider, with the aid of the foregoing conclusions, the diagnostic indications of the several varieties of pain, etc., present during menstruation.

The diagnostic distinctions between cases of dysmenorrhœa in which there is partial menstrual retention, and those in which there is no such impediment to the escape of the menstrual fluid as to produce this state of things, are the following:—In partial retention, the pains are situated in the uterine regions; they may be, and generally are, very severe, more or less paroxysmal in character, resembling, though on a small scale, the pains of labour, and often go on increasing in intensity until relieved. The pain differs from that present in the other description of cases, in that it is more severe and more limited to one spot. When there is no retention, the pain may be situated in the uterus, but more generally, perhaps, in the ovarian regions, in the thighs, back, etc. In menstrual retention, there may be pains in back, thighs, etc.; but it is not limited to these parts, and there is also pain in the uterine region.

Then, again, in menstrual retention, the pain which is present is of a peculiar *kind*. It more or less closely resembles the pain of labour. Coming on suddenly, lasting for a certain time, and then going off, to return again after a few minutes or after a longer interval,—such is the character of the pain. The patient may not be entirely free from pain throughout; but the occasional, it may be periodic, exacerbation, this it is which characterises it. When the pain is excessive, it may induce disturbances of the nervous system of various kinds—hysteric convulsions, agitation, anxiety, palpitations, tenesmus, pain in micturition, etc.

As long as the menstrual discharge continues persistently, the presence of pain need not generally give rise to uneasiness, although it by no means universally follows that, because there is a discharge, the size of the outlet is sufficient. It is the absence of the discharge coincidently with presence of the kind of pain above alluded to, that should make us suspicious of the existence of some obstruction, and more especially when the symptoms in question have been present for any considerable time, or have shown themselves recently in an individual who previously menstruated easily and regularly.

When, from the nature of the symptoms present, we are led to believe that there is a mechanical difficulty of some kind, in order to ascertain the nature of this supposed difficulty, it will be necessary to make a vaginal examination, and in certain cases to use the sound.

In those somewhat rare cases in which the dysmenorrhœa is connected with the discharge of a membrane from time to time from the interior of the uterus, the presence of the membrane itself will so far remove all obscurity from the diagnosis.

When there is painful menstruation, the discharge appearing scantily, disappearing for a time then reappearing, perhaps in gushes, and again ceasing, when this condition of things is noticed at successive menstrual periods, it gives ground for the suspicion that there is some difficulty in the escape of the fluid. When coagula having the form of casts of the uterine cavity, or a portion of it, are passed under such circumstances, this is also in favour of the presence of mechanical obstruction Fibrous tumour, polypus, flexion or version of th uterus, pressure of ovarian tumours, hypertrophy of the cervix, etc., may be the cause of this obstructive form of the affection.

It is important not to mistake abortion for dysmenorrhœa, or *vice versâ*. In the case of abortion, there has been suppression of the menses for one or more periods; but in dysmenorrhœa there have been usually preceding attacks of similar character, and no suppression of the menses has been (usually) observed. When there has been partial retention of the catamenial fluid, clots may be passed, accompanied with contraction of the uterus and pains quite identical with those of labour; and in such cases very careful examination of the substances discharged may be necessary to enable us to distinguish their nature.

Treatment. Whatever be the cause of the painful sensation experienced during menstruation, certain general rules are applicable as regards the treatment.

The first element in the treatment is *rest* during, and for a short time previous to, the period of the flow. The patient must be directed to remain more or less constantly in the horizontal posture during the period in question. Means are to be taken to ensure the regular and proper action of the digestive organs. The food should be plain and simple; and aperients are to be administered, if necessary, to produce regular action of the bowels, and prevent congestion and fulness of the pelvic organs.

We are often called upon to prescribe remedies calculated to relieve the pain actually present. When the pain is very severe, opiates may be necessary; and these are most efficacious in the form of enemata. We are generally able, however, to do without opium; ether, of which the best and most efficacious preparation is unquestionably the compound spirit of sulphuric ether of the *Pharmacopœia*, combined or not with camphor, henbane, or sal volatile, one or more of these are medicines very satisfactory in their effects, when given for the purpose of alleviating temporarily the pain present in menstrual retention, or for more simple cases. Cannabis Indica is a valuable medicine in certain cases. An objection to it, stated by Dr. West, is the varying and uncertain strength of the preparations obtainable. Chloroform inhaled, or given internally in the form of chloric ether, is often employed with advantage. Opium, in doses of half to one or two grains, may be necessary in extreme cases. Opium and camphor combined I have frequently found very serviceable. When we have reason to believe that the sufferings of the patient are connected with the presence of a tendency to gout or rheumatism, it will be proper to give colchicum internally, which may be advantageously combined with a little blue pill, every night or every other night; and saline laxatives twice or thrice a day.

The warm hip-bath, in which the patient is to remain for half an hour or so, is perhaps the most effectual of all remedies in affording relief from the extreme pain sometimes present, while it is occasionally not less effectual in directly causing the discharge to appear. It is, in fact, both palliative and remedial in its effects.

Although I have been all along advocating a mechanical theory of dysmenorrhœa, it does not follow from this that I am an advocate for an universal mechanical treatment.

The urgency of the symptoms and other circumstances must determine whether, in a given case, it is necessary or advisable to adopt other than the general treatment now described. The presence of sterility, associated with dysmenorrhœa, may be mentioned as a circumstance which would show the necessity for having recourse to other measures directed specifically to the removal of the cause; and, if the canal of the cervix were found too small, it would be desirable to enlarge it. A careful examination of the cervical canal, the manner of effecting which will be explained in its proper place, will generally give the observer a knowledge of the cause of the disorder, and what is the proper remedial treatment will in most cases forthwith suggest itself. In many cases, even where there is evident narrowing of the cervical canal, it is not judicious to attempt and at once to dilate the same by cutting or otherwise, as more good may result from the treatment of the condition leading to the narrowing in question.

Means of Procuring Enlargement of the Canal of the Cervix Uteri.

There are two methods by which the calibre of the cervical canal of the uterus may be increased—incision and dilatation.

Incision. The hysterotome of Dr. Simpson is an instrument by which the cervix may be incised from within longitudinally, and the canal thus enlarged. In using the instrument in question, it must be recollected that the part of the canal which it is desirable to affect by the operation is situated high up; and under ordinary circumstances, therefore, the instrument must be introduced more than an inch before the blade is projected and the cutting effected. Moreover, it is desirable to make two slight incisions, one opposite the other, rather than one deep one. In cases where the instrument of Dr. Simpson cannot be introduced, the internal os uteri being too narrow to admit it, Coghlan's probe-pointed metrotome will be found applicable. (See *Med. Times and Gaz.*, June 1st, 1861, p. 573.) After performing the operation, it is advisable to introduce one of Dr. Simpson's solid round metallic bougies, of which graduated series are sold by the instrument-makers, in order to maintain the patency of the canal; otherwise the effect of the operation is lost by the healing of the cut surfaces. The metallic bougies are less objectionable than sponge-tents. Little tubes of rolled lead have been recommended for the same purpose (Coghlan).

Dilatation. The dilatation method consists in the gradual enlargement of the cervical canal by means of bougies or other instruments gradually increased in size, one instrument being worn for a certain number of days, and then replaced by another a little larger; or a speedier method, but one not quite so easily carried out in the particular kind of cases now under consideration, is to dilate the canal be means of sponge-tents; and, having obtained the necessary enlargement, to leave an instrument in, to maintain the patency of the canal.

Incision and dilatation are not equally applicable in all cases, and incision is open to certain objections which do not apply to dilatation. The danger of purulent absorption and pyæmia is greater when incision is performed; and, although the operation is more speedy, it is, unless conjoined with careful subsequent treatment, less certain than the more tardy dilatation process. Care should always be exercised in dilating the cervix uteri; for although, as a rule, the organ is capable of bearing a tolerable amount of rough treatment with impunity, it is not by any means always so; fatal peritonitis has followed want of attention to this rule. If sponge-tents be employed, very great attention to cleanliness is essential. It is proper always to allow a day or two to intervene between each insertion of the tent, and it is better not to leave the tent in the cervical cavity more than four or six hours. After removal of the tent, tepid water should be very gently thrown up the vagina.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

PRACTICAL REMARKS ON THE PATHOLOGY AND TREATMENT OF SKIN-DISEASES.

By C. Handfield Jones, M.B., F.R.S., Physician to the Hospital.

[*Continued from page* 647.]

Erythematous Eruptions. The next group of affections I propose to examine are those which are characterised essentially by hyperæmic afflux to the skin—in fact, inflammation just stopping short of effusion, or attended with very slight. Roseola and erythema are the typical members of this group; but it may include also the slighter forms of erysipelas.

Commencing with the last, we must notice the justice of Mr. E. Wilson's remark that erysipelas serves to establish a link of transition between eruptive fevers and cutaneous exanthemata without constitutional affections of a specific kind. The graver forms resemble the eruptive fevers in their transmissibility by infection and contagion, and their being attended with fever often of a very low type; while the slighter approach very much to the common skin-eruptions in the great obscurity of their causes, their great liability to recur and to become chronic, the absence of fever, and the partial affection of the skin. Now, whoever reads over the lists given by authors of the causes of erysipelas (*Vide* Copland's *Dictionary*, art. Erysipelas, p. 826) must, I think, admit that the disease cannot be supposed to depend, like small-pox, on the introduction of a definite poison into the circulation. Evidently a certain state of system, a peculiar predisposition, goes for much more. With this, "the most trifling irritation" will cause the disease, which without it has no such effect. Foul atmospheres and depressing causes are potent in generating this predisposition. Erysipelas may be of the most sthenic or asthenic type, and require the most opposite treatment. In the one, free bloodletting and purgation may be necessary, and little else. In the other, quinine, iron, and stimulants must be poured in lavishly. In London, at present, a sthenic case would be a *rara avis;* but I have heard of very marked ones in the country, on the best authority.

The general bearing of the above facts certainly tends to show that the state of the vital powers is the main thing to look to in endeavouring to appreciate the phenomena of erysipelas. The conception of a poison seems subordinate to that of a predisposition. It is the latter that we have to deal with practically. As therapeutists, we renounce all idea of eliminating the poison, if we suppose there is any, seeing that in the worst cases all our exertions are directed to supporting the strength, and arresting the spread or obviating the effects of the inflammation. The phenomena in the asthenic form have much resemblance with those of vaso motor nerve paralysis, and are modified very beneficially by a stimulant and tonic treatment calculated to raise and sustain nervous power. In a case of frequently recurring erysipelatoid inflammation of the face in a feeble old lady under my care, the only measures that do good are fresh air, good living, and citrate of quinine and iron. Certainly, at any rate, in the milder forms of erysipelas, we have little reason to believe in the existence of any definite poison, and still less to think that we have any power to eliminate it by treatment.

Roseola and Erythema are two minor skin affections, which it requires some artistic power to separate, and which, for all useful purposes, need scarcely be separated at all. They are mere hyperæmiæ of the skin, often of no great extent, and for the most part of transitory nature. Erythema intertrigo and erythema paratrimma are cutaneous congestions occurring usually in young children under slight irritation of the surface, aided by heat and moisture. Roseola infantilis is more dependent on general causes, which probably induce some amount of vaso-motor paralysis. I have seen this affection very marked in a child affected with malarious disorder. Roseola cholerica is no doubt produced in the same way. Roseola æstiva and roseola autumnalis are in all probability the mere results of heat, or atonic relaxation of the vessels. They are just such transitory congestions of the outer integument as often befall in the same season the inner, and give rise to diarrhœa. Roseola æstiva is a very little step from eczema solare. Roseola variolosa, roseola vaccina, roseola rheumatica and arthritica, are minor results of the direct irritation of the poisons whose name they bear. Erythema nodosum is interesting as an example of a local inflammation, invariably, according to my experience, of asthenic character, and yielding readily to tonics. It is a like case to the cure of eczema by arsenic. The varieties of erythema are mostly associated with some catarrhal or febrile disorder, bronchitis, enteritis, etc.; and may be regarded as cutaneous irritation produced by the same cause that gives rise to the internal. Erythema fugax, by virtue of its fugaciousness, must be ranked as a neurosis; it is without example that any true tissue-inflammation should appear and disappear in an apparently causeless manner. This is the sole appanage of nerve-inflammations. Erythema papulatum and erythema tuberculatum are evidently related to urticaria, to lichen urticatus, and more remotely to lichen. The marginate and annulate forms of erythema and roseola are simply examples of that curious tendency in many skin-eruptions to spread excentrically, while they heal more or less completely in the middle. It is not at all clear on what this depends, nor why it is so often absent. The mode of distribution of the nerves does not seem in any way to explain it. So far is certain, that it is not a peculiarity belonging to any single form of eruption, and therefore probably depends on something in the skin itself. Erythema læve seems to me to have no claim to be considered as an eruption; it is for the most part a mere co-result of the condition that gives rise to anasarca.

Roseola and erythema are well described by the synonym given of the latter by Mr. E. Wilson; they are truly inflammatory blushes, and, like all blushes, are very often dependent on a nerve-paresis giving rise to arterial dilatation. In some cases, as in malarious and choleric roseola, this paresis directly affects the vaso-motor nerves of the part itself. The same doubtless occurs in some of the erythemata, which are associated with rheumatism, bronchial or gastric catarrh. In others, the paresis may be the result of inhibitory action set up in some disordered part. This is very apparent in some persons of habitually weak digestion, who have considerable flushing of the face and neck immediately after a meal. The indication here is clearly to lessen the irritability of the mucous membrane, while in the former case it is to impart tone. In roseola variolosa and some other forms, the tissue may be directly affected. The general resemblance of these affections to erysipelas in its milder forms is very considerable; and the pathology of all is, I believe, very much the same. They depend upon no specific and constant cause, but may be set up by many. In some instances, a material poison in the blood may excite the phenomena; in others, some subtle atmospheric influence acting upon the nerves; in others, again, a remote irritation acting through nerves on an excitable skin. Sometimes, as in erythema intertrigo, the causes are purely local, and the treatment is clear. I am quite satisfied by experience of the value of tonics in some erythemata, and of astringent sedatives in others. The following cases are of some interest.

Case i. Mrs. D., aged about 40, was seen on January 2nd. She had recovered some weeks ago from ague. She had been now for some days feeling very depressed, in spite of stimulants. She felt bilious; her loins ached; and she had an eruption on the face near the eyes, consisting of slightly injected patches, with some swelling. On the left of the neck, there was a circular spot the size of a shilling. She was ordered to take a draught of carbonate of ammonia, tincture of cinchona, arsenical solution, and infusion of cascarilla, three times a day.

Feb. 4th. Fever came on on the 2nd, and continued till this morning. Pulse excited, 100; tongue clean; skin moist; urine very pale and clear. She had no appetite. The eruption on the face formed two symmetrical red patches, with subcutaneous œdema extending some way under the orbit. The circular spot on the neck had increased in size, and some small ones had appeared on the hands and fingers. The mixture was continued; and she was ordered to take a pill of mercury with aloes at night, and to use lead lotion (two parts to ten).

Feb. 6th. The eruption on the face was much less; on neck, was gone; there were traces still on the fingers. The medicine was continued.

Feb. 9th. She was much better. Her appetite was good; she was cheerful. Slight staining of the skin and desquamation were all that remained of the face-eruption; the spots on the fingers were now reduced to rings. Two grains and a half of quinine were ordered to be taken three times a day. A few days later, she was quite convalescent.

Case ii. L. B., aged 16, was admitted December 15th. She suffered with some eczematous eruption, and with great pain in the forehead, which came on regularly every morning, and lasted about an hour; it was attended with giddiness. The catamenia were regular, but very dark. The eczema yielded speedily to bark and arsenic; but on Dec. 29th it was noted that she looked wonderfully well—in fact, unnaturally so; the cheeks and forehead being over red and hot. She said this was from a flush which came on every afternoon. With strychnia and cinchonine, she improved very much. I have recorded a similar case in the *Lancet* for July 28th, 1855.

Case iii. E. J., aged 18, was admitted February 10th, having been ill three years. She had pain after eating at the chest; meat lay very heavy. There was no epigastric tenderness. The functions were all natural. After taking food, her face was apt to get hot and red, and to break out into a pimply rash; and her chest the same. She complained of lumbar pain. With nitrate of silver and lactic acid, the digestion improved, and the eruption diminished a good deal. She only attended fourteen days.

Case iv. M. B., aged 21, was admitted May 20th. She had been ill one year, on and off. She had pain and tenderness at the epigastrium, and pain in the sacral region. Her legs swelled towards night. The face was swollen and red, as from superficial erysipelas; a week later, it was desquamating. Her head ached. She felt very weak. There was much pain after food. Under treatment directed to soothe and tone the stomach, with a lead lotion to the face, her digestion improved, and her face became much paler.

Case v. M. A. A., aged 14 months, was admitted April 21. She had been ill one month with an eruption consisting of slightly raised patches of diffused inflammation, on the arms, back, abdomen, and legs. Two or three small bullæ had formed on the wrist of the left arm. The eruption had been on the neck. She had just cut two canines, and was still suckled. She was a fat, puffy child, fretful. The skin was hot and dry. She was ordered to take four times a day a teaspoonful of a mixture containing two ounces of citrate of potash mixture and twelve minims of tincture of opium; and to have lead lotion applied.

April 24th. There was an aphthous patch on the tongue; both the hands were intensely œdematous; the skin was shining and whitish, evidently from subcutaneous effusion; the bowels were open. She was ordered to take two drachms of the following mixture three times a day.

℞ Misturæ potassæ citratis ℥iij; ferri et quinæ citratis ℈j; liquoris potass. arsenitis ♏xv; tincturæ hyoscyami ♏l.

The lotion was repeated.

April 28th. She was much better. On the 26th, between 5 and 6 p.m., a large red patch appeared on and about the left knee, and was now of large size. The hands were well. She coughed at night. The mixture was continued, water being substituted for the citrate of potash solution; and the lotion was repeated.

May 12th. The eruption had affected the legs down to the feet; it had now quite disappeared everywhere, leaving only some desquamation. Bowels costive. Her health was much improved. The mother stated that the eruption, even when it swelled the hands so tensely, commenced as redness, which faded as the swelling took place. The mixture was ordered to be given twice a day, and castor oil to be taken.

Remarks. Cases i, ii, and v illustrate the advantage of the tonic treatment of some erythemata; Cases iii and iv, that of allaying a remote irritation. Case v was one of great interest. There was so much feverishness and irritation that I forbore at first from the employment of tonics; and, when I began to use them, combined them with a saline. Yet they were signally useful, improving the health and abolishing the eruption. The existence of vesicles and of subcutaneous effusion shows how slight may be the essential difference between phenomena apparently very dissimilar. In ninety-nine children out of a hundred, under similar circumstances, the eruption would have taken the form of eczema. Some slight peculiarity in the vital condition of the skin determined it to be an erythematous œdema, yet with sufficient surface-effusion to show how readily it might have assumed the other form. I have recorded a similar, but more chronic case, in an adult. (See British Medical Journal, Dec. 19th, 1857.)

Purpura, though not purely a cutaneous affection, yet, in its less grave forms, is so much restricted to this tissue, and is of so much interest in various respects, that I must take some notice of it here. It is certainly not so much an exanthem as an hæmorrhage; but still the more sthenic cases are attended with more or less swelling and congestion, apart from the sanguineous effusion. By the former it shows its affinity with the erythemata. Rayer gives one case, indeed, of these in which sanguineous extravasation occurred, and which was consequently almost identical with purpura. It seems quite established that it does not depend on any uniform cause, but rather on a peculiar state of system, of which "debility of the nervous powers" (Eras. Wilson) and fragility of the capillaries must be considered as the chief characteristics. In one form, there is decided fever, and what is called high arterial action, which of course means cardiac excitement with relaxation of the arteries—a condition which paresis of the vagi and vaso-motor nerves would certainly induce. In the other, there is an absence of pyrexia; and the spots appear without tumefaction or congestion, or with but little. Treatment in many instances by tonics or astringents is very effectual (the severest case I ever saw was cured by matico); but in some cholagogue purgatives are essential. In these, the symptoms are either the result of morbid matter in the blood, or of accumulations in the liver affecting its nerves depressingly. In the other, the nervous and vascular disorder is primary. This is no unfrequent occurrence in pathology, that the same or very similar results are produced by very different causes. I have seen more than once subconjunctival effusion of blood as the result of malarious disorder; and mental depression and nostalgia alone have produced the allied disorder, scurvy.

Case i. J. M., aged 12, was admitted April 5th, having been ill one week. He had numerous and largish livid spots of purpura on the legs, mostly on the right. He did not feel ill. Skin cool; pulse weak. He had not been without potatoes. The tongue was a little coated. He was ordered to take seven grains of citrate of quinine and iron, and seven grains of citric acid in an ounce of water three times a day. In fourteen days the eruption had quite disappeared, but he required tonics some time longer.

Case ii. J. W., aged 42, was admitted August 3rd. He had been ill four days, but had gonorrhœa a fortnight previously, for which he had taken copaiba. There was now a copious eruption of urticaria on all parts of the body. The right forearm was much swollen; the left was covered with red spots, which faded on pressure; but the thighs were thickly set with red livid patches like purpura. Pulse 87, of tolerable force; tongue rather white in the middle; bowels open. He attributed his disorder to getting wet when very hot, and drinking cold beer. He was ordered to have a scruple of ipecacuanha immediately, four grains of calomel at bedtime, and an ounce of white mixture three times a day.

Aug. 5th. There was much itching still; the patches on the legs were fading; the arm was less swollen; no fresh spots had appeared. He was relieved by the emetic. The bowels were not much purged. He was ordered to take two grains of calomel every alternate night, and a dose of white mixture on the following mornings; and to have six ounces of lime-juice daily. He was discharged well on the 24th.

[*To be continued.*]

ST. GEORGE'S HOSPITAL.

SEROCYSTIC TUMOUR IN THE NEIGHBOURHOOD OF THE ANKLE-JOINT: REMOVAL.

Under the care of Prescott G. Hewett, Esq.

Joseph W., aged 50, a labourer, was admitted into Winchester Ward, under Mr. Hewett, on May 21st, 1862. He stated that about eight months ago, he noticed a small lump on the left ankle. He could assign no cause for it; he had never worn tight boots, or been subjected to pressure of any kind in this part. The tumour had gone on steadily increasing since its first appearance.

On admission, there was found to be a small tumour of about the size of a walnut over the inner malleolus; it was circumscribed, firm and hard, but not osseous; it was quite moveable under the skin, and in no way connected with the bone. It was not painful; but caused great inconvenience in walking.

May 29th. Mr. Hewett made a longitudinal incision over the tumour, and dissected it out. It was adherent to the periosteum in one part; but it was carefully removed without injury to this membrane.

On examining the tumour, it was found to be composed of a number of small cysts collected together, and freely communicating with each other. The cysts contained a thick cheesy matter, and had little bodies growing within them, being evidently of the tubero-cystic variety. The man made a quick recovery; and left the hospital on June 14th.

Original Communications.

REMARKS ON LARYNGOSCOPY.

By Edward H. Sieveking, M.D., Physician to St. Mary's Hospital.

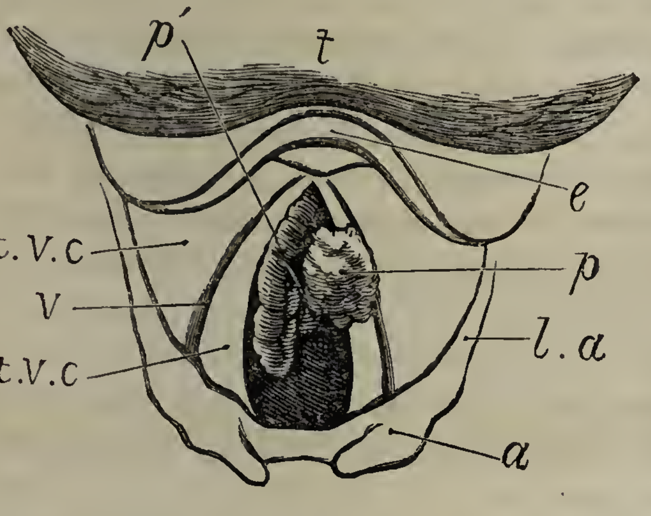
At a time when laryngoscopy is in its infancy among ourselves, it may be useful to multiply evidence of its practical utility; as the *cui bono* objection is already raised, and may diminish the confidence of the student of medicine in a method of examination, which, to those who have familiarised themselves with it, offers the most palpable evidence of its being a manifest advance in the diagnosis and treatment of laryngeal disease.

Having recently enjoyed the advantage of employing the laryngoscope under Professor Czermak's kind superintendence, I invited two patients suffering under hoarseness of doubtful pathology to submit to an examination by the Professor. The one offering symptoms of subclavian aneurism, appeared, both to Professor Czermak and myself, to be so peculiarly illustrative of the value of this new method of diagnosis, that I venture to submit it to the readers of this Journal.

The following are briefly the leading features of the case:—

No. 39, June 21st, 1862. S. J., aged 40, of a spare habit, the father of a numerous family, has, for sixteen or seventeen years, been subject to frequent attacks of sore throat, but unaccompanied by hoarseness. In other respects, he has enjoyed good health till the commencement of his present illness, about a year and nine months ago. The first symptom was an attack of rigors, attributed to a damp bed used on a journey, followed, three days after, by hoarseness, which had continued ever since, with some dyspnœa; the latter feature has diminished during the last six weeks. He has had no pain in the throat; but has all along had a sensation of there being something in his throat. Ever since the commencement of the hoarseness, he has had a husky cough. For two months past, he has had a pain at the upper right thorax. The cough has not been worse since this pain has come on. He has never spat blood; but of a morning there is copious yellow expectoration. There is no dyspnœa at present; and position makes no difference in regard to respiration. There is a circumscribed dulness at the middle of the right clavicle, with a well marked systolic murmur, not heard over the heart, and extending feebly into the axillary and carotid arteries. The pulse of the right radial is feebler than that of the left.

On subjecting the patient to laryngoscopic examination, which he bore remarkably well, it became at once apparent that the hoarseness was due to the projection into the laryngeal cavity, from the anterior junction of the vocal cords, of two growths of a polypoid character. The upper one (p) being attached to or springing from the left upper vocal cord or upper thyro-arytenoid ligament; the lower one (p^1) from the true vocal cord on the right. The latter occasionally became partially concealed in the ventricle of the larynx. The Professor is of opinion that the growth is an epithelioma, and that it is particularly well adapted for operative procedure; and which, in this case, may be attempted without any preliminary process for accustoming the patient to the introduction of instruments, as he happens to be remarkably easy of examination, and presents little sensitiveness of the faucial region.



t.	Base of tongue.
e.	Epiglottis with its projecting internal cushion.
l. a.	Aryteno-epiglottic ligament.
a.	Arytenoid cartilage and cornicula laryngis.
u. v. c.	Upper or false vocal cords.
v.	Ventricle of the larynx.
t. v. c.	True vocal cords.
p. & *p*¹.	Polypi: the one, *p*, attached to the left upper or false vocal cord; the other, *p*¹, arising from the inner surface of the right true vocal cord, in the angle between the true vocal cords.

The adjoining woodcut, with the appended explanations, will better illustrate the state of the parts than any further remarks of mine.

Without the laryngoscope, we should have been satisfied with a false explanation of the hoarseness, and have remained entirely in the dark as to the real nature of the lesion. I need scarcely remind the readers of the Journal that we are, in reality, only too uniformly in the same position with regard to all affections of the larynx. An instrument which, skilfully guided, becomes a means of withdrawing so important a class of affections as those of the larynx from the dreamland of hypothesis, and transferring them to the domain of positive science, is deserving of our most serious attention.

I venture only to add one caution. To use the instrument properly, and to prevent disappointment, the observer must train himself patiently; but with moderate perseverance, he will soon satisfy himself that it is eminently useful, both in regard to diagnosis and to treatment.

Suicide of a Surgeon. On the 19th inst., Mr. John Adams, surgeon, Uttoxeter, committed suicide by hanging himself in a building adjoining his residence, where he was discovered quite dead. The deceased, who had come into possession of a considerable fortune some years ago, had since that time indulged in habits of intemperance. Some months back he married a young woman named Wigley, but the union proved an unhappy one, and a separation took place. Mrs. Adams afterwards went to live at Birmingham. At the beginning of the present week she returned to Uttoxeter for the purpose of removing some luggage, and was requested by her husband to stay and live with him again. This she refused to do, and it is supposed that this refusal preyed upon his mind and led to the commission of suicide.

British Medical Journal.

SATURDAY, JUNE 28th, 1862.

THERAPEUTICS: THE ACTION OF REMEDIES.

It is somewhat suprising to note the sort of feverish energy with which medical men in France, England, and America are searching out and investigating the nature of new remedies. Would not the time and energy of those of our brethren thus engaged be far better employed in the attempt at elucidating the mode of action and the exact effects of those well-accredited remedies of which we already possess so goodly a number? Our ignorance, indeed, of the physiological action of remedial agents on the body is something very surprising; and we may safely affirm that there is no department of experimental medicine which offers so wide an opening for the labours of the pathological physiologist, none which offers so goodly a prospect of novel facts and results. The real truth is, that we know absolutely nothing of the mode of action of even those remedies whose effects are most clearly manifest.

Dr. Handfield Jones some time since called the attention of the College of Physicians of London to the unsatisfactory state of our therapeutical knowledge, and the thanks of the profession are due to him for having done so. Truly enough he argued: Is it not the duty of the leading body of the profession in medicine to make some effort to arrive at serious and settled opinions respecting the usefulness of the various methods of treating diseases, about which so much discordance of opinion exists amongst us?

The position of our knowledge of the effects of remedies on the body is indeed most unfortunate. What know we of the particular actions exerted on nerves, vessels, and organs, by our remedies? It is really humiliating to think that, even in the instance of the most familiar remedies, we know scarcely anything of their mode of action in the body. Clearly, our therapeutics are profoundly empirical. Is such a state of things, Dr. Jones asked, worthy of our high position? Ought we to be the only *opifices* in the world who have no intimate acquaintance with the tools we use? The information sought for is no mere speculative knowledge; it is eminently practical, and such as we cannot well do without, if we are to treat disease as men of science.

Let us look to some instances. It had long been a familiar fact that colchicum cured gout, at least the articular gouty paroxysm. It was also pretty certain that lithic acid was the *materies morbi* of the disease; and so it came to be accepted by many that colchicum procured the discharge of retained lithates from the system. But an eminent member of our body, by exact research, has clearly proved that this is not so—that colchicum has no effect in increasing the excretion of uric acid or urea. The eliminant view of its *modus operandi* therefore fails, and we have to look for another explanation of its remedial virtue. If this should be, as some have thought, that it only suppresses the articular manifestation, without ridding the system of the poison, is not this a most important practical point, which ought to be well proved and tested? Or, again, if it be true that colchicum is, as has been stated, an antidote to the gouty poison, which may be used to overcome its slighter as well as its greater morbid manifestations, should not this be fully made out? Is not all this most practical?

The effects of mercury on the system surely deserve to be ascertained much more accurately than they are at present. It has a classical repute for its cholagogue action on the liver, and its power of causing the absorption of inflammatory exudation; yet recently it has been seriously questioned whether it has these properties at all. Such doubts ought not to be possible in the nineteenth century. Again, with regard to digitalis, it is known to lower and diminish the action of the heart; and also it is believed by many to tone and strengthen a weak one. Here is an apparent contradiction, which needs to be explained, and which probably might be, by aid of the advances recently made in neurology. Once more, is it creditable to us that we should have been all these years curing ague with bark, and yet never set ourselves earnestly to find out how this remarkable result is produced? What do we know of the mode by which arsenic cures a skin-disease, or chlorate of potash a stomatitis?

If our knowledge were more perfect, we should not only handle our weapons with greatly more satisfaction to ourselves, but with greatly increased power over disease. We should no longer be acting blindly and empirically, but with a clear perception of what we were about. When we knew well what a remedy did in one case, we should be able to apply it to analogous cases. Further, from the knowledge of the true action of remedies there would certainly result a better insight into the nature of diseases. If, for instance, it were determined that arsenic cured eczema by its tonic influence on cutaneous vaso-motor nerves, it would be a matter of just inference (supposing no other eliminant action to be set up, and the health to remain undisturbed, which is the common case), that eczema did not depend upon a blood-poison; and a similar conclusion might be arrived at in various analogous instances. Is it not most desirable for our own credit, and for the welfare of the public, that such questions as have been lately raised should be fully and finally solved; or, at least, that an honest, earnest, intelligent, and adequate effort should be made to solve them? Is it creditable to us to have our best authorities so divided as they recently have been as to the value of bloodletting in inflammation, of antimony in pneumonia, of mercury in syphilis, and of calomel and opium in peritonitis and other cases of inflammatory exudation? Ought we not to ascertain accurately the natural course of disease, with its possible variations, so as to have a secure basis whereon to ground our conclusions as to the value of remedies? Here, indeed, is work enough sketched out, more than any one man can well attempt, but not more than might well be undertaken if we brought our united action to bear upon it.

Dr. Jones also pointed out the course to be pursued in order to obtain the desired object. There are, as he observed, numerous hospital physicians among us who are most favourably circumstanced for observing accurately the progress of disease. Of them would be asked two things—(1) that they would themselves undertake the accumulation of a body of evidence bearing on all the principal mooted points in the treatment of disease; and (2) that they would make over a few selected cases to expert chemical observers, for the purpose of accurately determining the changes effected in the cutaneous, pulmonary, alvine, and urinary excretions, under the influence of certain modes of treatment. These observers must, of course, be younger men, who could devote more time to scientific research. Of course, all the expenses incurred by them in their inquiries must be paid by some public body; in the publication of their reports, they should be acknowledged as the actual workers, and have the full credit of their labours. Many a rising man would doubtless be too happy to undertake work upon such terms.

Objections may possibly be raised to this; and the usual official one will perhaps be stated—viz., that the object is doubtless very desirable, but not one which a public body ought to contemplate; that it would be much better left to private enterprise. The reply is—(1) that the work is too great and manifold for almost any individual, and requires conjoined effort to be properly carried out; and (2) that it is the duty as well as the interest of our medical corporations to take an honourable lead in placing our art on a basis of scientific truth it has not yet occupied.

Some may be disposed to doubt that inquiries of this nature will be fruitful of practical results, or that they will materially increase our mastery over disease. Too sanguine expectations may be disappointed; but it is nevertheless certain that work in the direction here indicated is of all other the most likely to bring practical advantage. At any rate, if we do not thus work, what remains for us but to go on in the same empirical way that we have been pursuing for centuries, making all the time scarce any approach to a truly rational therapeutism? In all labour there is profit. God denies nothing to well-directed diligence, as an old author says. It is impossible, if we work intelligently and earnestly, that we should fail to achieve some good results. Let us at least satisfy our consciences by making the attempt of obtaining this desirable knowledge. And, indeed, could any one of our great medical corporations do more to exalt medical science in the eyes of the world, and to further the great end of all our art—the cure of disease—than by initiating the inquiry so well and wisely called for by Dr. Handfield Jones?

THE WEEK.

A M. Assolant, or Insolent, after a few days residence in the classic regions of Leicester Square, lately undertook to give his countrymen a faithful description of the manners, customs, and sentiments of the English nation. Amongst other qualities for which we are in his opinion distinguished, he noted down the one of inhospitality. In reading his words, we were naturally led to reflect upon the sort of reception which English medical men meet with on continental soil, when they desire to take up their residence in any great or small town as practitioners of their art. Express permission, it occurred to us, must be obtained from *l'autorité* for such settlement; and, in fact, only under very stringent regulations is permission given, and only to a certain happy few. M. Assolant's remark, indeed, led us also to reflect upon the liberty in this respect enjoyed by all foreign doctors, or any other foreign parties who choose to call themselves doctors, in the practice of their art on British soil. Any one, mountebank or philosopher, in this free-trade country, may practise medicine or surgery, provided he keep outside the limits of malpraxis; and so may every foreign mountebank or doctor. We know not the exact number of foreigners who are actually practising their art in this metropolis; but we will venture to say they equal in number the English practitioners of medicine in all the leading continental cities put together. M. Assolant's accusation of inhospitality also led us to reflect upon the kind of reception which we English doctors give to our continental *confrères* and their scientific labours when they appear amongst us; and we must confess that we have been astonished at its liberality. We are inclined to think that the reception referred to is in many instances considerably warmer than it would be if the scientific labour had been of English growth, and its author bred on English soil. We therefore are led to a conclusion very different from that of M. Assolant; and it is, that our (medical) generosity or hospitality towards foreign *confrères* is often considerably greater than it is to our own countrymen. A pretty thing imported from Germany, for example, will often produce a sensation amongst us in England, which, had it been of native manufacture, would have elicited no kind of applause, and scarcely recognition. Indeed, we believe that, in some instances of high medical art, its cultivators would have done wisely to have exported their matter into Germany, had it there stamped with a German brand, and then re-imported into the country. We verily believe that they would have thereby had a much better chance of a fair hearing from their own countrymen. No doubt, in the matter of hospitality and scientific liberality, it is better to err on the right—*i. e.*, the liberal—side; but there are reasonable limits to the error. Let us by all means do the liberal liberally towards all foreign men of science and of medicine; but let us, while doing so, be wise enough to restrain our liberality within sensible limits; and, whilst holding out the most open hand of friendship to all such, be just enough also to mete out equal liberality and attention to our own countrymen. We will venture to say—M. Assolant notwithstanding—that there is no country in the world in which a foreign man of science has accorded to him so grand and numerous occasions of inflating his own trumpet as he enjoys at our hands. *Sit modus in rebus.*

The Cambridge meeting of the British Association for the Advancement of Science has been postponed until October. Professor Willis will preside; and the Dean of Ely, the Master of Trinity, the Astronomer Royal, and Professors Sedgwick, Adams, and Stokes, are Vice-Presidents.

A special meeting of the Medico-Chirurgical Society has been summoned for Tuesday next, to receive the report of the committee appointed to investigate the subject of suspended animation from drowning, and, if possible, to throw light upon the obscurity surrounding its right mode of treatment. The report will doubtless be a very interesting one. Our readers will remember that this is the first occasion upon which the society has appointed a committee to investigate important medical subjects. This meeting will doubtless be the one of the season.

The Queen has been pleased to appoint Claudius F. Du Pasquier, Esq., to be Surgeon-Apothecary to her Majesty, in the room of John Nussey, Esq., deceased. It will be seen from this that the ancient office of Royal Apothecary has ceased to be; that officer being now styled Surgeon-Apothecary.

Mr. Rutherford Alcock has been appointed a Knight Commander of the order of the Bath; and his title now is Her Majesty's Envoy Extraordinary and Minister Plenipotentiary in Japan. This gentleman is the first medical man who has ever received a like honour; and we must note that the honour has not been bestowed upon him for any professional (medically speaking) success, however much it may have been merited. Our readers will recollect that Mr. Alcock was a practitioner and teacher of surgery in London some twenty or thirty years ago. When the British Auxiliary Forces went to Portugal and Spain, Mr. Alcock accompanied them as a Deputy-Inspector of Hospitals; for which services he was made a K.C.T. and K.T.S. He communicated the result of his experience during his campaign in Spain in a very able and comprehensive paper to the Royal Medical and Chirurgical Society in 1840, which was printed in the twenty-third volume of the *Transactions.* He was subsequently appointed Inspector of Anatomy, which office he resigned upon receiving that of Consul in China. From this position, he was promoted to the rank of Her Majesty's Envoy Extraordinary and Consul-General in Japan; and our readers know how excellently, in that character, he has conducted the whole treaty and the consequent arrangements between this country and Japan. Mr. Rutherford Alcock is a Fellow of the College of Surgeons of England and of the Royal Medical and Chirurgical Society. Long may he live to wear the distinction he has so meritoriously won.

We understand that Miss Garret's application to be admitted to examination by the Edinburgh College of Physicians has been rejected by a majority of two. At the London University, where this lady made similar application, she was more fortunate; for on that occasion the voting authority was equally divided on the case, and decided against her by the chairman.

The Medical Committee of the Lock Hospital have recommended the Board to do away with the title of *assistant* surgeons, and to substitute for it that of surgeons to the out-patients. Their recommendation will, no doubt, be acted upon.

The soldiers in garrison at Strasburg have been of late afflicted with hemeralopia. Upwards of sixty cases have already occurred in the citadel alone. The treatment consists in what is called the dark-room treatment, and, when properly carried out, is always efficacious. In certain cases, only one *séance* has been required, commencing at 2 P.M., and continued to the setting of the sun.

L'Union Médicale gives the following catalogue of diseases under which the Grand Monarch, Louis XIV, suffered at various times of his life. The facts are obtained from observations made by his physicians, Vallot, D'Aquin, and Fagon. The king appears to have had his share of human bodily infirmities. "At seventeen, he caught a violent blennorrhœa. Some time afterwards, he narrowly escaped falling a victim to confluent small-pox. He next suffered from a scirrhous induration of the breast. At Calais, he caught a putrid fever; and afterwards had the measles, dysentery, odontalgia, arthritis, abscess in the left armpit, and fistula *in ano* in 1686. *Apropos* of the fistula, Dionis relates that the courtiers desired to be in exactly the same case as their king, and went about to their surgeons to be examined for fistula, and expressed great anger that not the smallest fistula could be discovered in them, for which they might undergo operation. Besides this, Louis XIV had an anthrax in the neck. Moreover, all the teeth in his upper jaw were extracted, in consequence of a fistulous opening in this bone, which made a communication between the mouth and the nose, so that liquids escaped by the nose, the royal nasal mucosities giving off a cadaverous odour. Lastly, he is represented as having been bled forty-four times, as having had fifty lavements, and swallowed two hundred and eleven purgatives. Gouty, podagrous, and afflicted with gravel during many years, this lofty individual at last perished of gangrena senilis."

Two dogs in pup having been bitten by a hydrophobic dog were lately shut up in the veterinary school at Alfort, and carefully watched. They were soon seized with most manifest symptoms of the disease, and soon afterwards pupped. To the pups they were most caressing, licking and feeding them carefully; but at the same time furious at the approach of any stranger. A few days later they died. The pups have been preserved, to ascertain whether or not they also are hydrophobic.

The following articles were found in the second stomach of an ostrich which was lately killed by some malevolent person in the park at Lyons:—A large quantity of corn and grass, and nearly four pounds weight of little stones. Besides, there were found mixed with the food a number of what had once been shining articles, two clay pipes, a knife with a brass handle, twenty-five brass military buttons, a 50-*centime* piece, thirty-two *centimes,* fifty pieces of brass, *débris* of watch chains, six large nuts, several pieces of cane stick. Besides these, there was a piece of iron wire, which had traversed the coats of the stomach, encysted in the abdominal walls, and passing outwards; the stomach at the point being adherent to the abdominal walls. The animal, notwithstanding, had been in perfect health. One can now understand what is meant by the "stomach of an ostrich." The autopsy was made by Professor Rey.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirtieth Annual Meeting of the British Medical Association will be holden in London, on Tuesday, Wednesday, Thursday, and Friday, the 5th, 6th, 7th, and 8th days of August.

President—Alfred Lochée, M.D., F.R.C.P., Canterbury.

President-elect—George Burrows, M.D., F.R.C.P., F.R.S., London.

All the Meetings will take place at the Royal College of Physicians, Pall Mall East.

Tuesday, *August 5th.*

2 p.m. Meeting of Committee of Council.

3.30 p.m. Meeting of the General Council.

8 p.m. First General Meeting of Members. The retiring President will make a few remarks. The new President will deliver an Address. The Report of Council will be presented, and other business transacted.

Wednesday, *August 6th.*

10 a.m. Meeting of the Members of the new Council.

11 a.m. Second General Meeting of Members. An Experimental Report on the Treatment of Suspended Animation will be read by Dr. Richardson. Papers and Cases will be read.

The Report of the Medical Benevolent Fund will be presented after the Address in the afternoon.

9 p.m. *Soirée.* By the kind invitation of the President and Fellows of the College of Physicians, this Meeting will take place at the College.

Thursday, *August 7th.*

11 a.m. Third General Meeting of Members. Papers and Cases will be read.

Friday, *August 8th.*

11 a.m. Third General Meeting of Members. Papers and Cases will be read.

6.30 p.m. Dinner at the Albion Tavern, Aldersgate Street. Tickets One Guinea each.

The Addresses in Medicine, Surgery, and Physiology, will be delivered by W. H. Walshe, M.D., F.R.S.; J. Paget, Esq., F.R.S.; and W. Sharpey, M.D., F.R.S. The hour of delivery will be 1 p.m. each day.

Gentlemen intending to be present at the Dinner are requested to send notice, as soon as possible, to Dr. Stewart, 74, Grosvenor Street, W.; or Dr. Henry, 15, George Street, Portman Square, W.

Members are requested to enter, on arrival, their names and addresses in the Reception Room, Royal College of Physicians; where cards will be supplied which will secure admission to all the Proceedings.

Refreshments will be provided in the College during the Meetings.

Members who wish for previous information may communicate with Dr. Stewart, 74, Grosvenor Street, W.; or Dr. Henry, 15, George Street, Portman Square, W.

Philip H. Williams, M.D., *General Secretary.*

Worcester, June 24th, 1862.

MEETING OF COMMITTEE OF COUNCIL.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on Thursday, the 3rd of July, at One o'clock.

Business.—To prepare Report of Council for Annual Meeting, etc.

Philip H. Williams, M.D., *General Secretary.*

Worcester, June 24th, 1862.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
North Wales. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 1, 12 o'clock.
Metropol. Counties. [Annual.]	37, Soho Square.	Tuesday, July 8th, 4 p.m.
Bath and Bristol. [Annual.]	General Hospital, Bath.	Thurs., July 10, 4 p.m.

Special Correspondence.

LIVERPOOL.

[From our own Correspondent.]

In former letters, I have related three cases of Ovariotomy; two of which, it will be remembered, were successful, and one fatal. In order to keep your readers *au courant* with the results of the operations, so far as Liverpool is concerned, I propose to notice those which may come under my observation; and I have now to report a case of Mr. Grimsdale's at the *Lying-in Hospital* in April last, which, although unsuccessful, affords an interesting illustration of the unforeseen difficulties which may arise in this formidable operation—difficulties which set at defiance the best efforts of the most skilful and experienced operators, placing ovariotomy in the category of those surgical undertakings, the issue of which must always be doubtful even under apparently favourable circumstances.

The patient was 24 years of age. She had suffered from the disease about three years; had been tapped five times; on the last occasion, five weeks before the operation. From her general condition, and the rapid reaccumulation of the fluid, it was evident that the patient must soon succumb to the disease, unless its progress could be arrested by excision; to which, after a fair statement of the chances and contingencies, she was anxious to submit. A careful examination led Mr. Grimsdale to expect extensive anterior adhesions; but, in other respects, the case was, to all appearance, favourable for operation.

After the usual incision through the integuments, the subjacent tissues were found to be so matted together by adhesions, and so altered in appearance by long continued diseased action, that it was quite impossible to distinguish or recognise the different layers constituting the coverings of the tumour; so much so, indeed, that after a prolonged and careful examination by the operator, aided by the judgment of his colleagues, as well as of several experienced operating surgeons present, including Mr. Long and Mr. Bickersteth, it was decided to insert the trocar into what was believed to be the exposed ovarian sac, and several quarts of greenish turbid puriform fluid were drawn off. Now, however, a greater and more serious difficulty presented itself; for, on attempting to separate the collapsed tumour from the surrounding adhesions, it was discovered that the sac had not been reached by the incision; but was still invested by a mass of condensed tissue, made up of the inner abdominal walls. The thin and brittle sac was so closely and universally adherent to the peritoneum, that, after a cautious and persevering attempt, it was found to be absolutely impossible, by any justifiable amount of manual interference, to separate it sufficiently to reach the pedicle, or to extract the sac in the ordinary way. Under these circumstances, as the only alternative, the operation was completed by laying open the sac, and uniting the edges of the incision to those of the abdominal wound by metallic sutures, leaving, of course, a free external opening communicating with the ovarian cavity. The patient, as might be expected, died the following day.

From the published records of ovariotomy, it appears that the abandonment of extraction in consequence of adhesions is by no means rare. Dr. Clay, in the appendix to his translation of Kiwisch's *Clinical Lectures*, has tabulated eighty-two such cases; one of which, by Mr. Paget of London (No. 62 in the table), appears to have closely resembled the one I have just related, and in which the same expedient was resorted to when extraction was found impracticable, and with a similarly fatal result.

The following interesting account of a successful case of ovariotomy, under the charge of Mr. Hawett of Wigan, was related, at a recent meeting of the *Medical Institution*, by Mr. Long, who was consulted in the case, and, after one tapping, recommended excision, which he performed (the day previous to the operation at the Lying-in Hospital), with the assistance of Messrs. Hawett and Daglish of Wigan, Mr. Bickersteth and Mr. Grimsdale of Liverpool.

The patient was 42 years of age, married; had never been pregnant. The tumour was first noticed twelve months ago, causing enlargement in the left side and œdema of the left leg and foot. When first seen by Mr. Long on March 11th, the tumour was causing distension almost to bursting. The patient could only lie on her back; respiration was much impeded; and scarcely any food could be taken, apparently for want of room. She was tapped, and fourteen quarts of dark thickish porter-like fluid were evacuated. The sac gradually emptied itself, sank down, and disappeared in the pelvis. In five weeks afterwards it had filled again, and the circumference of the abdomen was only one inch less than before the tapping, having increased two inches in two days. The distension was more distressing than before, the patient urgent for relief; and, after hearing the *pros* and *cons* as to tapping, injection, and removal, excision was performed on April 22nd, exactly six weeks after the tapping.

An incision four inches in length was made in the linea alba, and extensive firm adhesions were separated with considerable force, all round as far as the hand could reach. The trocar was introduced in the centre of the incision, where there was a firm bulging portion of the tumour; but it did not pass into the cavity, and was, therefore, withdrawn, and introduced higher up, and a large quantity of greenish yellow fluid drawn off. The tumour was then dragged out, considerable efforts being necessary to separate the firm adhesions, especially a broad band extending from the lower part of the sac to behind the pubis, which was torn through with much force by both hands. The small intestines were seen covered with granular sand-like lymph (the result of friction rather than of active inflammation). The pedicle was short and thick, not reaching to the surface of the abdomen; being encroached upon by the intracystic growth, a portion of which was left attached to the pedicle after removal. It was somewhat brittle, and was tied with hempen thread in three divisions. There was considerable bleeding into the abdomen, from the cut surface of the pedicle, and from the portion of the tumour left attached to it, which continued even after eight or ten vessels had been tied. As a precaution, therefore, a small clamp was left on. In closing the wound, three wire pins and one suture were used for the upper part, and two for the lower part, both passing through the pedicle.

After the operation, a large warm linseed poultice in flannel was applied all over the abdomen. No food was allowed, but iced champagne in small quantities and enemata of beef-tea; the catheter to be used three times a day, and laudanum injections if pain occurred. The clamp was removed twenty-three hours after the operation. A suppository of opium (gr. iss) was used twice.

On the 24th, vomiting came on, but was relieved by substituting brandy and essence of beef for the champagne. The pulse 118; tongue clean; skin moist; no tympanitis nor tenderness. The three upper pins and the wire suture were now removed, as well as the thread around the pins which passed through the pedicle; the wound had closed by immediate union. On removing the pins, a thin, dark brown, most offensive fluid oozed out through the pin-holes; and, on turning down the pedicle, about four ounces of the same fluid flowed through a small aperture above, and continued to drain away.

A small detached poultice was applied to the stump of the pedicle, which was black and sloughy, and a large poultice as before over the abdomen. Directions were given to raise the edge of the poultice from time to time, to let the fluid escape.

On the 26th, the pulse had fallen to 100; the patient felt much better, and had taken beef-tea. The lowermost pin was removed.

On the 27th, she was still improving; wound almost entirely healed; pedicle firm.

On the tenth day, she was reported convalescent. On May 21st, being the twenty-ninth day after the operation, the patient was gaining in flesh and strength every day. The wound had healed to within half an inch around two of the ligatures which had not yet come away.

The successful issue, after so formidable an operation as this proved to be, was attributed by Mr. Long mainly to the extreme care and attention paid to the after treatment by Mr. Hawett, and also to the *morale* of the patient. She possessed a well regulated mind; was free from either apathy or despondency; and had expressed her conviction that, "if she only got over the operation she was sure to recover." The abstinence from food by the mouth for some time after the operation, the poultices to the abdomen, the change from wine to brandy, were important points in the treatment; and especially the early removal of some of the pins and the thread, allowing the escape of the acrid fluid pent up in the wound.

I have yet another case to mention, which occurred recently in the Workhouse Hospital. Not having had the opportunity of being present, I cannot enter into particulars; but I understand that in this instance, as has not unfrequently happened in the history of ovariotomy, no ovarian disease whatever existed; but a large extrauterine tumour was found connected by a broad base to the fundus of the uterus, which was divided by the *écraseur*, and the tumour removed with great difficulty, owing to extensive firm adhesions. There was a considerable amount of hæmorrhage; but, notwithstanding all these formidable circumstances, the patient has progressed most favourably, and is, I believe, now entirely out of danger, and convalescent.

Before dismissing the subject of ovariotomy, I am glad to have the opportunity of describing a mode of operating which has been successfully practised by Mr. Minshull, consulting surgeon to the *Southern Hospital*, and which, so far as I can learn, has not been adopted or noticed by other operators, and which certainly appears deserving the consideration of those who are interested in this department of surgical practice. I cannot better describe the procedure than by the following brief sketch of a case, the notes of which have been kindly furnished to me by Mr. Minshull, in which he operated in 1853, assisted by the late Messrs. Churton and King Ellison.

The patient was forty-seven years of age, a widow, the mother of children, having ceased to menstruate at forty six. The attack commenced with pain and swelling in the left side, ultimately causing great distension. The patient complained much of the weight of the fluid, and was urgent for relief on that account, as well as from the distress of mind caused by the suspicions excited by her increased size. The fluctuation was very distinct. She had been under a prolonged course of medical treatment by several practitioners, and had taken large doses of iodide of potassium without the slightest relief. The operation was conducted as follows. An incision four inches in length was made in the linea semilunaris of the left side, through the integument and peritoneum down to the sac, which was allowed to protrude into the wound, and to remain in that position unopened for three days, when slight adhesions were formed to the edges of the abdominal incision. The sac during this interval became quite prominent externally, and at the same time contracted in its general contour, becoming, in fact, more manageable and less formidable for extraction than when in its original condition. On the third day, an opening was made into the bulging sac, and about ten quarts of serous fluid drawn off. The wound was kept open for twenty-four hours, to allow any remaining fluid to drain away. On the fourth day, the sac was separated from the edges of the wound, and drawn out by long forceps without much difficulty. The pedicle was tied with a silk ligature, divided, and returned into the abdomen. The wound was closed with ordinary sutures, and healed in two or three weeks. Twenty-two months after the operation, the patient, when last heard of, was in perfect health.

The special advantages of this plan of operation over the ordinary mode of excision appear to consist in the entire security from the escape of fluid into the abdominal cavity, the comparatively slight exposure of that cavity and interference with its contents, and the simplicity and less formidable character of the whole proceeding.

I will close my remarks upon this subject, which have, I fear, already extended beyond the reasonable limits of a special correspondent's letter, by observing that the late Mr. King Ellison of this town, some years ago, in a numerous series of cases, tried the experiment of opening the ovarian cyst, in some instances with *potassa fusa*, in others by a trocar or an incision; and, after evacuating the fluid, he kept the orifice open, to allow the sac to drain; but in every instance the result was fatal; the contents of the sac became putrescent; and the patients all died, either from pyæmia consequent upon absorption of the acrid secretion, prostration, or peritonitis, or possibly from a combination of all the unfavourable contingencies.

A peculiar form of injury has lately been under my observation, which I am induced to mention, because, although not very rare, and probably well known to most practical surgeons, it is nevertheless neither described nor alluded to in systematic treatises on surgery. A joiner fell, or rather jumped to save himself from falling, from a height of about fourteen feet, and lighted upon both heels. He was carried home; and when I saw him shortly afterwards, no indication of external injury could be detected; neither was there any evidence of fracture or displacement of the bones, nor, in fact, any signs of laceration or contusion, either external or internal. The only circumstances which led to the opinion that the injury might be serious, were the height of the fall, and the excruciating pain felt by the patient. He was quite unable to place either foot to the ground. Fomentations, arnica lotions, support by strapping and starched bandages, with complete rest, were successively tried for some days, without any apparent benefit. Full opiates alone relieved the pain.

As the man was quite sure "something was out", and could with difficulty be persuaded from going to a "bone-setter", I recommended him to take further advice; and he was examined by two hospital surgeons, Mr. Bickersteth and Mr. Hakes, who confirmed my opinion that there was neither fracture, dislocation, nor any other lesion that could be detected. The pain and inability to walk continued for five or six weeks, when it gradually diminished, and now, ten weeks from the receipt of the injury, the man is just able to walk with two sticks.

I have since met with a man who informs me that he had a precisely similar accident, except that only one limb was affected, which crippled him for twenty-six weeks, and which appeared to get well by time alone, although he consulted several "doctors", none of whom were able to define the nature of the injury. Although twenty-six years have elapsed since the accident occurred, the man, who is a painter, still suffers occasional pain and partial lameness of the affected foot.

I am told these cases not unfrequently occur in the practice of our hospitals; but the precise form of lesion, which is always so tedious and troublesome in its effects, and yet so obscure in its nature, does not appear to be understood. A patient in the *Royal Infirmary*, under the care of Mr. Bickersteth, who fell from a height, and suffered from this peculiar affection of one foot, sustained also a laceration of the posterior tibial artery of the opposite side, with other injuries, rendering amputation necessary, which ended fatally. In this case, it was found that the tibia on the side least injured was split up longitudinally for about two or three inches; but there was no displacement; and, strange to say, the articular cartilage was apparently uninjured. Whether this splitting of the bone is the invariable or usual form of injury sustained in these accidents can probably be satisfactorily determined by *post mortem* observations alone, as it is certainly quite impossible to discover it during life. Here then is an interesting object for investigation for those who are occupied in the dead-house or the dissecting-room.

Sewage. The Berlin municipal authorities have sent a commission to England to study the system of sewage adopted in London and elsewhere.

Mean Temperature of the Air. The Academy of Sciences has received a communication from M. Becquerel, showing that there exists a vast difference between the temperature of the atmosphere close to the ground, and that measured at an altitude of from sixty to seventy feet above it. The soil, its nature, colour, and the objects which cover it, all influence the temperature within the above limits. It had long been observed that vegetation varies according to height, and that certain plants which cannot be cultivated in the valleys will thrive very well on the tops of the adjoining hills. Often, also, frost will injure the flower of the vine, and respect that of the almond tree close by, which grows at a greater altitude. M. Martins, Director of the Botanical Garden at Montpellier, has observed that laurel, fig, and olive trees die away in the lower parts of his garden, but are spared a few *metres* higher up; though in both cases protected by the same contrivances. M. Becquerel states that the mean temperature of the air at the Garden of Plants during the year 1861 increased regularly from one *metre* to thirty-three *metres* above the soil; and this circumstance has prompted him to endeavour to fix the altitude of which the temperature represents the real average at a given spot. He has remarked the curious fact that at six a.m. all the year round the temperature is the same at any altitude not exceeding twenty-one *metres*; six o'clock a.m. is, therefore, a critical period of the day, the temperature of which must stand in a certain relation to that of the month or year; and this relation he expresses by certain coefficients, which vary according to the different seasons, and reach their *maximum* in summer and their *minimum* in winter. These coefficients, and the mean temperature at six a.m., will determine the temperature of the air at a given hour and altitude.

Reports of Societies.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.

Department of Public Health.

Friday, June 13th, 1862.

W. Fairbairn, Esq., F.R.S., President, in the Chair.

Dr. **Aldis** read a paper on Gas: its Effects upon Health, and the Results of recent Gas-Legislation.

Dr. D. **Thompson**, F.R.S., offered some remarks on the impurities of the water supply of towns, suggesting the process of boiling as the most simple and effective method of getting rid of them.

Dr. **Bryson**, Inspector of Fleets, read a paper on the Inutility of the System of Quarantine as Practised in most Countries.

Dr. **Milroy** read a paper on the Health of the Army and Navy, compared with each other. Generally speaking, the ratio of ill-health appears to be somewhat higher in the navy than in the army since the recent improved sanitary condition of the soldier. In the amount of invaliding, the navy is very much in excess. That in both services much still remains to be done to diminish the losses by sickness and death cannot be doubted. Lord C. Paget, in moving the Navy Estimates this year, alluded to the high rates on several foreign stations, owing mainly to overcrowding of the men between decks.

A report by the late Dr. **McWilliam** on the High Mortality in the Mercantile Marine, produced such an impression upon the department that, on the motion of Lord Talbot de Malahide, it was resolved that the matter should be brought under the notice of the Government.

The Use of Scheele's Green and other Metallic Pigments in Textile Fabrics, Artificial Flowers, and Paper-Hangings was commented on by Dr. **Hassall**, in a paper in which he forcibly described the baneful and sometimes fatal results which ensue.

Mr. J. T. **Hammack** mentioned that the proportion of blind people in the whole population of the United Kingdom was one in 1000. In England, the number was 19,200, and the proportion to the population one in 1046. Of the deaf and dumb, there were 19,000 in the kingdom, or about one in every 1600. He pointed out that these maladies were rarely congenital, and often arose from bad nurture, injurious employments, and other causes. He argued that an application should be made to the Government to give some support to the institutions for the education and maintenance of the blind and deaf and dumb.

The proceedings of the Association were brought to a close at the evening meeting in Burlington House, over which Lord Brougham presided. The Secretary read the report of the Council, giving a general review of the papers and discussions in each of the sections, and expressing thanks to the various societies and official persons who had given assistance to the Association during the course of the meeting. In respect both of the number and importance of the papers communicated, and of the large attendance of members, the present meeting is pronounced to have been brilliantly successful. The Association has received invitations for next year from York and Newcastle-on-Tyne, between which it remains for the Council to choose. The noble President, in moving the adoption of the report, observed that there had been an addition to the roll of members of a hundred more than at the Glasgow gathering, although there was on that occasion a considerable increase; and that, owing to the extra expenses which had this year been incurred, there was a deficit.

Medical News.

Royal College of Physicians. At the Comitia Majora, held on Wednesday, June 25th, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Philipson, George Hare, M.B., Newcastle-on-Tyne
Taylor, John, M.D., 64, Queen's Road, Bayswater
Wallis, Francis, M.B., Braceborough, Stamford

Apothecaries' Hall. On June 19th, the following Licentiates were admitted:—

Anthouisz, James E., Colombo, Ceylon
Badcock, Lewis Carter, Crescent Place, Camberwell
Brown, George, Colchester
King, Thomas, Guy's Hospital
Mahon, George Annesley Derville, Aspley, Woburn
Nelson, Samuel, Acomb, near York
Robson, Matthew James, North Shields
Shapland, John Dee, Oakfield, North Molton

APPOINTMENTS.

Bothwell, George G., Esq., appointed Resident Medical Officer to the Guildford and West Surrey Dispensary.

Du Pasquier, Claudius F., Esq., appointed Apothecary to Her Majesty, in the room of the late John Nussey, Esq.

Gray, Thomas S., M.D., elected Surgeon to the Middle District of the Royal Infirmary and Dispensary, Dundee.

***Goodwin**, John W., M.D., of Bury St. Edmunds, appointed one of the Examiners for Medical Degrees in the University of Cambridge.

Harris, Arthur B., L.R.C.P.Ed., elected Surgeon to the Royal Cornwall Sailors' Home, Falmouth.

Ingram, Charles P., M.D., appointed Assistant-Physician to the Hospital for Sick Children.

Tucker, Owen, Esq., appointed Surgeon to the Bath Lying-in Charity.

Royal Army. The following appointments have been made:—

Gilborne, Surgeon R., 89th Foot, to be Surgeon 6th Dragoon Guards, *vice* D. S. Smith.

Greig, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 2nd West India Regiment, *vice* Macaulay.

Jameson, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 47th Foot, *vice* H. Grange.

Porter, Staff-Surgeon J. .H, to be Surgeon 89th, Foot, *vice* R. Gilborne.

Sharp, Assistant-Surgeon W., 83rd Foot, to be Staff-Assistant-Surgeon, *vice* J. Jameson, M.D.

Smith, Surgeon D. S., 6th Dragoon Guards, to be Staff-Surgeon, *vice* E. W. Skues, M.D.

Wills, Staff-Assistant-Surgeon C. S., to be Assistant-Surgeon 83rd Foot, *vice* W. Sharp.

Royal Navy. The following appointments have been made:—

Forrest, Edward P., Esq., Assistant-Surgeon, to the *Black Prince.*

Jones, John W., Esq., Acting Assistant-Surg., to the *Black Prince.*

Mulaney, J., Esq., Assistant-Surgeon, to the *Hawke.*

Richardson, W., Esq., Surgeon, to the *Hawke.*

Sissons, William H., Esq., Acting Assistant-Surgeon (additional), to the *Narcissus.*

Thomas, David, Esq., Surgeon, to the *Black Prince.*

Volunteer Corps. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Johnstone, T., Esq., to be Surgeon 19th Lanarkshire R.V.

McPherson, J., Esq., to be Assistant-Surg. 19th Lanarkshire R.V.

Simonds, T. R., Esq., to be Surgeon 1st Sussex A.V.

To be Honorary Assistant-Surgeons:—

Jones, O'B., Esq., 25th Surrey R.V.

Pocock, C., Esq., 1st Sussex A.V.

DEATHS.

Dawson. On June 15th, at Wray Castle, Windermere, Margaret, wife of James Dawson, Esq., Surgeon.

Darling. On June 13th, at 6, Russell Square, Jane, daughter of George Darling, M.D.

Fox. On June 19th, at Weston-super-Mare, Emma Selina, daughter of Edward Long Fox, M.D., late of Brislington.

***Jessop**, Walter, Esq., at Cheltenham, aged 34, on June 21.

Kent, Walton, Esq., of Walsham-le-Willows, Suffolk, aged 59, on June 12.

Maclaren. On June 21st, at 29, Harley Street, aged 4, Sarah L., second daughter of *A. C. Maclaren, Esq.

Macrae, Alexander, M.D., Surgeon H.M. 97th Regiment, aged 34, at Kensington, on June 23.

Radcliffe Infirmary. Mr. Combe, Printer at Oxford, is about to build, at his own expense, a chapel for the Radcliffe Infirmary.

Royal Medical Benevolent College. The tenth annual festival of the Royal Medical Benevolent College was celebrated on Wednesday week at Willis's Rooms, St. James's. Earl Powis presided.

Dr. Daniel Wilson of Toronto is now passing through the press his researches into the origin of civilisation, which will be published in October next, under the title of *Pre-Historic Man.*

Lunacy Inquisitions. Since the passing of the Lunacy Act in 1853, there have been 575 inquisitions in cases of lunacy; but of these twenty-one only have come before a jury.

A Physiological Professor Wanted. The University of Melbourne offers £1,000, with a residence, to the candidate whom they may select as a fit and proper person to be their professor of anatomy, physiology, and pathology. Private practice will not be allowed.

Royal College of Physicians. At the Comitia Majora held on June 25th, the following officers were elected for the ensuing year:—*Censors*, Dr. Budd, Dr. A. Farre, Dr. Birkett, and Dr. Monro; *Treasurer*, Dr. Alderson; *Registrar*, Dr. Pitman.

Donation to the late Surgeon at St. Helena. The French Emperor has presented Dr. Alexander, once Colonial Surgeon at St. Helena, with a gold snuff-box, to mark his esteem for the services rendered by Dr. Alexander to the French soldiers of the mission sent to Longwood.

The Homœopathists have a hospital in Washington, and are calling loudly for donations and contributions. It is to be hoped that its patrons will not contribute according to the homœopathic principle—that the higher the dilution, the more potent the remedy." (*American Med. Times.*)

Vacancies. The following appointments are vacant:—Physician to St. Luke's Hospital for Lunatics; two Physicians to the Staffordshire General Infirmary; six Medical Officers for the Camberwell Provident Dispensary; Medical Officer for District No. 7 of the Battle Union, Sussex; two Medical Officers for the Huddersfield Union; two Medical Officers in the Buntingford Union, Herts; and Surgeon to the St. Pancras Workhouse and Infirmary.

The late Mr. Simon Road Pittard. We are requested by Mr. Stone, of the Royal College of Surgeons, to state that he has received and handed over to the widow for her assistance, and that of the eight children of the late lamented Professor Pittard, of the University of Sydney, the following sums received by him for that purpose:—Charles Downes, M.R.C.S., White Street, Southwark, £5:5:0; Henry Smith, F.R.C.S., Caroline Street, Bedford Square, £2:2:0; and Henry Stevens, M.D., Grosvenor Street, Grosvenor Square, £1:1:0.

Hospitals. Dr. Marion Sims writes thus in reference to one of the uses of hospitals:—"To the question whether it were possible to effect a cure, I replied that I did not know, for the books threw no light on the subject; but that the only rational treatment appeared to me to be surgical, *i. e.*, dividing the muscles and nerves of the vulval opening. They seized on the idea, and insisted on the operation, which I declined to perform, on the ground that an untried process was not justifiable on one in her position in social life, the hospital being the legitimate field for experimental observation."

National Association for the Promotion of Social Science. The following medical men are members of the Council:—Sir Benjamin Brodie, Bart.; Sir James Clark, Bart.; Sir Charles Hastings; Sir Ranald Martin, C.B.; Dr. Watson, President of the College of Physicians; Dr. Acland; Dr. Niel Arnott; Dr. Babington; Dr. A. W. Barclay; Dr. Conolly; Dr. William Farr; Dr. Greenhill; Dr. Guy; Dr. Headlam Greenhow; Mr. Charles Hawkins; Mr. Philip Holland; Dr. Lankester; Dr. Markham; Dr. Milroy; Dr. John Ogle; Mr. Henry Rumsey; and Mr. Simon.

Losses in the Medical Department of Gen. Banks' Army. The loss in medical men was large. Dr. Mitchell, First Maryland, wounded and captured at Front Royal; Dr. Gillespie, Twenty-second Indiana, left at Strasburg; Dr. Porter, Assist. Surgeon U.S.A., left at Strasburg; Dr. Leland, 2d Massachusetts, captured on the field at Winchester; Dr. Johnston, Fourteenth Indiana, captured on the field at Winchester; Dr. Adolphus, Best's regular battery, remained to take care of sick captured in ambulance; Dr. Bissell, Assistant Surgeon, Fifth Connecticut, captured; Dr. Stone, Assistant Surgeon, Second Massachusetts, captured at hospital in Winchester. (*American Medical Times.*)

Wills and Bequests. The will of John Nussey, Esq., late of Chislehurst, Kent, formerly of Cleveland Row, St. James's, has been proved in London, under £35,000. It disposes of his property, real and personal, in trust for the benefit of his wife and children, devising certain estates in Yorkshire, subject to his sister's life interest therein, to his eldest son; directing that his estates, real and personal, should be sold, the trustees retaining a sum equal to £2,000 for each child—if sons, on attaining twenty-one; or daughters, on marriage; applying the remainder of the income of the proceeds arising from the sale thereof for the benefit of his relict and children under her care, and upon her decease to divide the residue amongst the children in certain proportions.

Association of Medical Officers of Asylums and Hospitals for the Insane. The annual meeting will be held in London at the Royal College of Physicians, at one o'clock on Thursday next, July 3rd, under the presidency of Dr. Kirkman, Superintendent of the Suffolk County Lunatic Asylum, who will deliver an address to the association. The dinner will be held at the Star and Garter, Richmond, at 6 p.m. Ticket, £1:1, inclusive. Members proposing to dine, are requested to forward their names to Dr. Robertson, the honorary secretary, Hayward's Heath, Sussex. Members of the profession desirous of admission into the association, are requested to communicate with the honorary secretary before the day of meeting. Notice of communications, and of subjects for discussion at the annual meeting, may be made to Dr. Robertson. Members of the committee are requested to meet at the College of Physicians, at twelve, noon, on the day of meeting. Foreign physicians visiting London are cordially invited to attend the annual meeting and dinner of the association.

Death from Chloroform. A death arising from the administration of chloroform took place on Saturday last at the United Hospital, Bath, during the performance of an operation for the removal of a tumour on the lower jaw of a widow named Susan Harrison, aged 40. At the inquest, which was held on Monday at the Guildhall, Bath, the house physician, Mr. Barter, deposed to administering a drachm of chloroform on a napkin, and afterwards a second drachm when the first had evaporated. Her pulse at that time was very good, and in six minutes she was totally insensible. The operation was then commenced, and the tumour was laid bare; this took about four minutes, and by this time the second quantity of chloroform was almost inhaled, and the patient was becoming slightly conscious; he therefore poured another drachm on the napkin, which he held to her mouth, and she took one inspiration, when he noticed the pulse suddenly stop. He removed the napkin from her face, and the operation was suspended. She gave three or four gasps, and in about half a minute she was dead. Every effort was made to restore animation, but without effect. Mr. Gore, who performed the operation, said that no precaution was neglected which it was customary to take in such cases. On a post-mortem examination it was found that the deceased was suffering from fatty degeneration of the heart, which, it was stated in evidence, to be impossible to discover during life. The jury returned a verdict that death was caused by the effects of chloroform.

Royal College of Surgeons of England. The following are the subjects for the Collegial and Jacksonian Prizes for the present and succeeding year, to be awarded by the Council of this institution:—The Collegial Triennial Prize on The Structural Anatomy and Physiology of the Lymphatic Vessels and Glands (the Anatomical Distributions not being required); the communication (if any) between the Lymphatics and the Blood-vessels to be demonstrated; and the influence (if any) which the Lymphatic Vessels or Glands exercise on the fluid they transmit to be elucidated. The Dissertation to be illustrated by Preparations and Drawings. There are two Jacksonian Prizes for the present year, the subjects of which are the Relative Value of the Treatment of Popliteal Aneurism by Ligature and by Compression: illustrated by a reference to cases; and the Healthy and Morbid Anatomy of the Tonsils, and the appropriate Treatment of their Diseases: illustrated by preparations and drawings. There are also two subjects for prizes for the ensuing year, 1863; namely: The Pathology and Treatment of Diseases of the Larynx: the diagnostic indications to include the appearances as seen in the living person: the dissertation to be illustrated by drawings and preparations; and the Normal and Pathological Anatomy of the various Synovial Bursæ connected with the Muscles and Tendons of the Upper Extremity, and the Treatment of their Diseases: the dissertation to be illustrated by preparations and drawings. The terms and conditions will appear as an advertisement in the next number of this Journal.

American Red Tapeism. From every quarter we hear the same universal complaint of want of preparation, of tardiness to meet the exigencies of battles, and, in consequence, of the sacrifice of human life, with a vast amount of needless suffering. The horrors of the battle-fields of Bull Run, Fort Donaldson, Pittsburgh Landing, Williamsburgh, etc., can never be written, and yet all occurred under circumstances which allowed of more or less complete preparation. The battle of Bull Run took place under the immediate inspection of the official head of the Medical Bureau; it was planned weeks beforehand, and admitted the most ample medical provision; yet the nation is not and never will cease to thrill with horror at the mention of its name, and the recollections of the terrible sufferings which followed the disaster. At Fort Donaldson the poor sufferers remained for days uncared for, lying on the snow; not because succor was not at hand, for private bounty had furnished an ample supply and freely offered it; but because an official, rejoicing in the glittering bauble "U. S.," could not unwind the red-tape which bound his official legs, in forty-eight to sixty hours. Pittsburgh Landing found the same army utterly unprepared in its medical department for battle, and the first assistance that reached the sufferers came from Chicago, hundreds of miles distant, by private hands, after the news of the battle was received. Tardiness and tedious formality marked every movement for days, while hundreds of wounded were weltering in their blood, unable to move a step from the spot where they fell. The recent battle of Williamsburgh was but a repetition of the same scenes, with all their sad and harrowing consequences. The wounded were left unprovided with attendants, shelter, or means of transportation, except of the rudest character. The principal provisions for the immediate care of the sick and wounded were, as in nearly every instance, made by the Sanitary Commission or charitable associations. In our military hospitals we find the same want of earnest and systematic labour. The sick and wounded are waiting at the threshold before the building is in readiness to receive them." (*American Medical Times.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.
TUESDAY.	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1·30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
FRIDAY.......	Westminster Ophthalmic, 1·30 P.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M.: Additional Meeting, to receive the Report of the Committee on Suspended Animation.

WEDNESDAY. Obstetrical Society of London, 8 P.M.: Dr. McClintock (Dublin), "Clinical Report on Turning in Cases of Disproportion." Also papers by Dr. Harley, Dr. Braxton Hicks, and Dr. Tilbury Fox.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—JUNE 21, 1862.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week.....................	Boys .. 942 Girls .. 971	1913	1104
Average of corresponding weeks 1852-61		1824	1184

Barometer:

Highest (Th.) 29.897; lowest (Sat.) 29.620; mean, 29.780.

Thermometer:

Highest in sun—extremes (Mon.) 107 degs.; (Sat.) 80 degs.

In shade—highest (Mon.) 68.7 degrees; lowest (Sun.) 45.5 degs.

Mean—54.9 degrees; difference from mean of 43 yrs.—4.6 degs.

Range—during week, 23.2 degrees; mean daily, 16.6 degrees.

Mean humidity of air (*saturation*=100), 81.

Mean direction of wind, N.W.—Rain in inches, 0.60.

TO CORRESPONDENTS.

⁎ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

QUACKERY OF CHLOROFORM.—SIR: A new or secret mode of administering chloroform in midwifery cases has made some noise at one part of London; there is always an attraction or a charm for certain minds as to what is secret, and consequently for this so-called *novum organon* in obstetrics. The secret mode is merely a mixing of chloroform with spirit and some strong smelling spices. This mixture is a mistake, for you have to be always squeezing the spirit out of the sponge. I am, etc.,

June 12th, 1862. M.D.

CHLORODYNE.—SIR: Any one that tastes chlorodyne can at once see it is a mixture in the main of chloroform, treacle, and hot spices; but the formula has been openly printed over and over again. Dr. Lankester deserves much credit for his letter on chlorodyne; but let not the BRITISH MEDICAL be the first journal to be obliged to stop advertising it, while the other journals continue to do so. I quite agree with Dr. Lankester, there is no difference whatever between chlorodyne and Holloway's pills. We are soon, it is said, to have a great noise in the public press about the etiquette of this selfsame chlorodyne; it will do good, however, to show that in the main the mind of the profession is with you and sound, and that conscientious men are against secret remedies on principle. I am, etc.,

May 30th, 1862. NEMO.

IS ALCOHOL FOOD?—SIR: Be good enough to tell us what amount of evidence will be sufficient to overcome the bigotted dogma—that to call alcohol food, is an abuse of language? How any one knowing the composition of farinaceous food and alcohol respectively, can propound such an assertion, is marvellous.

Pray tell us what a learned Editor considers to be food? whether, and how long, persons can live without food? lastly, whether an individual, against whom there is no breath of slander, is to be disbelieved because her statements militate against the prejudices of the British Medical Association Editor?

Do tell me, too, what you mean by "clinical precision"? If a mother, nurse, brother, wife, or husband, tending a sick patient, assert that he takes nothing but brandy and water, and stand all the cross-examination of such an one as yourself—for other people know how to ask questions to satisfy themselves of the correctness of any statement—is such testimony to be trusted? or is it to be disbelieved, because the attendant might have winked, or fallen asleep, or gone away for a few moments, or might have lost memory? or that the invalid might have got some food smuggled in somehow or other, which, of course, he would be very determined to do, as he detested all food of the usual kind.

Or, if a man tell you that he takes no solid food of any kind—or, at the most, takes a meal once a week—is he to be believed, or discredited, because he must be fibbing to plague the philosophers.

Please tell us too whether you will require the patient to be weighed at intervals, to demonstrate that there is no loss of bulk; and then that they shall be kiln-dried afterwards, to prove whether the bulk is due to additional water or spirit? I am, etc., THOMAS INMAN, M.D.

12, Rodney Street, Liverpool, June 14th, 1862.

[From what we know of Dr. Inman's writings, we can fully understand that he knows not the value of the words "clinical precision". As, however, he asks us what we mean thereby, we will tell him by adducing a striking example of a want of clinical precision. In the JOURNAL of November 16th, 1861, Dr. Inman wrote as follows:—"I have investigated five cases, in which for many months nothing more was taken but alcohol and water—the persons keeping up their apparent health and strength, and one increasing in fat." This statement seemed to us so important and strange, that we requested the writer to give us the facts with clinical precision; *i. e.,* scientifically stated. Dr. Inman thereupon gave his cases in the JOURNAL of November 30th, 1861, and we recommend their perusal to any one who may be interested in knowing the real value of the facts upon which Dr. Inman founds the conclusion above given. The cases appear to us, as we suppose they will to most other men of medicine, utterly valueless, being totally devoid of all "clinical precision". ED.]

COMMUNICATIONS have been received from:—Dr. HANDFIELD JONES; Mr. A. B. STEELE; Dr. LATHAM; Dr. RAIMBET; G. J.; Dr. C. L. ROBERTSON; Dr. RADFORD; Mr. STONE; Dr. EDWARD H. SIEVEKING; Dr. VOSE; Mr. F. H. HARTSHORNE; Dr. JAMES RUSSELL; Dr. DIEUDONNÉ; Mr. O. PEMBERTON; Mr. H. DUNCALFE; Dr. ACLAND; Mr. JAS. GARDNER; BRISTOLIENSIS; Mr. O. HULME; Mr. I. HARRINSON; Dr. J. Z. LAURENCE; Dr. GRAILY HEWITT; Dr. KELBURNE KING; THE HON. SECS. MED. CHIR. SOC.; and Mr. WILLIAM COPNEY.

BOOKS RECEIVED.

2. Short Abstract of the Diagnosis, Prognosis, and Treatment of the Diseases of the Ear. By Dr. Kramer.
3. Prolapsus, Fistula in Ano, and Hæmorrhoids. By T. J. Ashton.

INDEX.

A.

Abdominal walls, diagnosis of swellings of, 493
Abel and Field, Messrs., detection of bismuth in presence of copper, 574
Abortion, attempt to produce in case of extrauterine fœtation, Dr. Walker on, 361; connected with syphilis, 554
Abscess, lumbar, opening into lungs, 336
Academy of Medicine in Paris, prizes of, 39, 40; proceedings in, 41, 123, 150, 152, 179, 188, 290, 341, 464, 525, 632
——— of Medicine in Belgium, prizes of, 123
——— of Sciences in Paris, prize of, 40; proceedings in, 124, 151, 179, 447, 525, 580, 631
Acari, poisons food for, 373
Acetic acid in eczema, 444
Acne, diagnosis of from lupus, 9
Actea racemosa in rheumatism, 65
Action for assault against a surgeon, 23; for recovery of fees, 99, 106, 206, 463; for breach of agreement, 132; for libel, 176, 186; for recovery of bill for drugs supplied to a dispensary, 233, 242; under the Medical Act, 261; for neglect, 388, 391; for libel against a clairvoyante, 632
Acton, Mr. W., communicability of syphilis by vaccination, 207, 214
Acupressure in Edinburgh, 391
Ægophony, value of as a physical sign, 95
Adams, Mr. J., cancer of male breast, 637
——— Mr. W., consultation with a homœopath, 547, 554
Adamson, Dr. E., arsenic and sesquicarbonate of ammonia in ague, 574
Adder, death from bite of, 560
Adulteration of food, 122
Advertising, indirect, 192
Age, influence of on scarlet fever, 119
Ague, brass-founders', 264. *See* Fever, Intermittent.
Air, supply of to public buildings, 106
Air-passages, foreign bodies in, Dr. Armstrong on, 436; Dr. Monckton on, 437
Albuminuria, hydrotherapy in, 17, 201; in scarlet fever, 211; in connexion with hæmaturia, 326
Alcock, Mr. R., 688
Alcohol, Messrs. Lallemand, Perrin, and Duroy on action of, 40, 152; letters on, 74, 157; in rheumatic fever, Dr. Beale on, 81, 111; use of, Dr. C. R. Bree on, 103; in tetanus, 410; leading article on, 629
Aldis, Dr., effects of coal-gas, 126, 344; Simmons's gas and water connector, 237
Alford, Mr. H. J., amputation by Teale's method for diseased ankle, 456
Algiers, Dr. De Pietra Santa on Climate of, *rev.*, 308
Allwork, Mr. C. L.; peculiar case of variola, 434
Alpine club in Vienna, 465
Althaus, Dr. J., cases treated by Faradisation, 72; Cases treated by Faradisation, *rev.*, 121
Amaurosis, hereditary, 316; with tænia, 627
Ambulance surgeon, Dr. Appia's, *rev.*, 460
American medical works, neglect of in America, 150; news, 242, 641; doctors, 270; medical students, 314; physicians, status of, 373; war taxes, 423
Ammonia in scarlet fever and measles, 384; antiseptic properties of, 468; sesquicarbonate of in ague, 574
Amputation, deaths from, 162; Teale's, for diseased ankle, Mr. H. J. Alford on, 456; through lower third of thigh, Mr. Syme's rules for, 581
Anæsthesia following labour, Dr. Copeman on, 34; local, new method of procuring, 41, 151, 202
Analyst, public, at Birmingham, appointment of, 313
Anasarca, hydrotherapy in, 47, 201
Anatomical supplies, 339
Anatomy in London, *Dublin Medical Press* on, 372
Anchylosis, congenital, of elbow-joint, 14; Mr. Brodhurst on, 369
Andaman islanders, 76
Anderson, Dr. T. McC., on Parasitic Affections of the Skin, *rev.*, 63
Andrews, Mr. A. B., abortion connected with syphilis, 554
Aneurism of femoral artery, 42; of popliteal artery, *ib.*; treatment of by flexion, 181; of aorta, Dr. Goodwin on, 302; of superficial palmar arch, 439; iliac, operation for, Mr. Syme on, 497, 636; successful ligature of common iliac for, 526
Animal Kingdom, Dr. R. E. Grant on Primary Divisions of, *rev.*, 308
——— magnetism, legal decision on in France, 41.
Animals, effect of coal-gas on, 126, 344
Ankle, diseased, Mr. H. J. Alford on case of, 456; serocystic tumour near, 684
Anonymous, the, in journalism, leading article on, 204; letters on, 212, 240, 293, 294, 321
Anthrax, creeping, 410
Antiphlogistic method, example of, 151
Ants, guano destructive to, 390
Anus, operation for relaxed sphincter of, 72; preternatural, complicating congenital umbilical hernia, 201; imperforate, perineal incision in, 604
Aorta, aneurism of, Dr. Goodwin on, 302
Aortic valves, Dr. H. Salter on regurgitant disease of, 109, 137; specimen of disease of, 129; diagnosis of insufficiency of, 335
Apnœa neonatorum, Mr. Greaves on, 344
Apothecaries' Hall, petition on poor-law medical reform, 556; pass-lists. *See* Medical News.
Apothecary, duties of the, 270
Appia, Dr. P. L., Ambulance Surgeon, *rev.*, 460
Arctic expedition, Dr. Hays's, 23
Arm, contraction of the, 94
Armstrong, Dr. J., foreign bodies in windpipe, 436
Army, appointments in, 23, 49, 75, 131, 268, 347, 372, 422, 447, 506, 559, 590, 640; military honours at burials of medical officers of, 40; suicides in, 50; recognition of services of surgeons of, 137; exclusion of natives of India from, 215; sanitary state of, 289; syphilis in, 463
—— American Confederate, instructions regarding, 546
————— Federal wounded soldiers in, 78; condition of, 98, 179; homœopathy in, 106, 160, 179, 241; medical editors in, 179; use of stimulants in, 561
—— Austrian, new oath for surgeons of, 151
—— Belgian, syphilis in, 580
—— Indian, appointments in, 49; drunkenness in, 76; medical officers of, 269, 448
—— Prussian, ophthalmia in, 314
Arsenic in lupus, 10; eating of, 68; preparations of for external use, 72; smoking of in asthma, 76; in intermittent fever, 117, 574; in ladies' dresses, 177; a test for, 215; and mercury, iodide of, 439; in paper-hangings, alleged poisoning by, 474, 507
Arteries, compression of in inflammation of joints, 118; obstruction of, a means of diagnosis in, 202
Artery, femoral, aneurism of, 42; embolism of followed by gangrene, Mr. P. Hewett on, 354; popliteal, aneurism of, 42; superficial palmar, aneurism of, 439; iliac, aneurism of, 497, 636; common iliac, ligature of, 526

Artesian wells in France, 51
Arthritis, acute rheumatic, elastic collodion in, 151
Artificial respiration, method of, 262
Artists, calls of on doctors' charity, 152
Arum maculatum, poisoning by, 525
ASSOCIATION, BRITISH MEDICAL, prospects of, 14; amalgamation of country medical societies with, 233; report of meeting of Committee of Council, 392; financial report for 1861, *ib.*; memorial of Committee of Council on poor-law medical reform, 416; list of members of 657
———— Bath and Bristol Branch, ordinary meetings, 235, 526
———— Birmingham and Midland Counties Branch, general meeting, 207, 417
———— East York and North Lincoln Branch, annual meeting, 611
———— South Eastern Branch, East Kent district meetings, 343, 554; West Kent meetings, 368, 466
———— West Somerset Branch, annual meeting, 633
Association, American Medical, 397, 474
———— British, for Advancement of Science, subscriptions at Manchester, 22
———— Dublin Zoological, opening of session of, 132
———— Manchester Medico-Ethical, annual report of, 261
———— of Metropolitan Medical Officers of Health, reports of, 237
———— National, for Promotion of Social Science, 363; Public Health Committee of, 373; department of Public Health, 398; grant of Guildhall to, 447; meeting of, 507, 561, 609; reports of, 634, 670
Assolant, M., his notions of England, 687
Asthma, arsenic-smoking in, 76; from pressure on superior vena cava, 573
Astragalus, dislocation and fracture of, 328
Asylum, New York State Inebriate, 132
Atrophy, congenital, of patellæ, 118; muscular, following acute diseases, 200; of deltoid muscle, 439
Attfield, Mr., poisons food for acari, 373
Australia, Sir R. Murchison's prophesy of gold in, 33
Austria, health of Empress of, 241, 610, 632
Autoplastic operations, Mr. A. Prichard on, 304, 358, 408

B.

Babington, the late Dr. C. M., 161; will of, 323
Bachelors in surgery, 395
Bailey, Mr., cod-liver-oil jelly, 128
Baizeau, M., inflammation of neck of bladder complicating urethritis, 119
Ballard, Dr. E., tactile sensibility of the hand, 343
Bannoscheidt, M., a revulsor, 575
Barclay, Dr. J., gratuitous medical services, 163, 238
Barium, chloride of in tetanus, 604
Barnes, Dr. R., thrombosis and embolia of lying-in women, 236; bronchopneumonia in parturient women, 292; ovum in ovo, 468
Barometer, a new, 347
Barthez, M., expectant treatment in pneumonia of children, 465
Basham, Dr. W. R., Disease of the Kidney, *rev.*, 230
Bath, warm, in strangulated hernia, 37; hot air for hospitals, 72; use of in leucorrhœa, 84; Turkish, in Cork Lunatic Asylum, 550
Bayes, Dr. W., medical consultations with homœopaths, 588
Beadle, conduct of a, 43
Beale, Mr. L. J., London pumps, 638
———Dr. L. S., treatment of rheumatic fever, 81, 111; anatomy of the liver, 375, 402
Beau, M., water-treatment in dropsy, 201
Beddoe, Dr. J., relation of temperament and organisation to disease, 431
Begbie, Dr., diphtheria and its sequels, 581
Belgium, syphilis in army of, 580
Belladonna, effects of antagonised by opium, 372
Bennett, Dr. J. H., Introduction to Clinical Medicine, *rev.*, 460
———— Dr. J. R., hydrotherapy in hospital practice, 39, 47
Bentley, Professor, testimonial to, 675
Bequests, 50, 372, 447, 465, 498
Beraud, M., collateral cardiac circulation, 292
Berchon, M., disorders from tattooing, 257
Bernard, M. Cl., description of, 398
Beyran, M., administration of copaiba, 118
Bickersteth, Mr. E. R., excision of lower maxilla, 42; ligature of common iliac artery, 526; excision of joints in the Liverpool Infirmary, 588
Billi, Dr., congenital umbilical hernia complicated with preternatural anus, 201
Biot, M., death of, 179
Bird, Mr. J., proposed dinner to Mr. Martin, 320
—— Mr. P. H., plan of ventilation, 397
Birth, concealed, 128
Births in Paris, 161
Bismuth, detection of in presence of copper, 574
Bladder, diseased, how to relieve pain in, 119; inflammation of neck of, complicating urethritis, *ib.*; Dr. Graily Hewitt, on disordered conditions of, in women, 135; female, exfoliation of, 209
Blennorrhagia, diagnosis from urethrorrhœa, 118
Blind asylum in Philadelphia, 45
Blondin, M., performances of, 443
Blood, coagulation of during life in parturient women, 236; in urine, 300, 325; neutralisation of ferment in, 339
Bloodletting in hernia, 36; in uræmia, 120; in the Lisbon hospital, 341; and starvation, 365; in inflammation, Dr. Ciaccio on, 498, 552
Blower, Mr. W., medical treatment of strangulated hernia, 36
Board of guardians, conduct of a, 269
Boinet, M., on Paris hospitals, 70
Bones, coloration of in sucking animals, 99; influence of various diseases on growth of, 466; abscess of, 628
Bonnet, M., statue of, 17
Borlée, Dr., external use of iodine in photophobia, 13
Bouchut, M., influence of growth on diseases of children, 69
Bouillaud, M., rheumatic fever treated by bloodletting and starvation, 365
Bourgeois, Dr., rupture of uterus after Cæsarean section, 439
Boussingault, M., gas evolved from plants, 17
Bouvier, M., feet of Chinese women, 256
Bowles, Mr., R. L., position in accident and disease, 625
Bowman, Mr., reported resignation of, 656
Brassfounders' ague, 264
Breast, fibro-nucleated tumour of, 236; M. F. Troup on cancer of, 279; male, cancer of, 637
Bree, Dr. C. R., use of alcohol, 103
Breech-presentation complicated by hydrocephalus, 13
Bretonneau, M., death of, 234
Brewster, Sir D., on quackeries, 27
Briquet, M., case of fatal embolia, 290; on English hospitals, 341, 390
British and Foreign Medico-Chirurgical Review and intraocular myotomy, 529
———— Museum, natural history collection, 397, 550
Broca, M., modifications in temperature from arterial obstruction, a means of diagnosis, 202
Brodhurst, Mr. B. E., on anchylosis, 369; old dislocations their reduction, 670
Brodie, Sir B., retirement from Council of College of Surgeons, 496, 506
———— "Dr.," in Inverness, 447
Bromide of potassium in chordee, 341
Bronchus, Dr. Armstrong on foreign body in, 436; Dr. Monckton on, 437

Bronchitis with pericarditis, Dr. A. T. H. Waters on, 223; with emphysema, treated by stimulants, Dr. Waters on, 622
Bronchopneumonia in lying-in women, 292
Bronzed skin, Mr. T. Taylor on, 330
Brown, Dr. C. B., scarlatina in puerperal women, 143
——— Dr. F. J., medical charges, 295; unity of the human race, 345; traumatic tetanus, 435
——— Mr. I. B., and Dr. Stewart, 48, 74, 104, 578, 591, 606, 614; operation for relaxed sphincter ani, 72; retained menses from atresia vaginæ, 210; ovariotomy, 368
Brown-Séquard, Dr. C. E., functions of cerebellum, 628
Bryant, Mr. T., Clinical Surgery, *rev.*, 121; analysis of 230 cases of lithotomy, 528
Burgiss, Dr., amaurosis with tænia, 627
Burn from oil of vitriol, 517; followed by chorea, *ib.*
Burns, Dr. J. J. D., case of meningitis, 600
Burton, Mr. W., professional charges, 130
Burying alive in Constantinople, 390
Butcher, Mr. R. G. H., Reports in Operative Surgery, *rev.*, 362

C.

Cabaret, M., hydrocephalus complicating breech-presentation, 13
Cæsarean section, cases of, 234, 439; rupture of uterus after, 439
Caffe, M., treatment of pyrosis, 256
Calculus, diseased kidney from, 71; in urethra for long period, Mr. Walton on, 225. *See* Lithotomy and Lithotrity.
California, frequency of abscess of bone in, 628
Calomel vapour-bath, Mr. H. Lee on, 53, 195
Cancer, diagnosis from lupus, 9; of tongue, 21; epithelial, Mr. Gay on pernitrate of mercury in, 59; of breast, Mr. F. Troup on, 279; of stomach, 344; of stomach, Mr. Grantham on, 599; gastric concretion presenting signs of, 603; of male breast, 637
Caplin, Dr., performance of, 17
Carbolic acid, uses of, 344, 347
Carbonic acid, action of on wounds, 444
Carlsbad water in gout, Dr. Meryon on, 169
Carter, Dr. H. V., origin of chylous urine, 317; the Indian fungus-disease, 441
Cartilages, moveable, in knee-joint, Mr. Syme on, 191; Mr. W. J. Square on, 539, 570
Castella, Dr., fracture of false rib from sneezing, 41
Cat-o'-nine-tails, a French description of, 390
Cataract, evacuation of aqueous humour in, 132, 627; Mr. H. Walton on, 329, 458, 598
Catheter, female, introduction of, 167
Cattle, diseased, 475
Caucellas, Dr., poisoning by arum maculatum, 535
Cauliflower excrescence, discharge from, 29
Cauterisation by electric heat in diseases of women, 20
Cavour, the late Count, legacy of, 99
Censure, a proper, 424
Cephalotripsy, 99
Cerebellum, red softening of, 438; functions of, 628
Cerebritis, Mr. Dunn on, 379
Certificates, gratuitous, 159, 184; refusal of, in Paris, 313. *See* Medical Certificates.
Chambers, Dr. T. K., acute laryngitis, 163; importance of the digestive organs in therapeutics, 427; physicians' fees, 445, 532; treatment of pulmonary consumption, 511
Chancre, indurated, Mr. Gay on pernitrate of mercury in, 60; non-inoculable, 156; Mr. L. Parker on various forms of, 226
Chappell, Dr., gastric concretion simulating cancer, 603
Charges, professional, leading article on, 148; letters on 130, 159, 213, 267, 295; remarks of Medical Protection Society on, 398. *See* Medical Charges.
Chassaignac, M., work on abscesses and drainage, 100
Chelsea gardens, 414
Chemistry at the International Exhibition, 347, 559
Child, Mr. Cousins on intussusception in a, 647
Children, influence of growth in diseases of, 69; worms in, 74; intussusception in, 291; newly born, apnœa of, 344; expectant treatment of pneumonia in, 465
Childs, Mr. G. B., clothing of the police, 51
China, report of *pharmacien* in expedition to, 124
Chinese women, feet of, 95, 256
Chloracetisation, 202
Chloric ether, 527
Chlorides in urine in scarlet fever, 211
Chlorodyne, advertisements of, 528, 556, 588; formula for, 528
Chloroform, deaths from, 40, 507, 609; in ophthalmic surgery, 52; leading articles on, 66; letters on, 104, 129, 158, 184, 265, 557; solution of gutta percha in, 162; Dr. Skinner on new preparations from, 489; effects of on nervous centres, 525; in epilepsy, 627
Chlorosis, importance of diagnosis of, 41
Cholesteatomatous tumour, 444
Chordee, bromide of potassium in, 341
Chorea, effects of medicine in, 340; following a burn, 517
Choroiditis, syphilitic, 200
Chylous urine, connection of with affection of lymphatic system, 317; case of, 318
Ciaccio, Dr. J. V., bloodletting in inflammation, 498, 552
Circulation, collateral cardiac, 292
Civiale, M., lithotrity by, 289, 439
Clarke, Mr. W. M., excision of eyeball, 306
Cleaning old books, etc., 615
Climatology, Medical, Dr. Scoresby-Jackson on, *rev.*, 11
Clinical Essays, Dr. Richardson's, *rev.*, 119; Surgery, Mr. Bryant's, *rev.*, 121; instruction in San Francisco, 448; Medicine, Dr. J. H. Bennett's Introduction to, *rev.*, 460
Clot in pulmonary artery, 465. *See* Embolism
Coal-gas, poisonous effects of, 126, 344
Coals, Dr. Ody on suffocation by fumes of, 35
Cochin China ulcer, 494
Cochlea, necrosis of, 637
Codex, new edition of French, 151
Cod-liver oil with iron, 7; prevention of sickness from, 17; jelly of, 128; deodorisation of, 292
Coffee in strangulated hernia, 36
Colchicum, diuretic action of, 145
Cold, means of producing, 525
Cole, Mr. J., treatment of scarlatina, 303
College, King and Queen's, of Physicians in Ireland, new bill regarding, 323, 348; right of to give title of Doctor, 296, 320, 347, 370, 371, 420, 470, 471
——— Queen's, Birmingham, donations to, 132
——— Queen's, Cork, fire at, 560
——— Royal, of Physicians of Edinburgh, new charter of, 133; Dr. W. Hitchman and the licentiateship of, 206, 233, 266, 322, 340, 395, 412, 421, 502; pass lists, 215, 241; proceedings in case of Dr. La'Mert, 656
——— Royal, of Physicians of London, pass lists, 215, 397, 422, 473; lectures at, 217, 367, 462; resolution regarding title of doctor, 232; new president of, 415; new officers of, 422; proposed examinations in surgery at, 497; *soirée* at, 640; resolution of thanks to Dr. Mayo, 674
——— Royal, of Surgeons of Edinburgh, pass list, 215; resolutions regarding Medical Council and College of Surgeons of England, 631
——— Royal, of Surgeons of England, pass lists, 131, 160, 241, 372, 422, 473, 505, 533, 558, 589, 639, 674; lectures in, 161, 260, 640; prizes of, 372; election of members of Council in, 443, 446, 498, 503, 504, 556, 579, 613, 631, 672; leading articles on, 460, 522, 575, 656; Sir B. Brodie's resignation at, 496, 506; opening

of Hunterian museum of, 506; extracts from by-laws of, 579; conduct of with regard to Medical Council, 604, 630
College, Royal, of Surgeons of Ireland, new president of, 609
——— University, resignation of Dr. Walshe at, 533; prizes at, 536
Colleges of Physicians, use of title of doctor by licentiates of, 232, 240, 296, 313, 320, 347, 370, 413, 417, 418, 419, 420, 470, 471, 472
Collodion, elastic, 151; vesicating, 574
Colour, green, arsenic in, 177
Coma from flooding after delivery, Dr. Copeman on, 34
Complexion, relations of to disease, 431
Compression for popliteal aneurism, failure of, 42
Congrès International de Bienfaisance, 609
Conjunctiva, Mr. J. Z. Laurence on inflammation of, 61
Conolly, Dr., effects of intercourse with the insane, 51
Constipation, M. Trousseau on, 632
Contagion, period of, 158
Contraction of the arm, 94
Convulsions, puerperal, causes and treatment of, 144; treatment of, 444; post partum, Dr. Mushet on, 457
Cooper, Dr., abscess of bone, 628
Copaiba, administration of, 118
Copeman, Dr. E., rare cases in midwifery, 33, 198, 404, 489, 649; on inflammation and pneumonia, 112
Copper coin in gullet, Mr. Syme on œsophagotomy for, 299
Cornea, Mr. J. Z. Laurence on inflammation of, 61
Coroner for Middlesex, a medical, 16, 149, 608, 631, 655; division of districts for, 474, 641
Cotton, Dr. R. P., hospital patients, 503; experiments on excreta of serpents, 519
Cousins, Mr. E., intussusception in a child, 647
Cows, diseased, 185
Cox, Mr. Sands, memorial to, 475, 640
Craig, Dr., testimonial to, 206
Cretins in Savoy, 70
Crisp, Mr. J. H., treatment of varicose ulcers, 129
Croup, hydrotherapy in, 95; tracheotomy in, 455
Cullerier, M., inoculability of secondary syphilis, 288
Cunningham, Dr. R. W., case of hydrophobia, 142
Curtis's inhaler, 203
Cyanosis, Dr. Swayne on case of, 253

D.

Daniell, Mr. E., cases of union of severed fingers, 37
Dannecy, M., an adjunct to cod-liver oil, 17
Darwin's hypothesis, difficulties in, 377
Dauvé, M., enchondroma of testicle, 257
Davey, Dr. J. G., treatment of hydrocele, 296; Medical Evidence in Law Courts, *rev.*, 385
Davies, Mr. F., brandy in ipecacuanha, 157
Davis, Dr. J. H., occlusion of os uteri, 470
Davy, Sir H., proposed monument to, 23
Day, Dr. G. E., the University of St. Andrew's, 49
—— Dr. W. H., neuralgia of uterus, 5
Dayman, Mr. H., the anonymous in journalism, 240, 321
Deaf and Dumb Asylum, 559
Deaths, violent, 585. See Medical News
Debout, M., glycerole of starch for ointment, 234; treatment of pityriasis, 257
Delioux, M., external use of iodine in pleuritic exudation, 13; therapeutic uses of olibanum, 118
Delirium, Mr. Dunn on, 356, 379; tremens, treatment of, 65; Mr. Weaver on, 407
Deltoid muscle, atrophy of, 439
Demarquay, M., dislocation of the foot forwards, 95; gases in traumatic emphysema, 178; erectile tumours in muscle, 201; action of carbonic acid on wounds, 444
Demeaux, M., lumbar abscess opening into pleura, 336
De Méric, Mr. V., gonorrhœal ovaritis, 317
De Morgan, Mr. C., median lithotomy, 371; Malgaigne's hooks for fractured patella, 543
Denmark, small number of homœopaths in, 444
Dental neuralgia, arrest of, 119
Dentes sapientiæ, disorders from evolution of, 257
Dentistry in Turkey, 107
De Pascale, Dr., curious effects of malaria, 141
De Pietra Santa, Dr. P., Climate of Algiers, *rev.*, 308
Desmarres, M., laceration of the iris, 386
De Valencé, M. C. Poupinel, non-inoculable chancres, 156
Devers, M., hydrocephalus complicating breech-presentation, 13
Diabetes, treatment of by sugar, 162, 465; theories of causation of, 291
Dickinson, Dr. W. H., acute rheumatism, 671
Diday, M., urethral discharges, 118; on duality of syphilis, 259; transmission of syphilis by inoculation of blood, 632
Digestive organs, Dr. Chambers on importance of in therapeutics, 427
Dilatation of os uteri, 681
Dinners in Paris, 124
Diphtheria, paralysis following, 41; M. Trousseau's views on, 44; Dr. J. Russell on cases of, 58; Dr. Begbie on, 581
Discharges from generative organs, Dr. G. Hewitt on, 27, 54, 84
Discoloration of skin during pregnancy, 210
Disease, Dr. Latham on, 2, 25; Dr. Dobell on Germs and Vestiges of, *rev.*, 12; Dr. Markham on treatment of, 31, 86; Dr. Jackson on treatment of, 492
Diseased animals, effect of eating flesh of, 502
Dislocation of foot forwards, 95; congenital, of patellæ, 118; of shoulder in epileptic seizure, Mr. Dunn on, 140; of astragalus, 328; of humerus, 418
Dislocations, old, Mr. Brodhurst on, 671
Dispensary, action against medical officers of a, 233
Dobell, Dr. H., Germs and Vestiges of Diseases, *rev.*, 12
Doctor, the title of. *See* Medical Titles and Colleges of Physicians.
Dolbeau, M., a symptom of fracture of base of skull, 603
Donations, 50, 132, 423, 559
Donovan, Mr., inefficiency of henbane, 386, 496
Douche, the uterine, 235
Dropet, M., alterations of tincture of iodine, 628
Dropsy connected with Disease of Kidney, Dr. Basham on, *rev.*, 230; acute, Dr. J. Russell on therapeutics of, 428
Druggists, rights of, 77; duties of, 463
Drunkenness in France, 124; in New York, 132
Duchenne, Dr., atrophy of deltoid muscle, 439
Dufossé, Dr., voice of fish, 349
Dumollard's head, 323, 341
Duncan, Dr. J. M., internal surface of uterus after delivery, 584
Dunn, Mr. R., dislocation and fracture of humerus in epilepsy, 140; medical psychology, 332, 356, 379, 521, 571
Dysentery and typhus, 365
Dysmenorrhœa, Dr. Routh on, 453; Dr. G. Hewitt on, 643, 680
Dyspnœa of heart-disease, Dr. Salter on, 109

E.

Ear, necrosis of internal, 637
Eczema, treatment of by acetic acid, 444; Dr. C. H. Jones on, 484
Edinburgh, sanitary state of, 391
Edinburgh *Veterinary Review*, 41
Editors in American army, 179
Eggs, sex of, 505
Elaterium in cardiac dropsy, 139
Elbow-joint, double congenital anchylosis of, 14; excision of, 527
Electric heat, cauterisation by, 20

Electro-magnetiser, on, 459
Ellis, Mr. R., cauterisation by electric heat, 20; nitrate of silver, 635
Embolia in lying-in women, 236; of femoral artery, 354; of pulmonary artery, 465
Emigration from Scotland, 237
Emphysema, traumatic, gases in, 178; with bronchitis stimulants in, 622; generalised, 603, 673
Enchondroma of testicle, 257
Endometritis, Dr. Routh on, 192, 219, 245; on consequences of, 453, 537, 566
Engel, M., double inguinal hernia on same side, 118
Epilepsy, Mr. Dunn on dislocation and fracture during fit of, 140; trephining in, 144; hereditary, Dr. J. Russell on, 248; chloroform in, 627; a new remedy for, 670
Epithelial cancer, Mr. Gay on pernitrate of mercury in, 59
Epistaxis, arrest of by deep inspiration, 367
Error, a slight, 374
Erysipelas, Dr. Latham on, 479, 596
Erythema, Dr. H. Jones on, 682
Esquirol, statue to, 444
Ether and chloroform, 66, 158, 184; deaths from, 345
Ethical question, an, 130, 159
Eustachian tube, Mr. Toynbee on action and uses of, 593
Evans, Mr. C. J., burn with sulphuric acid, 517; chorea following a burn, *ib.*; tetanus after scald, 518; senile gangrene, *ib.*
Evidence, Medical, in Law Courts, Dr. Davey on, *rev.*, 385. *See* Medical Evidence
Excision of lower jaw, 42; of upper jaw, 236, 581; of elbow-joint, 527; of joints at the Liverpool Infirmary, 553, 588
Excreta of Reptiles in Phthisis. *See* Phthisis.
Exhibition, International, chemistry at the, 347; jury for surgical instruments, etc., 498
Exostosis of orbit, 236
Experience, Dr. Latham on, 617
Extrauterine fœtation, Dr. T. Walker on case of, 361
Exudations in pleurisy, removal of, by iodine, 13
Eye, Mr. J. Z. Laurence on inflammation of, 61; Mr. W. M. Clarke on excision of, 306; optical defects of, 316; Dr. R. H. Taylor on syphilitic affections of, 331; hæmorrhage into anterior chamber of vicarious of menstruation, 604; photographs of the, 640; accommodation-power of, 651
Eyelids, larvæ of meat-fly within the, 202; Mr. Prichard on plastic operations on, 359, 408

F.

Face-presentations, turning in, 343; case of, 396
Fano, Dr., unusual course of inguinal hernia, 256
Faradisation, cases treated by, 72; Dr. Althaus on, *rev.*, 121
Farre, Dr. J. R., biography of, 551
Febrile diseases, influence of on menstruation, 255
Fees. *See* Medical.
Feet of Chinese women, 95, 256
Female convicts, 137
Femur, fracture of during pregnancy, 209
Fenwick, Dr. S., desquamative gastritis in scarlatina, 72
Ferguson, Dr. J. R., mode of carrying vaccine lymph, 627
Féthié, diseases on board the, 152, 313
Fever, Dr. Latham on, 25, 451, 477, 563; at Over Darwen, 467
——— intermittent, nitric acid in, 65; arsenic in, 117; arsenic and sesquicarbonate of ammonia in, 574
——— rheumatic, Dr. Beale on treatment of, 81, 111
——— scarlet. *See* Scarlatina.
——— typhoid, causation of, 237; contagiousness of, 412
——— typhus, on board the *Scheah Gehaed*, 365; death of Poor-law medical officers from, 415; in Cork, 475
——— yellow, spotted hæmorrhagic, on Peruvian Andes 19
Fish, voice of, 349
Fisher, Dr., precautionary measures in ovariotomy, 145
Fistula, lacrymal, 444
Fitzroy, Admiral, signs of the weather, 217
Flandin, M., spontaneous generation, 152
Fletcher, Mr. F. D., supposed concealed birth, 43, 128; hypertrophied labium, 127
Flexion, treatment of aneurism by, 181
Flint, Dr. A., jun., action of the heart, 386
Flogging, medical superintendence of, 261
Flourens, M., on character of Gall, 70
Food, adulteration of, 122; diseased, effects of, 348
Foot, dislocation of forwards, 95; fungous disease of, 441
Foreign bodies in pharynx, 209; in air passages, Dr. Armstrong on, 436; Dr. S. Monckton on, 437
Foucher, M., local anæsthesia, 151
Fournié, M., production of local anæsthesia, 41; chloracetisation, 202
Fowler, Dr. R., poor-law medical reform, 420, 501, 532
Fracture of false rib from sneezing, 41; of femur during pregnancy, 209; of astragalus, 328; of patella, Mr. De Morgan on Malgaigne's hooks for, 543; of base of skull, ecchymosis of pharynx in, 603; ununited, of humerus, successfully treated, 628
Fractures, compound, treatment of, 106
Frech, M., hydrocephalus implicating labour, 13
Freedom of slaves and physic, 160
Frerichs, Dr. F. T., Diseases of the Liver, *rev.*, 544
Fresh air and preaching, 353
Friedberg, Dr., imperforate anus successfully treated, 604
Frommann, Dr., deposition of nitrate of silver in internal organs, 337
Fund, Medical Benevolent, appeal in behalf, 16, 18
Fungus-disease, Indian, 441
Fuzier, Dr., feet of Chinese women, 95

G.

Gairdner, Dr. W. T., Public Health in Relation to Air and Water, *rev.*, 438
Galen's first study of osteology, 78
Galenzowski, Dr., new ophthalmoscope, 100; syphilitic choroiditis, 200
Galium album in epilepsy, 670
Gall, character of, 70
Gangrene of foot from embolism of femoral artery, Mr. P. Hewett on, 354; senile, Mr. C. J. Evans on, 518
Garibaldi, physical description of, 85
Garlick, Mr. F. S., poor-law medical reform, 319
Gas and water connector, 237. *See* Coal-Gas.
Gastric concretion simulating cancer, 603
Gastritis, desquamative, in scarlatina, 72
Gastrorrhœa, treatment of, 256
Gastroscope, 105
Gay, Mr. J., external use of pernitrate of mercury, 59
Gee, Dr., diseased aortic valves, 128; gastric hæmorrhage, *ib.*
Germs and Vestiges of Disease, Dr. Dobell on, *rev.*, 12
Generative organs, Dr. G. Hewitt on discharges from, 27, 54, 84
Gibb, Dr. G. D., Diseases and Injuries of the Hyoid Bone, *rev.*, 309
Glycerole of starch, 234
Goître in Savoy, 70
Gold, discovery of in Australia, 33
Gomes, M. B., last illness of the King of Portugal, 580
Gonorrhœa, Dr. G. Hewitt on, 57
Gonorrhœal ovaritis, 317
Goodwin, Dr. J. W., aneurism of aorta, 302
Gorham, Mr., a poor-law medical appointment, 424

Gosselin, M., suprapelvic hæmatocele, 603
Gould, Mr. H. M., concealed internal hæmorrhage, 600
Gout, Dr. Meryon on Carlsbad waters in, 169
Grant, Dr. R. E., Primary Divisions of the Animal Kingdom, *rev.*, 309
Grantham, Mr. J., carcinoma of the stomach, 599
Granulation of medicines, Dr. Skinner on, 172
Gratuitous medical services. *See* Medical Services.
Greaves, Mr. G., apnœa neonatorum, 344
Greenhow, Dr. E. H., brass-founders' ague, 264; fever at Over Darwen, 467
Griffin, Mr. R., poor-law medical reform, 46, 185, 289, 297, 319, 373, 394, 446, 507, 531, 556, 613
Grinding, 165
Gross, Dr. S. D., ununited fracture of humerus, 628
Growth, influence of on diseases of children, 69
Guardians, a virtuous board of, 205
Gubler, M., muscular atrophy after acute diseases, 200
Guecchi, M., chloride of barium in tetanus, 604
Guépin, hæmorrhage in anterior chamber of eye vicarious of menstruation, 604
Guernsey militia-surgeons and homœopathy, 233, 269
Gunshot-wounds, Mr. Longmore on, 63; of lung, 132
Gusserow, Dr., lead-poisoning, 117
Gutta percha, solution of in chloroform, 162
Guy Patin on a dinner of learned men, 124

H.

Hæmatocele, suprapelvic, 603
Hæmaturia, Dr. H. Salter on, 300, 325
Hæmorrhage, gastric, 128; nasal, arrest of by inspiration, 367; uterine, Dr. Copeman on case of, 404; from rectum, 581; concealed internal, Mr. H. M. Gould on, 600
Hæmorrhoids, treatment of, 65
Hæmostatic, a new, 65
Hakes, Mr. J., excision of malignant tumour from face, 42
Haldane, Dr., bronzed skin, 65; correspondence on case of Dr. Hitchman. *See* College, Royal, of Physicians of Edinburgh.
Hall, Dr. C. R., pulse-breath, 262; on medical evidence, 366
—— Dr. E. F., medical charges, 267
Hammond, Dr. W. A., nitric acid in intermittent fever, 65; diuretic action of colchicum, 145
Hand, tactile sensibility of, 343
Hanks, Mr. H., Teething of Infants, *rev.*, 285
Hard case, a, 346
Hargrave, Professor, podophyllin, 64
Harley, Dr., report on case of exfoliation of female bladder, 209; jaundice, 636
Hart, Mr. E., treatment of aneurism by flexion, 181; dislocation and fracture of humerus, 488
Hartley colliery accident, services of medical men at, 150, 213
Hastings, Sir Charles, presentation of testimonial to, 97, 106
———— Dr. J., Excreta of Reptiles in Phthisis, *rev.*, 284; motion for action against the *Lancet*, 523
Hays, Dr., summary of Arctic Expedition, 23
Heale, Dr. J. N., Physiological Anatomy of the Lungs, *rev.*, 362
Heart, Dr. H. Salter on regurgitant aortic disease, 109, 137; Mr. J. K. Spender on, 240; reduplication of second sound of, 119; aortic disease of, 128; Dr. Swayne on case of malformation of, 253; collateral circulation of, 292; diagnosis of aortic insufficiency, 335; action of the, 386, 580; liability to affections of after rheumatism, 671
Heat, action of on the muscles, 256
Helm, Mr. G. F., correspondence with Mr. W. Adams on consultation with a homœopath, 554
Henbane, inefficiency of as usually prescribed, 386, 496
Henri Quatre, a kleptomaniac, 377
Hereditary transmissions, Mr. Whitfeld on, 601
Hermann, Dr., his views of syphilis, 290
Hermaphrodism, case of, 43
Hernia, strangulated, Mr. Blower on medical treatment of, 36; umbilical, difficulties in treatment of, 94; double inguinal on same side, 118; direction of sac of when reduced, *ib.*; strangulated congenital umbilical, 127; congenital umbilical with preternatural anus, 201; strangulated femoral, 251; inguinal, unusual course of, 256
Herpes, Dr. C. H. Jones on, 569
Herpin, M., treatment of hæmorrhoids, 65
Hewett, Mr. P., recovery from pyæmia, 273; dislocation and fracture of astragalus, 328; embolism of femoral artery, 354; sero-cystic tumour near ankle-joint, 684
Hewitt, Dr. Graily, lectures on diseases of women, 27, 54, 84, 135, 165, 480, 643, 680; spina bifida, 46; uterine douche, 235
Higginbottom, Mr. J., the use of alcohol, 74
Higginson, Mr. H. T., easy mode of applying leeches, 144
Hildige, Mr. J. G., evacuation of the aqueous humour in cataract, 627
Hillier, Dr. T., effects of milk of diseased animals, 502; generalised emphysema, 673
Hillocks of St. Michel-en-l'Herm, 525
Hinds, Dr. W., perforating ulcer of stomach, 93, 114
Hip-presentation, Dr. Copeman on case of, 34
Hippocrates, M. Littré's translation of works of, 153
Hitchman, Dr. W., and the Edinburgh College of Physicians. *See* College, Royal, of Physicians
Holland, Sir H., his essays, 569
Holmes, Mr. T., System of Surgery, *rev.*, 62
Holt, Mr. B., Stricture of the Urethra, *rev.*, 202; median lithotomy in a boy, 455
Homœopath, appointment of a, to the staff of a Guernsey militia, 233, 269; Belgian medical press on pretensions of a, 550. *See* College of Physicians of Edinburgh
Homœopaths, a question for, 192; rarity of in Denmark, 444; claims of, 483; medical consultations with, 547, 554, 576
Homœopathy, ladies' patronage of, 75; in the American Federal army, 106, 179, 241, 544; opposition to in Spain, 178; as practised in Manchester, Dr. W. Roberts on, *rev.*, 285; leading articles on, 364, 576, 630; articles on in *London Medical Review*, 524, 549, 557, 588
Hooper, Dr. J., neuralgia treated by oxygen, 277
Horse, ascarides in, 344
Hospital, British Lying-in, vacancies in, 161
———— Lisbon, bleedings in, 341
———— Military, at Riga, example of discipline in, 179
———— New, for Hampshire, 188
———— New Lock, 241
———— Norfolk and Norwich, statistics of for 1861, 611
———— Queen's, Birmingham, enlargement of, 423, 474
———— Royal, for Incurables, 534
———— St. George's, changes in medical staff at, 366
———— St. Mary's, donation to, 75; prizes at, 508
———— St. Thomas's, removal of, 57, 66, 121, 178, 216, 269, 289, 366, 397, 415, 507, 549, 615, 654; income of, 506
———— Westminster, increase of medical staff of, 367
————, attempt to reduce salary of obstetric officer of a, 99; new, at Turin, Count Cavour's legacy to, 99
Hospitals, construction of, 70; London and French compared, 124, 242, 390; of Vienna, crowded state of, 179; medical libraries in, 265; French, condition of, 290, 524, 610; use of ozone in, 389; abuses in, 440, 503, 586; Dublin, 447
Houghton, Mr. J. H., treatment of varicose ulcers, 91
Huguier, M., difficulties in treatment of umbilical hernia, 94

Human species, unity of, 248, 345; kingdom, 591

Humerus, dislocation of, with fracture of surgical neck, Mr. E. Hart on, 488; ununited fracture of successfully treated, 628

Humphry, Dr. G. M., influence of morbid conditions on growth of bones, 466

Hunt, Mr. T., on lupus, 8

Hunter, memorial tablet to, 424, 534

Husson, M., French and London hospitals, 124

Hutchinson, Dr., alcohol in tetanus, 410

Hydatids of liver and peritoneum, 71

Hydrocele, injection of with turpentine, 209; Mr. E. P. Young on case of, 224; treatment of, 296; Mr. Maunder on case of double, 303; injection of with iodine, 464

Hydrocephalus complicating breech-presentation, 13; Dr. Copeman on case of, 33

Hydrocyanic acid, poisoning by, 77, 347

Hydrogen, therapeutic properties of peroxide of, 317

Hydrometra, Dr. Routh on, 454

Hydropathy, remarks on, 50. *See* Hydrotherapy.

Hydrophobia, Dr. R. W. Cunningham on case of, 142; case of, 488; in Berlin, 498; in Paris, prevention of, 553

Hydrotherapy in albuminuria, 17; in hospital practice, 39, 47, 157; in croup, 95; leading article on, 147; in anasarca, 201

Hygiene in French military schools, 131

Hyoid Bone, Dr. Gibb on Diseases and Injuries of, *rev.*, 309

Hypermetropia, 652

I.

Icard, Dr., disorders from evolution of dentes sapientiæ, 257

Iliac fossa, fibrous tumours of, 336

Illegitimacy in Scotland and on the continent, 216

Impetigo, Dr. C. H. Jones on, 515

Incision of cervix uteri, 681

Income-tax, 177

India, Mr. W. J. Moore's Manual of Diseases of, *rev.*, 309

Infanticide in London, 423, 474

Inflammation, Dr. E. Copeman on, 112; stimulants in, 314; Dr. Latham on, 477; Dr. Ciaccio on, 498, 552

Inhaler, Curtis's, 203

Injections in leucorrhœa, 85

Insane, intercourse with the, 51

Insanity, ancient ideas of, 30; what constitutes it, 38

Insecticides, 341, 595

Instruments for making fine sections, 179

Intemperance, death from, 448

International Exhibition, chemistry in the, 559

Intestines, affection of cæcal portion of, 125; obstruction of, Dr. W. Newman on, 197; endemic prevalence of worms in, 257

Intraocular myotomy, *British and Foreign Medico-Chirurgical Review* on, 529

Intussusception in children, 291; in a child, Mr. Consins on, 647

Iodine, external use of in photophobia of ophthalmia, 13; in pleuritic exudation, *ib.*; injection of in spina bifida, 14; injection of in ovarian cyst, 152; injection of in hydrocele, 464; alterations in tincture of, 628

Iris, Mr. J. Z. Laurence on inflammation of, 62; M. Desmarres's method of laceration of, 386

Iron and cod-liver oil, 7

Italy, middle, pellagra in, 154

Itch, treatment of, 128

J.

Jackson *versus* Gee, case of. *See* Medical Charges.

——— Dr. J., Letter to a Young Physician, *rev.*, 491

Japanese ambassadors, the, 507, 534, 562

Jaundice, Dr. Frerichs's views on, 544; Dr. Harley on, 636

Jaw, upper, excision of, 236, 581

Jenner, removal of statue of, 188

Johnson, Dr. G., disease of the kidney, 266

Joints, compression of arteries in disease of, 115; excision of in the Liverpool Infirmary, 553, 581, 588

Jones, Dr. C. H., cases of malarioid diseases, 89; pathology and treatment of skin-diseases, 484, 515, 569, 623, 646, 682

——— Dr. H. Bence, resignation of, 366

Jordan, Dr. R. T., his aphrodision, 123

Journalism, the anonymous in, 204, 212, 240, 293, 294, 321

K.

Keffer, M., nitric oxide ointment, 439

Kennion, Dr., the medical men at the Hartley colliery accident, 213

Kidd, Dr. C., worms in children, 74; ether and chloroform, 104, 158; deaths from ether, 345; chloroform accidents, 557; the late Mr. Stanley's practice, 639

Kidney, excision of a, 17; hydrotherapy in disease of, 47; disease of from calculus, 71; displacement of, 118; Dr. Basham on Dropsy connected with Disease of, *rev.*, 230; disease of, 266; Dr. Salter on hæmorrhage from, 300

Kirchhoff and Bunsen's researches, 337, 411

Kleptomaniac, a royal, 377

Knee joint, moveable cartilages in, Mr. Syme in, 191; Mr. W. J. Square on, 536, 570

Kuhne, M., terminations of nerves in muscles, 202; action of heat on muscles, 256

L.

Labour, Dr. W. H. Day on uterine neuralgia after, 5; difficult, from hydrocephalus, 3, 33; from hip-presentation, 34; mode of artificial, 70; difficult, from locked head, 213; occlusion of os uteri after, 470

Lallemand, M., appointed chief physician to the Mexican expedition, 131; in alcohol, 152; death of, 550

Lambs, new disease among, 610

Lancet, Dr. J. Hastings's motion for action against the, 523

Landouzy, M., ægophony as a physical sign, 95

Lane, Mr. J., strangulated femoral hernia, 251

Langlebert, M., his ideas on venereal virus, 260

Lankester, Dr. E., causation of typhoid fever, 237; chlorodyne, 588; his candidature for the Middlesex coronership, 609, 631, 655; London pump-water, 673

Larghi, Dr. extirpation of tonsils, 314

Larvæ of meat-fly within eyelids, 213

Laryngitis, Dr. T. K. Chambers on, 163; Mr. Young on laryngotomy in, 168

Laryngoscopy, Dr. Sieveking on, 684

Larynx, ulceration of, 237

Latham, Dr., general remarks on practice of medicine, 2, 25, 451, 477, 563, 596, 617, 677

Laurence, Mr. J. Z., idiopathic inflammation of the eye, 61; optical defects of the eye, 316

Lead, deposition of in internal parts, 117

Le Barillier, Dr., endemic prevalence of intestinal worms, 257

Lectures, Germs and Vestiges of Disease, Dr. Dobell's, *rev.*, 12; on diseases of women, Dr. Graily Hewitt's, 27, 54, 84, 135, 165, 480, 643; on rheumatic fever, Dr. Beale's, 81, 111; on regurgitant aortic disease, Dr. Salter's, 109, 137; on acute laryngitis, Dr. T. K. Chambers's, 163; on diseases of women, Dr. Routh's, 192, 219, 245, 453, 537, 566; on recovery from pyæmia, Mr. P. Hewett's, 273; on hæmaturia, Dr. Salter's, 300, 325; on embolism of the femoral artery, Mr. P. Hewett's, 354; on the anatomy of the liver, Dr. Beale's, 375, 402; Lettsomian, on Phlegmasia Dolens, Dr. Mackenzie's, *rev.*, 382; on the importance of the digestive organs in therapeutics, Dr. Chambers's, 427; Introductory to Clinical Medicine, Dr. J. H. Bennett's, *rev.*, 460; on pulmonary consumption, Dr. Chambers's, 511

Lee, Mr. H., the calomel vapour-bath, 53, 195; operations for varicose veins, 73; non-inoculable syphilitic affections, 185; suppurating syphilitic sores, 351; infecting syphilitic sores, 620
—— Dr. R., lectures at the College of Physicians, 366
Leech, loss of eye from bite of a, 573
Leeches, easy mode of applying, 144; application of to cervix uteri, 494
Leg, treatment of varicose ulcers of, Mr. Houghton on, 91; letters on, 129; Mr. H. J. Alford on amputation of by Teale's method, 456
Lejeune, Dr., congenital anchylosis of elbow-joint, 14
Leopold, King, lithotrity performed on, 415, 525
Lepra, diagnosis of from lupus, 9; Dr. H. Jones on, 623, 646
Leriche, M., tannin as an antiperiodic, 257
Leslie, Dr. P., gratuitous medical services, 265
Letheby, Dr., cows and their milk, 185; test for arsenic, 215; effect of diseased food on man, 348
Leucorrhœa, Dr. Graily Hewitt on, 29, 55
Lézerie, Dr., injection of iodine in spina bifida, 14
Libel, action for, 176, 186
Libraries, hospital medical, 265
Life-insurance, benefits of, 425
Lilley, Mr. J. H., case of Jackson *versus* Gee, 130
Lime, chloride of, as an insecticide, 465, 595
Lithotomy, analysis of 230 cases of, 528; median, Mr. Prichard on, 280; letters on, 345, 371; in a boy, Mr. B. Holt on, 455
Lithotrity, performed on King Leopold, 415, 525; M. Civiale's statistics of, 439
Little, Dr., plaster of Paris splints, 64
Littré, M., his edition of the works of Hippocrates, 153
Liver, hydatid disease of, 71; Dr. Beale on anatomy of, 375, 402; Dr. Frerichs on Diseases of, *rev.*, 544
Lloyd, the late Mr. E. A., 448
Lodging-houses, model, 161
London Medical Review and Homœopathy, 524, 549, 557
Long, Mr., excision of fatty tumour, 42
Lorimer, Dr., ulceration of larynx, 237
Lumbar abscess opening into lung, 336
Lunacy, Scotch middle term in definition of, 67; bill, the Lord Chancellor's, 258, 268, 288; the Lord Chancellor on medical evidence in, 340; commissioners, 474; in Scotland, 561, 581; in New York, 674
Lunatic, criminal, death of a, 23; suicide by a, 374; murder by a, 447
Lund, Mr., carbolic acid in lupus, 344
Lungs, gunshot wounds of, 132; lumbar abscess opening into, 336; Dr. Heale's Physiological Anatomy of, *rev.*, 362
Lupus, Mr. Hunt on, 8; Mr. Gay on pernitrate of mercury in, 60; carbolic acid in, 344
Lyman, Dr., accidents following vaccination, 410
Lymphatic system, connection of affection of with chylous urine, 317
Lytton, Sir E. B., his *Strange Story*, 123, 158

M.

Macaulay, Dr. Æ., testimonial to, 297
Macdonald, Dr., actea racemosa in rheumatism, 65
McGrigor, Sir James, anecdotes of, 137, 162
Mackenzie, Dr. F. W., Pathology and Treatment of Phlegmasia Dolens, *rev.*, 382
McLosky, Dr., management of the placenta, 115
McWilliam, Dr. J. O., death of, 497
Maisonneuve, M., sketch of, 78; urethrotome of, 79; tracheotome, 146; his *flèches*, 398
Malaria, Dr. De Pascale on curious effects of, 141
Malarioid disease, Dr. C. H. Jones on, 89
Malgaigne, M., on mortality in Parisian hospitals, 389; his hooks for fractured patella, Mr. De Morgan on, 543
Malpractice. *See* Action.
Man, antiquity of from evidence of language, 398
Mania, hydrotherapy in, 157
Manslaughter, charge of, against a surgeon, 323, 421
Marcet, Dr. W., artificial respiration, 262
Marey, M., his researches on the pulse, 310
Marjolin, M., anecdote of, 99
Markham, Dr., address in medicine, 31, 86
Marriage license, a novel, 539; statistics, 590; early, 615
Martin, Dr. A., cases of traumatic tetanus, 435
——— Mr. T., proposed dinner to, 320
Martyn, Mr. R. W., an useful caution, 530
——— Dr. S., St. Thomas's Hospital, 507
Matches, paraffin, 560
Mattei, M., hydrocephalus complicating labour, 13
Maunder, Mr. C. F., hydrocele injected with lime-water, 203
Mayo, Dr. T., vote of thanks to from the College of Physicians, 675
Meat, diseased, effects of, 348
Meat-fly, larvæ of within eyelids, 202
Medical Act, expenses of the, 497
——— advertising, 509
——— Benevolent Fund, appeal on behalf of, 16, 18
——— certificates, gratuitous, 159, 184, 313
——— charges, letters on, 130, 159, 267, 295; leading articles on, 148, 443; notices on, 217, 398
——— Climatology, Dr. Scoresby-Jackson on, *rev.*, 11
——— Council, new representative in, 506; proceedings of, 548, 577, 607; report of Pharmacopœia Committee of, 582; conduct of the College of Surgeons with regard to recommendations of, 604
——— evidence, in law-courts, 15, 231, 286, 340, 442; Dr. Davey on, *rev.*, 385
——— fees, 217, 396, 445, 504, 532; from assurance companies, 239
——— Institution, Liverpool, report of, 127
——— practice, unqualified, 295
——— practitioners, registration of in Paris, 99
——— psychology, Mr. Dunn on, 332, 356, 379, 521, 571
——— Rome, 71
——— scepticism, modern, 51
——— Section of Manchester Royal Institution, proof, 236, 344, 444
——— services, gratuitous, 96, 175, 258, 314; letters on, 183, 213, 238, 265, 294, 321
——— *Times and Gazette*, change of editorship of, 16, 69
——— titles, 232, 240, 296, 313, 326, 347, 370, 371, 413, 417, 418, 419, 420, 470, 471, 472
——— witnesses, 231, 286, 340
Medicine, Dr. Latham on practice of, 2, 25, 451, 477, 563, 596, 617, 677; Dr. Markham's address in, 31, 86; the science of, 349; Clinical, Dr. J. H. Bennett's Introduction to, *rev.*, 460; Faculty of in Paris, new chairs in, 465, 632
Menière, M., death of, 268
Meningitis, Dr. J. J. D. Burns on, 600
Menses, retention of, puncture through rectum in, 210; from occlusion of os uteri after difficult labour, 470
Menstruation, influence of pyrexial diseases on, 255; hæmorrhage in anterior chamber of eye vicarious of, 604; Dr. G. Hewitt on pain attending, 643, 680
Mercury, Mr. Lee on fumigations with in syphilis, 53; Mr. Gay on solution of pernitrate of, 59; in syphilis, Mr. L. Parker on, 226; iodo-arsenite of, 439; ointment of nitric oxide of, *ib.*
Meryon, Dr. E., Carlsbad water in gout, 169
Microscopic organisms, 390
Micturition, Dr. Graily Hewitt on disorders of, 135, 165
Middle term in lunacy, a Scotch, 67
Midwifery, Dr. Copeman on rare cases in, 33, 198, 404, 489, 649; chair of in Paris, 397
Militia-surgeons in Guernsey, grievance of, 233, 269
Milk of diseased cows, 185, 502; act to prevent adulteration of in New York, 367
Miracles, modern, dissected, 76
Mitchell, Mr. J. T., puerperal peritonitis, 500

Mont Blanc, scientific ascent of, 4
Moore, Dr., diabetes mellitus, 291
——— Mr. W. J., Diseases of India, *rev.*, 309
Moreau, M., death of, 99
Morgagni, letter of, 464
Morgan, Mr. J., contagion, 158
Morris, Dr. E., Mr. Paget and the Council of the College of Surgeons, 503
——— Mr. W. W., gratuitous medical certificates, 184; the Medical Act, 282
Mott, Dr. V., protest against homœopathy, 241
Mucous discharges from the vagina and uterus, 29
Mummy, an Egyptian, 444
Murchison, Sir R., his prophesy of gold in Australia, 33
Murder of a physician, 78
Muscle, deltoid, atrophy of, 439
Muscles, atrophy of following acute diseases, 200; erectile tumours in, 201; termination of nerves in, 202, 290; action of heat on, 256
Mushet, Dr. W. B., post partum convulsions, 457
Mushrooms, cultivation of, 78
Myelitis, chronic, Dr. C. Taylor on, 540
Myopia, 651
Myotomy, intraocular, Mr. J. V. Solomon on, 33, 529

N.

Navy estimates, 215; appointments in. *See* Medical News in each number.
Nebinger, Dr., puerperal convulsions, 144
Nélaton, M., on relative success of operations in England and France, 70; case of ovariotomy, 178, 207; fibrous tumours of iliac fossa, 336; caustic in aneurism of superficial palmar arch, 439
Nerves, termination of in muscles, 202, 290
Nervous centres, effect of chloroform on, 525
Neuralgia of uterus after labour, Dr. W. H. Day on, 5; dental arrest of, 119; Dr. Hooper on oxygen in, 277
Newman, Dr. W., obstruction of the bowels, 197
New York, sanitary state of, 149, 179; law against adulteration of milk in, 367; health bill, 578; lunatics in, 674
Nicholson, Mr. J. F., ovarian cysts, 170
Nitric acid in intermittent fever, 65
Nobility, ages of the, 78
Noble, Dr. D., professional etiquette, 159
Non-inflammable fibrous tissues, 341
Norman, the late Mr. E., will of, 557
Nottingham ale, 159
Nunneley, Mr. T., removal of tongue for cancer, 21
Nurses, training school for, 105; female, in army hospitals, 196
Nussey, Mr., death of, 415

O.

Obstruction of the bowels, Dr. Newman on, 197
Ody, Dr. J., suffocation by fumes of coals, 35
Œsophagotomy, Mr. Syme on case of, 299
Ogle, Dr. W., hospital medical libraries, 265; provident medical associations, 586
Ointment, nitric oxide, 439
Olibanum, therapeutic uses of, 118
Operations, reasons of success of in England as compared with France, 70
Ophthalmia in the Prussian army, 268; 314
Ophthalmic surgery, chloroform in, 52
Ophthalmology, society of, 289
Ophthalmoscope, a new, 100; Mr. H. Walton on use of in cataract, 329; Dr. R. H. Taylor on use of in syphilitic affections of vision, 331; Mr. Wordsworth on case illustrating use of, 456
Opium, consumption of in America, 4; antagonism of belladonna to, 372
Oppolzer, Dr., diagnosis of insufficiency of aortic valves, 325; diagnosis of tumours of abdominal walls, 493
Orbit, exostosis of, 236
O'Reilly, Dr. J., Placenta and Organic Nervous System, *rev.*, 203
Organic chemistry, progress of, 610
Orthopædic operations, Mr. A. Prichard on, 304
Orthopnœa, Dr. H. Salter on, 109
Oswald, Mr. H. R., death of, 508
Ovarian cyst, watery discharge from, 29; iodine injection in, 152; Mr. J. F. Nicholson on, 170
Ovariotomy, opinions of French surgeons on, 69; precautionary measures in, 145; performed in Paris, 178, 207; cases of in Liverpool, 208, 689; in London Surgical Home, 368; case of, 469
Ovaritis, gonorrhœal, 317
Ovum, discharge of watery fluid from membranes of, 28; blighted, protracted retention of, 210; in ovo, 469
Oxygen in neuralgia, Dr. J. Hooper on, 277
Ozone in hospitals, 389

P.

Pacchiotti, Dr., on the epidemic of syphilis at Rivalta, 259, 387
Paget, Mr. T., and the Council of the College of Surgeons, 443, 446, 503
Pain attending menstruation, 643, 680; Dr. Latham on, 677
Pajot, M., cephalotripsy, 99; placenta prævia with fibrous uterine tumours, 439
Palate, Mr. Syme on tumours of, 401
Pamard, M., and the Academy of Medicine, 123, 188
Paraffin, test for, 160, 270; preparation of, 349; matches, 560
Paralysis, diphtheritic, at Paris, 41
Paris, births in, 161; hospitals of, 242
Parker, Mr. L., pathology and treatment of syphilis, 226
Parsons, Mr. J. G., the title of doctor, 240
Pasteur, M., microscopic beings, 390
Patella, fractured, Mr. De Morgan on Malgaigne's hooks for, 543
Patellæ, congenital dislocation and atrophy of, 118
Pedralli, Dr., iodo-arsenite of mercury, 439
Peebles, Mr. W. B., creeping anthrax, 410
Pellagra in Middle Italy, 154
Pemphigus, Dr. C. H. Jones on, 516
Pengawar-djambi, a new hæmostatic, 65
Pepsine, impure, 372
Pericarditis, Dr. Waters on cases of, 223
Peritonæum, hydatid disease of, 71
Peritonitis, puerperal, 500
Peroxide of hydrogen, therapeutic properties of, 317
Perroud, M., influence of pyrexial diseases on menstruation, 255
Perry, Mr. M., medical remuneration, 239
Peschko, Dr., Cæsarean section, 439
Petroleum, 373
Pharmaciens, laws in France regarding, 151; advice to, 234
Pharmacopœia Committee, report of the, 582
Pharynx, foreign bodies in the, 209
Phlegmasia Dolens, Dr. Mackenzie on, *rev.*, 382
Photographs of the eye, 640
Photophobia of ophthalmia, iodine in, 13
Phrenology, 398
Phthisis, chlorate of potash in, 167; Excreta of Reptiles in, Dr. J. Hastings on, *rev.*, 284; Dr. Chambers on, 514; Dr. Cotton on, 519; climate of Algiers in, 308; laryngeal, 344; Dr. E. Smith on, 393; prolongation of life in, 463; Dr. Chambers on treatment of, 511
Physic spoon, 152
Physician, last days of a, 270; necessity of learning to, 283; Dr. Jackson's Letter to a, *rev.*, 504
Physicians, fashionable, 521; temperance necessary in, 657; fees of, *see* Medical Fees.
Physometra, Dr. Routh on, 454

Piorry, M., on want of faith in medicine, 69; arrest of nasal hæmorrhage, 367; asthma from pressure on superior vena cava, 573
Pitman, Dr. H. A., the title of doctor, 266
Pittard, the late Mr., presentation to widow of, 241
Pityriasis, treatment of, 257; Dr. C. H. Jones on, 647
Placenta, Dr. McLosky on management of, 115; and Organic Nervous System, Dr. O'Reilly on, *rev.*, 203; prævia, with fibrinous uterine humour, 439
Plants, gases evolved from, 17
Plaster of Paris splints, 64
Plastic operations, Mr. Prichard on, 304, 358
Pleurisy, iodine in plastic exudations of, 13; value of ægophony as a sign in, 95
Pleuropneumonia in Australia, 225, 640
Pneumonia, Dr. Copeman on, 112; in children, treatment of, 465
Podophyllin, 64
Poison, alleged death by, 50; in ladies' dresses, 177
Poisoning by fumes of coals, 35; of noxious animals, 76; by hydrocyanic acid, 77; by coal-gas, 126, 343; by diseased meat, 348; alleged, by arsenical paper-hangings, 474, 507; by arum maculatum, 525; by mistake, 560; by strychnia applied to the puncta lacrymalia, 573
Police, clothing of, 51
Polli, Dr., neutralisation of blood-ferments, 339
Polypi, uterine, watery discharges from, 29; mucous, a result of endometritis, 453
Polysarcia, death from, 144
Poor-law Medical Reform, Mr. Griffin on, 46, 185, 289, 297, 319, 373, 394, 446, 507, 531, 556, 613; Mr. Garlick on, 319; memorial of Executive Committee of Association on, 416; Dr. Fowler on, 420, 501, 531; officer, treatment of a, 205, 389; death of a, from fever, 415
Portugal, deaths in royal family of, 17, 580; medical news from, 179, 341
Position in accident and disease, Mr. Bowles on, 625
Postgate, Mr. J., adulteration of food, 122
Potash, chlorate of in phthisis, 167; permanganate of as a deodoriser, 525
Pregnancy, Dr. G. Hewitt on watery discharges from vagina during, 28; scarlatina during, 143, 267; fracture of thigh during, 209; discoloration of skin during, 210; unsuspected, 585
Presbyopia, 651
Prevault, M., elastic collodion, 151
Prichard, Mr., lithotomy by median operation, 280; orthopædic and autoplastic operations, 304, 358, 408; chlorodyne, 556; immediate treatment of urethral stricture, 650
Prince Consort, the late, physicians of, 16; addresses of condolence on death of, 24, 45, 72; Dr. Ranking on illness and death of, 49; testimonial, 534
Prizes of Academy of Medicine in Paris, 39; of Academy of Sciences, 40; Montyon on action of alcohol, 40; in Manchester School of Medicine, 77; of Belgian Academy of Medicine, 123; of Royal College of Surgeons, 372; in University College, 534
Pruritus of genital organs, Dr. G. Hewitt on, 481
Psoriasis, diagnosis of from lupus, 9; Dr. H. Jones on, 623, 646
Psychology, medical, Dr. Dunn on, 332, 356, 379, 521, 571
Public Health, Dr. W. T. Gairdner on, *rev.*, 438
Puerperal convulsions, 144; Diseases, Dr. R. U. West's Illustrations of, *rev.*, 334
Pulsatile pulmonic crepitation, 120
Pulse in regurgitant aortic disease, 137; leading article on the, 310
Pulse-breath, 262
Pulverisation of liquid medicaments, 150, 341, 578
Pumps, London, 638, 673
Purulent infection prevented by pure air, 459
Pyæmia, Mr. P. Hewett on recovery from, 273
Pyrosis, treatment of, 256, 367
Pythoness, the, 215, 222, 479

Q.

Quackeries of the age, 27
Quacks a hundred years ago, 51; stock in trade of, 316
Quatrefages, M., hillocks of St. Michel-en-l'Herm, 525
Quekett, the late Mr., medal in memory of, 323

R.

Radford, Dr. T., the anonymous in journalism, 212, 293
Railway accidents, 508
Ranking, Dr. W. H., illness and death of the Prince Consort, 49
Raynes, Mr. H., difficult labour from locked heads, 210
Read, Dr., trephining in epilepsy, 144
Rebel doctor, a, 161
Rectum, Dr. G. Hewitt on disorders of in females, 480; bleeding from the, 581
Reed, Dr. Andrew, death of, 269
—— Dr. F. G., affections of cæcal portion of the intestines, 125
Reid, Mr. J., face-presentation, 396
Religieuses prohibited from practising medicine, 41
Respiration, artificial, 262
Retort, a fair, 356
Retroversion of uterus, Dr. Skinner on, 7
Revulsor, M. Bannoscheidt's, 575
Rheumatism, actea racemosa in, 65; Dr. Beale on treatment of, 81, 111; with pericarditis, Dr. Waters on, 223, 224; treatment of in Paris, 345; Dr. Latham on, 478; treatment of, 671
Rhodes, Mr. J., utilisation of professional meetings, 503
Rib, false, fracture of a, during sneezing, 41
Riberi, M., death of, 18
Richardson, Dr. B. W., hot-air baths for hospitals, 72; arsenic for external application, *ib.*; Clinical Essays, *rev.*, 119; peroxide of hydrogen, 317; antiseptic properties of ammonia, 468
Ricord, M., lecture by, 177; his views on syphilis, 261
Rifles, Enfield, wounds from, 65
Rigden, Mr., turning in certain cases of labour, 343
Ringer, Mr. S., on scarlet fever, 211
Rittman, Dr., larvæ of meat-fly within eyelids, 202
Rivalta, syphilis at, 259, 387
Rizet, M., congenital dislocation and atrophy of patellæ, 118
Roberts, Dr. W., wasting palsy, 236; fibro-nucleated tumour, *ib.*; Homœopathy as practised in Manchester, *rev.*, 285; cholesteatomous tumour, 444
Robertson, Dr. C. L., hydrotherapy in hospital practice, 157
Robin and Magitot, MM., on the dental follicles and teeth, 385
Robinson, Mr. J., death of, 269
Rochard, M., the Cochin China ulcer, 494
Roger, M., diphtheritic paralysis, 41; generalised emphysema, 603
Rogers, Dr. W. R., diseased kidney from calculus, 71; hydatids of liver and peritineum, *ib.*
Rome, population of, 57; medical, 71
Rooke, Dr. T. M., the Edinburgh College of Physicians, 421
Roseola, Dr. H. Jones on, 682
Routh, Dr., endometritis, 192, 219, 245, 453, 537, 566
Rowland, the late Mr., 297
Rubidium, chloride of in beetroot, 610
Russell, Dr. J., cases of diphtheria, 58; hereditary epilepsy, 248; therapeutics of acute dropsy, 428
Russian hospitals, discipline in, 179

S.

Salaries of professors in College of France, 179
Salt, effect of, 69
Salter, Dr. H., regurgitant aortic disease, 109, 137; hæmaturia, 300, 325
Sanitary legislation, 474

Sappey, M., on weights of skull and brain, 151
Scandals, medical, a French opinion of, 498
Scarlatina, desquamative gastritis in, 72; Dr. Richardson on, 119; in puerperal women, Dr. C. B. Brown on, 143; malignant, 180; temperature, urea, chloride of sodium, and water in, 211; in puerperal women, 267; Mr. J. Cole on Treatment of, 303; Dr. Witt on Remedy for, *rev.*, 384
Scheah Gehaed, diseases on board the, 365
Schrœder van der Kolk, Professor, death of, 560
Schuler, Dr. C., poisoning by strychnia applied to the puncta lacrymalia, 573
Science, government patronage of, 483
Scientific brutality, 398
Sclerotic, Mr. J. Z. Laurence on inflammation of, 62
Scoresby-Jackson, Medical Climatology, *rev.*, 11
Scotland, fruitfulness of marriages in, 216; illegitimacy in, *ib.*; tubercular disease in, 251
Suicides in, 275; lunacy in, 561; lunacy bill for, 581
Seamen, deaths of, 590
Seasons, influence of in scarlet fever, 119
Sedgwick, Mr. W., hereditary amaurosis, 316
Serpents, excreta of in phthisis, 76; Dr. J. Hastings on, *rev.*, 284; Dr. Chambers on, 514; Dr. R. P. Cotton on, 519
Seutin, Baron, death of, 152
Sewage matter, utilisation of, 234
Sex, influence of in scarlet fever, 119
Shell-mounds in the Malay peninsula, 323
Short-sightedness, Mr. Solomon on treatment of, 33; diagnosis of, 652
Siberian tumuli, 615
Sieveking, Dr., on laryngoscopy, 684
Sight, Mr. J. S. Wells on Long, Short, and Weak, *rev.*, 651
Silver, nitrate of, deposited in internal organs, 337; use of in uterine diseases, 635
Simmons's gas and water connector, 237
Simon, Mr., contagiousness of typhoid fever, 409
Sims, Dr. Marion, his success in Europe, 50
Sistach, Dr., arsenic in intermittent fever, 117
Skin, Dr. T. McC. Anderson on Parasitic Affections of, *rev.*, 63; discoloration of during pregnancy, 210; Dr. C. H. Jones on diseases of, 483, 515, 569, 623, 646, 682
Skinner, Dr. T., retroversion of the gravid uterus, 7; granulation of medicines, 172; new preparations of chloroform, 489
Skull, comparative size of male and female, 151; a symptom of fracture of base of, 603
Sleep, Mr. Dunn on, 521
Small-pox, Mr. Allwork on peculiar case of, 434
Smith, Dr. A. hæmorrhagic fever of the Peruvian Andes, 19
——— Dr. E., statistical, inquiry regarding phthisis, 393
——— Dr. J. L., intussusception in children, 291
——— Sydney, on fashionable physicians, 52
——— Dr. Tyler, address to Obstetrical Society, 100
——— Mr. W., a hard case, 346
Snake-bites, 382, 560
Sneezing, fracture of false rib during, 41
Snow-storms, salting the streets after, 275; water from, 505
Society of Acclimatisation, meeting of, 641
——— Epidemiological, reports of, 19, 467; transactions of, 206; officers of, 424; new secretaries of, 559
——— Ethnological, proceedings of, 76, 216, 523, 398
——— Glasgow, Medico-Chirurgical, officers of, 423
——— Harveian, report of, 102, 316
——— Junior Medical of London, annual meeting of, 348
——— Medical of London, report of, 71, 317, 468; anniversary meeting of, 297
——— North London Medical, officers of, 347
——— Obstetrical, reports of, 20, 45, 100, 209, 235, 292, 368, 469, 500, 584, 635; Transactions of, *rev.*, 546
——— Microscopical, foundation of Quekett medal, 323
Society of Ophthalmology, 289
——— Pathological, officers of, 50
——— Pharmaceutical, opinions of on rights of druggists, 463
——— for Relief of Widows and Orphans of medical men, anniversary dinner of, 464
——— Royal, *soirées* of president of, 506, 615; medical candidates for admission into, 533
——— Royal Medical and Chirurgical, reports of, 21, 125, 181, 211, 262, 317, 343, 369, 393, 466, 528, 636, 671; state of, 260; committee on suspended animation, 261; new officers of, 268
Solomon, Mr. J. V., surgical treatment of myopia, 33; the *British and Foreign Medico-Chirurgical Review* and intraocular myotomy, 529
Spain, opposition to homœopathy in, 498
Spectral illusions, Mr. Dunn on, 332
Spectrum analysis, 337, 411
Speech, Mr. Dunn on loss of, 571
Spender, Mr. J. K., treatment of varicose ulcers of leg, 129; aortic regurgitant disease, 240
Sperino, Dr., new treatment of cataract, 132
Sphincter ani, relaxed operation for, 72
Spina bifida, injection of iodine in, 14; case of, 46
Spinal Debility, Mr. Tuson on, *rev.*, 12
Splints, plaster of Paris, 64
Spontaneous combustion, 123, 367
Sputum in aortic regurgitant disease, 138
Square, Mr. W. J., loose cartilages in the knee-joint, 539, 570
Stanley, the late Mr. E., 580, 590, 639
Starch, glycerole of in ointments, 234
Starvation, death from, 423
Steele, Mr. A. B., strangulated congenital umbilical hernia, 127; report on vaccination in Liverpool, 252, 275
Sterility, Dr. Routh on, 568
Stewart, Dr. A. P., and Mr. I. B. Brown, 48, 74, 579, 591, 606, 614
Stimulants in rheumatic fever, Dr. Beale on, 81, 111; in acute inflammation, 314; use of in the American army, 561
Stock, the military, 349
Stomach, Dr. Hinds on perforating ulcer of, 93, 114; hæmorrhage from, 128; cancer of, 344; Mr. Grantham on carcinoma of, 599
Stone, Mr. W. D., testimonial to, 534
Strabismus, operation for, 444
Strange Story, Sir E. Bulwer Lytton's, 123, 159
Struma, diagnosis of from lupus, 9
Strychnia, poisoning by application of to puncta lacrymalia, 573
Stubbs, Mr., ligature of femoral artery for aneurism, 42
Student, medical, suicide of a, 268; of a surgeon, 297
Students, American medical, 314
Suffocation from fumes of live coals, Dr. Ody on, 35
Suicide of a medical student, 268; of a surgeon, 297, 397; of a physician, 347; of a lunatic, 372
Suicides in the army, 50; in France, 98, 590; in Scotland, 275
Sullock, Mr. R. B., chloroform anæsthesia, 265
Sulphuric acid, Mr. C. J. Evans on burn by, 517
Sulphurous acid as an antiseptic, 339
Sun, M. M. Bunsen and Kirchhoff's researches on the, 411
Suprarenal capsules and bronzed skin, 65
Surgeon, action for assault against a, 23; Mr. Liston's opinion of a, 69; suicide of a, 297, 397; charge of manslaughter against a, 323, 421
Surgery, Mr. Holmes's System of, *rev.*, 62; Mr. Bryant's Clinical, *rev.*, 121; Operative, Mr. Butcher's Reports in, *rev.*, 362
Swayne, Dr. J. G., discoloration of skin during pregnancy, 210; cyanosis with communications between cavities of heart, 253

ydenham, professional habits of, 78
yme, Mr., congenital stricture of urethra, 1; moveable cartilages in knee-joint, 191; œsophagotomy, 299; tumour of hard palate, 401; operation for iliac aneurism, 497, 636; excision of upper jaw, 581; bleeding from rectum, *ib.*; amputations through lower third of thigh, *ib.*; pedunculated fatty tumour, *ib.*
ynthesis of a substance analogous to alcohol, 390
yphilis, diagnosis of from lupus, 9; Mr. H. Lee on, calomel vapour bath in, 73; communication of by vaccination, 150, 195, 214, 259, 387; inoculation of, 156, 185, 260, 261, 288, 465, 495, 525, 632; Mr. L. Parker on, 226; Dr. Hermann's views on, 290; Dr. T. Williams on influence of in modifying characters of diseases, 377; among soldiers at Aldershot, 463; abortion connected with, 554; in the Belgian army, 580
yphilitic choroiditis, 200; affections of the eye, Dr. R. H. Taylor on, 331; sores, suppurating, Mr. H. Lee on, 351; infecting, Mr. Lee on, 621

T.

Tactile sensibility of the hands, 343
Tænia, amaurosis with, 627
Talipes, Mr. A. Prichard on cases of, 304
Tanner, Dr. T. H., unsuspected pregnancy, 585
Tannin as an antiperiodic, 257
Tattooing, results of, 75; medical researches on, 257
Taylor, Dr. A. S., his evidence in criminal prosecutions, 630
—— Dr. C., chronic myelitis with paralysis, 540
—— Mr. J., puerperal scarlatina, 267
—— Dr. R. H., syphilitic affections of eye, 330
—— Mr. T., bronzed skin treated successfully, 331
Teeth, wisdom, disorders attending evolution of, 257; development of, 385
Teething of Infants, Mr. Hanks on, *rev.*, 285
Temperament, Dr. Beddoe on relation of to disease, 431
Temperature, modifications in from arterial obstruction, a means of diagnosis, 202; in scarlet fever, 211
Tendons, sensibility in, 124
Testicle, enchondroma of, 257
Testimonial to Sir Charles Hastings, 99, 107; to Dr. Craig, 206; to Dr. Æ. Macaulay, 297; to Mr. W. D. Stone, 534; to Professor Bentley, 675
Tetanus, alcohol in, 410; traumatic, Dr. A. Martin on, 435; Dr. F. J. Brown on, *ib.*; chloride of barium in, 604
Therapeutics, Dr. Chambers on importance of digestive organs in, 427; leading article on, 685
Thigh, amputation of at lower third, 581
Thiry, M., iodine injection in ovarian cyst, 152
Thompson, Mr. H., median lithotomy, 345
Thrombosis of lying-in women, 236
Thrombus, Dr. Copeman on case of, 649
Thyroid body, successful removal of, 144, 409
Tichborne, Mr., urinary pigment, 574
Tiedemann, Professor, biographical sketch of, 100
Titles, medical. *See* Medical Titles
Tobacco, importation of, 50
Toenail, incurved, local anesthesia in, 151
Tongue, excision of for cancer, 21
Tonsils, extirpation of by the finger, 314
Toogood, Dr. J., local institutions for the sick, 212
Török, Dr., red softening of cerebellum, 438
Torpedo, electric organs of the, 610
Toynbee, Mr. J., action and uses of Eustachian tube, 593; necrosis of the cochlea and vestibule, 637
Tracheotome, M. Maisonneuve's, 146
Tracheotomy in acute laryngitis, Dr. Chambers on, 163; Mr. E. P. Young on, 168; in the Liverpool Infirmary, 209; in croup, 455
Treatment, Dr. Latham on, 2, 25, 563, 596, 617; Dr. Markham on, 31, 86
Trephining in epilepsy, 144
Troup, Mr. F., mammary cancer, 279
Trousseau, M., chlorosis and pseudo-chlorosis, 41; diphtheria, 44; on constipation, 632
Tumour, fatty, of thigh, 42; malignant, of jaw, *ib.*; of face, *ib.*; erectile, of muscles, 201; myeloid, of upper jaw, 236; fibro-nucleated, of breast, *ib.*; fibrous, of iliac fossa, 336; of hard palate, Mr. Syme on, 401; fibrous, of uterus, with placenta prævia, 439; cholesteatomatous, 444; of abdominal walls, diagnosis of, 493; pedunculated fatty, 581; sero-cystic, near ankle-joint, 684
Turkey, dentistry in, 107
Turning in face-presentations, 343
Tuson, Mr. E., Spinal Debility, *rev*, 12
Twins, locked heads, in case of, 210
Typhus and typhoid, Dr. Latham on, 21

U.

Ulcer, varicose, Mr. Houghton on treatment of, 91; letters on, 129; of stomach, Dr. Hinds on, 93, 114; rodent, 444
Undertaker, an embalming, 645
Union of severed fingers, Mr. E. Daniell on, 37
Unity of the human species, 248, 345
University of Cambridge, new chancellor of, 105; pass lists, 160, 614; lectures in, 161; degree of Master in Surgery in, 267; medical and surgical degrees in, 312; notice regarding examinations in, 423; Tancred studentship at, 559
———— of Edinburgh, appointment of examiners in, 76, 391
———— of London, proposal to establish degrees in surgery in, 395; examiners in, 505
———— of St. Andrews, new regulations concerning, 49, 559; pass lists, 49, 558; ordinance of Universities' Commission regarding, 448
Unqualified practice, 295
Uræmia, Dr. Richardson on, 120
Urethra, Mr. Syme on congenital stricture of, 1; discharges from, 118; female, Dr. G. Hewitt on disorders of, 135, 136, 166; Mr. B. Holt on Immediate Treatment of Stricture of, *rev.*, 202; Mr. H. Walton on calculus retained in for long period, 225; fistula from injury of, 316; Mr. A. Prichard on immediate treatment of stricture of, 650
Urethritis complicated with inflammation of neck of bladder, 119
Urethrorrhœa, 118
Urethrotome, M. Maisonneuve's, 79
Urinary pigment, 575
Urine, morbid states of in females, 136; disorders interfering with passage of, Dr. Hewitt on, 135, 165; in scarlet fever, 211; Dr. Salter on blood in, 300, 325; apparent infiltration of, 316; chylous, 317, 318
Uterine disease, the age of, 52; douche, 235
Uterus, Dr. W. H. Day on neuralgia of after labour, 5; Dr. Skinner on retroversion of, 7; Dr. Hewitt on secretion from, 28, 54; rupture of, 43; conditions of interfering with micturition, 136, 165, 166; Dr. Routh on inflammation of lining membrane of, 192, 219, 245, 453, 537, 566; anatomy of cavity of, 203; secretion of, *ib.*; nerves of, 204; inflammation of cervix of, 219; of fundus, 220; fibrous tumour of with placenta prævia, 439; rupture of after previous Cæsarian section, *ib.*; mucous polypi of, 453; occlusion of os of, 454, 470; distension of with air or fluid, *ib.*; application of leeches to, 494; displacements of, 537; hypertrophy of, 566; internal surface of after delivery, 584; rupture of, Dr. Copeman on, 649; incision and dilatation of cervix of, 681

V.

Vaccination, communication of syphilis by, 150, 214, 387; at Liverpool, Mr. A. B. Steele on, 252, 275; accidents following, 410; influence of concurrent diseases on, 574

Vaccine lymph, means of preserving, 627

Vagina, Dr. Hewitt on secretions from, 27; discharges from, 28, 54; Dr. Copeman on supposed rupture of, 198; atresia of, 210, 490

Van Kampen, Dr., effects of chloroform on nervous centres, 525

Vapour-bath, calomel, Mr. H. Lee on, 195

Varicose veins, operation for, 73; ulcers, Mr. Houghton on treatment of, 91

Vegetables, preserved, preservation of colour of, 390

Vena cava superior, asthma from pressure on, 573

Ventilation, leading articles on, 387, 653; plan of, 397

Veradini, Dr., Rizzoli's method of artificial labour, 70

Verheyen, Philippe, memorial of, 290

Versmann and Oppenheim, salts rendering tissues non-inflammable, 341

Vesicating collodion, 574

Vestibule, necrosis and extrusion of, 637

Vichy, waters of, 59

Vienna, number of patients in hospitals of, 124; climate of, 151; news from, 341

Virchow, Professor, entrance of into political life, 234

Vis medicatrix, 373

Vital statistics, 216, 297

Vivarium, a governmental, 347

Voice of fish, 349

Von Gräfe, illness of, 234, 341; loss of eye from bite of a leech, 573

Vose, Dr., stimulants in acute inflammation, 314

Voss, Dr., successful removal of thyroid body, 144

W.

Wakley, Mr., death of, 609

Walker, Dr. T., extrauterine fœtation, 361

Wallich, Dr., new work by, 423

Walton, Mr. H., calculus in urethra for long period, 225; diagnosis of cataract, 329; hard and soft cataract, 458; needle-operation for cataract, 598

Wasting palsy, 236

Water of London pumps, 638, 673; sources of for domestic purposes, 670

Water barometer, 41

Waters, Dr. A. T. H., case of hermaphrodism, 43; cases of disease of chest, 223, 622; chylous urine, 318

Watery discharges from vagina and uterus, Dr. G. Hewitt on, 28

Weather, signs of, 217

Weaver, Mr. J., treatment of delirium tremens, 407

Weber, Dr., application of leeches to cervix uteri, 494

Wells, Mr. J. S., Long, Short, and Weak Sight, *rev.*, 651

——— Mr. T. S. *versus* Webber, 176, 186; exfoliation of female bladder, 209; case of ovariotomy, 469

West, Dr. R. U., retention of blighted ovum, 210; Illustrations of Puerperal Diseases, *rev.*, 334

Whiskey and beer, 251

Whitfeld, Mr. H., hereditary transmission of impressions, 601

Williams, Dr. C. J. B., increased duration of life in phthisical patients, 463

——— Dr. P. H., gratuitous medical services, 183

——— Dr. T., gratuitous medical services, 213; influence of constitutional syphilis on ordinary disease, 377

Williamson, Mr. W. C., circular by, 108, 130, 159

Windham, Mr., case of, 38, 96, 123, 146

Windsor, sanitary state of, 23, 97

——— Mr. T., exostosis of orbit, 236; excision of upper jaw, *ib.*; rodent ulcer, 444

Witnesses, medical. *See* Medical Witnesses.

Witt, Dr. C., Remedy for Scarlet Fever and Measles, *rev.*, 384

Wolstenholme, Mr. G., death of, 323

Women, cauterisation by electric heat in diseases of, 20; Dr. Graily Hewitt's lectures in diseases of, 27, 54, 84, 135, 165, 480, 643, 680; Dr. Routh on diseases of, 192, 219, 245, 453, 537, 566; puerperal, scarlatina in, 143, 267

Wordsworth, Mr. J. C., case illustrating use of ophthalmoscope, 456

Worms in children, 74

Wright, Dr. T. S., Dr. Hitchman and the Edinburgh College of Physicians, 502

Wryneck, Mr. Prichard on case of, 306

Y.

Year, a healthy, 590

Young, Mr. E. P., tracheotomy in laryngitis, 168; hydrocele, 224; tracheotomy in croup, 455

Z.

Zoological association, Dublin, 132

Zuino, M., epilepsy and chloroform, 627

Zuradelli, M., contraction of the arm, 94

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